

Meeting of
Lanarkshire NHS Board
25 March 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 action plan
- Progress against key issues within the Task Force 3 year delivery plan
- Surgical Site Infection Surveillance

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 identifies 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 – February 2009)

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

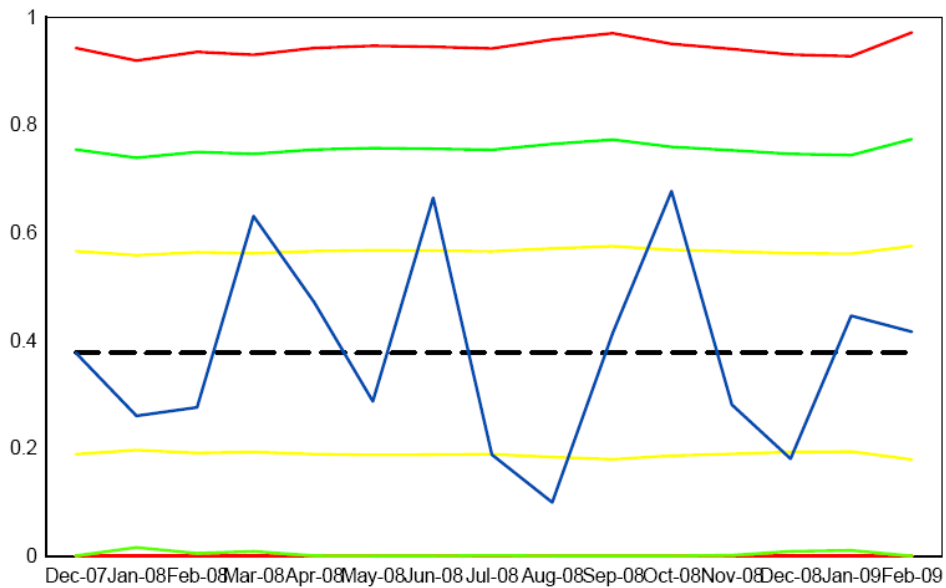
MONTHLY REPORT

Date Range: 01/12/2007 to 28/02/2009



- 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 – February 2009)

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

MONTHLY REPORT

Date Range: 01/12/2007 to 28/02/2009



- 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



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

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

MONTHLY REPORT

Date Range: 01/12/2007 to 28/02/2009



- 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

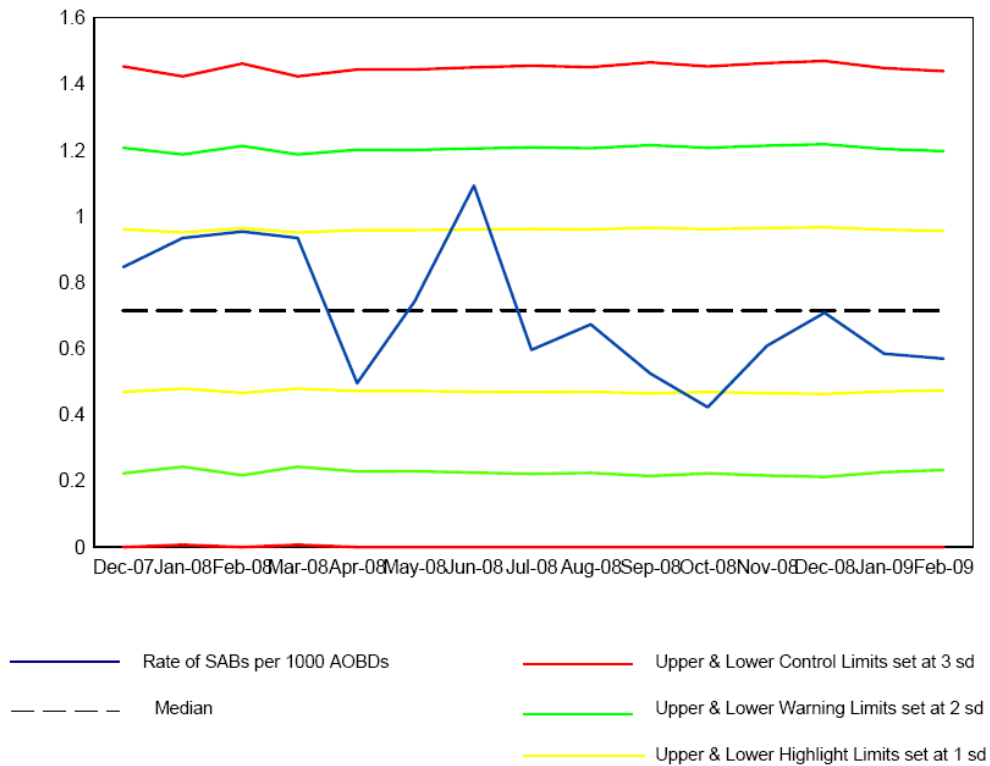


Table 4: Staphylococcus Aureus Bacteraemias (SAB) Numbers Showing Boards and Hospitals Totals (February 2008 – February 2009)

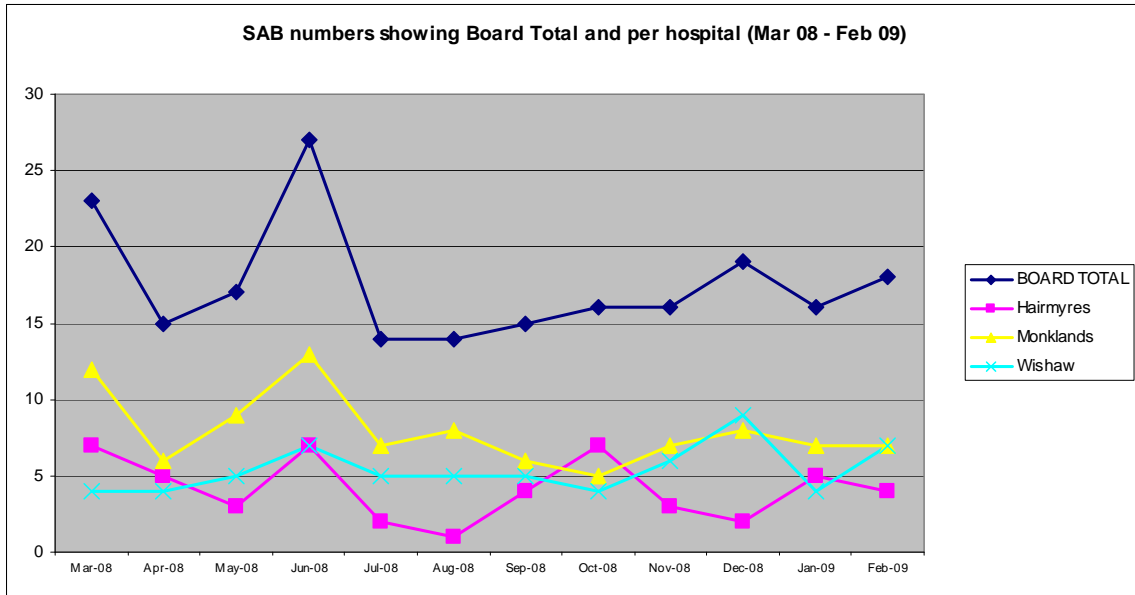
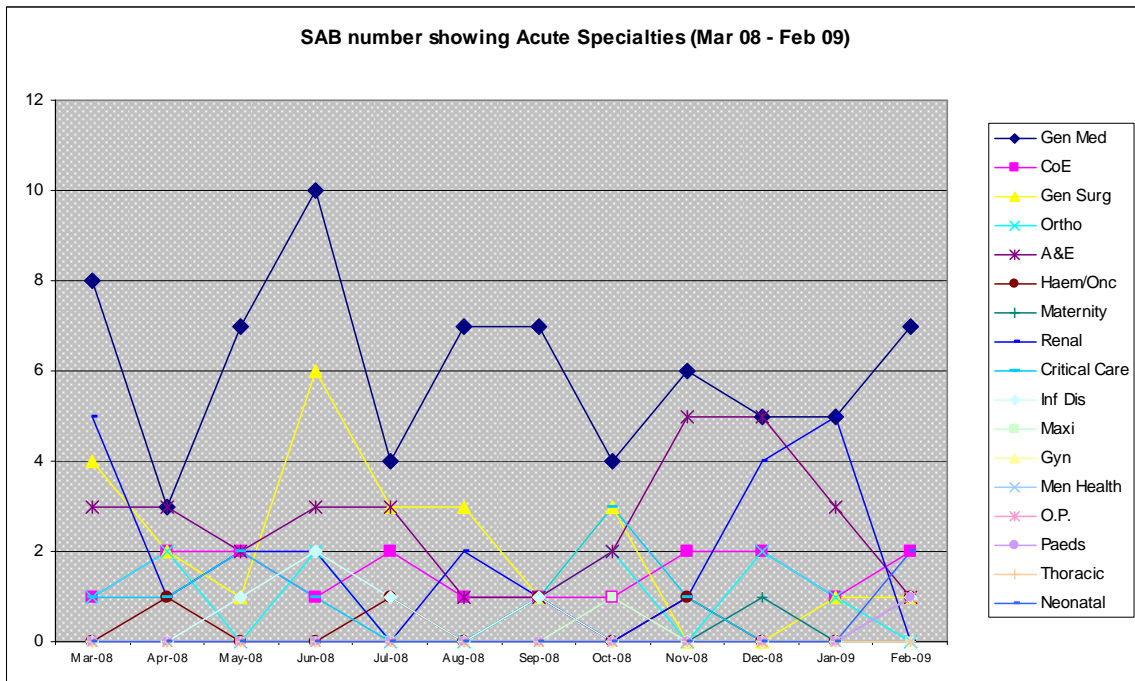


Table 5: Staphylococcus Aureus Bacteraemias (SAB) Numbers Showing Acute Specialties (February 2008 – February 2009)



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 1st April 2005 to 31st 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.

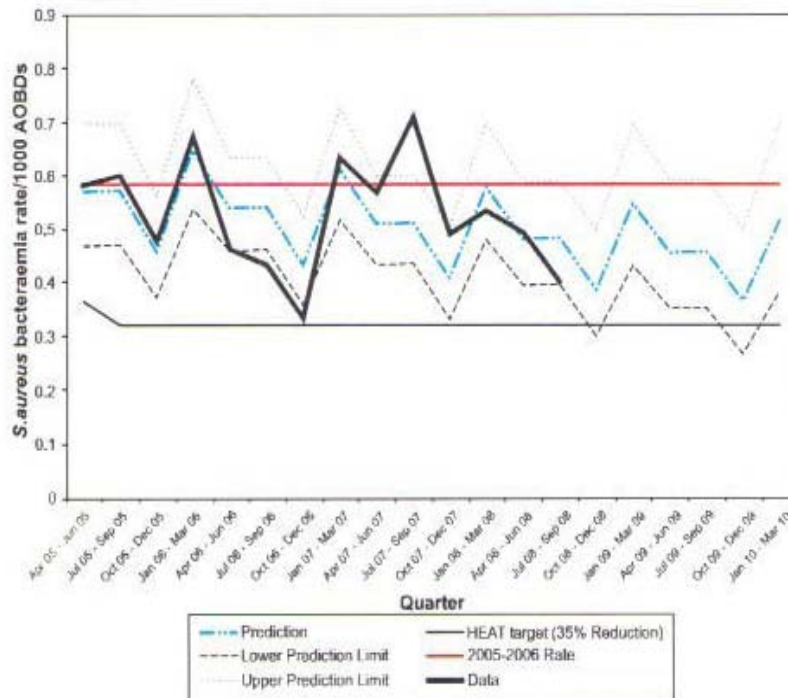


Table 6: Rate per Acute Occupied Bed Day

Organism	NHS Scotland Rates / Acute Occupied Bed Days	NHS Lanarkshire Rates / Acute Occupied Bed Days
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. There are many measures and systems currently in place or under development to ensure that Senior Managers and Clinicians are aware of trends, clusters and high risk areas. This includes:

- Launch of Zero Tolerance Hand Hygiene policy and new Infection Control Hand Hygiene Policy [April 2009].
- 1 Antimicrobial Pharmacist recruited and in post 2nd March 2009 to facilitate the implementation of the Scottish Management of Antimicrobial Resistance Action Plan (SCOTMARAP) and support system.
- Standardisation of policy for obtaining blood cultures and training for new personnel implemented and being further developed.
- A Peripheral Venous Cannula patient information leaflet has been developed and approved by Patient Safety
- Escalation of the implementation of Health Protection Scotland's Peripheral Venus Cannula Care Bundles with a 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

- Escalation of the implementation of Health Protection Scotland Peripheral Venous Cannula Care Bundles to commence. (April 2009).

2. CLOSTRIDIUM DIFFICILE ASSOCIATED DISEASE (CDAD)

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

Cases of Clostridium Difficile Associated Disease in all 3 District General Hospitals as outlined in Table 7 to 10 continues to fall. 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 – February 2009)

Episodes of C. difficile in NHS Lanarkshire Acute Hospital Wards
MONTHLY REPORT **Date Range: 01/12/2007 to 28/02/2009**



- 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

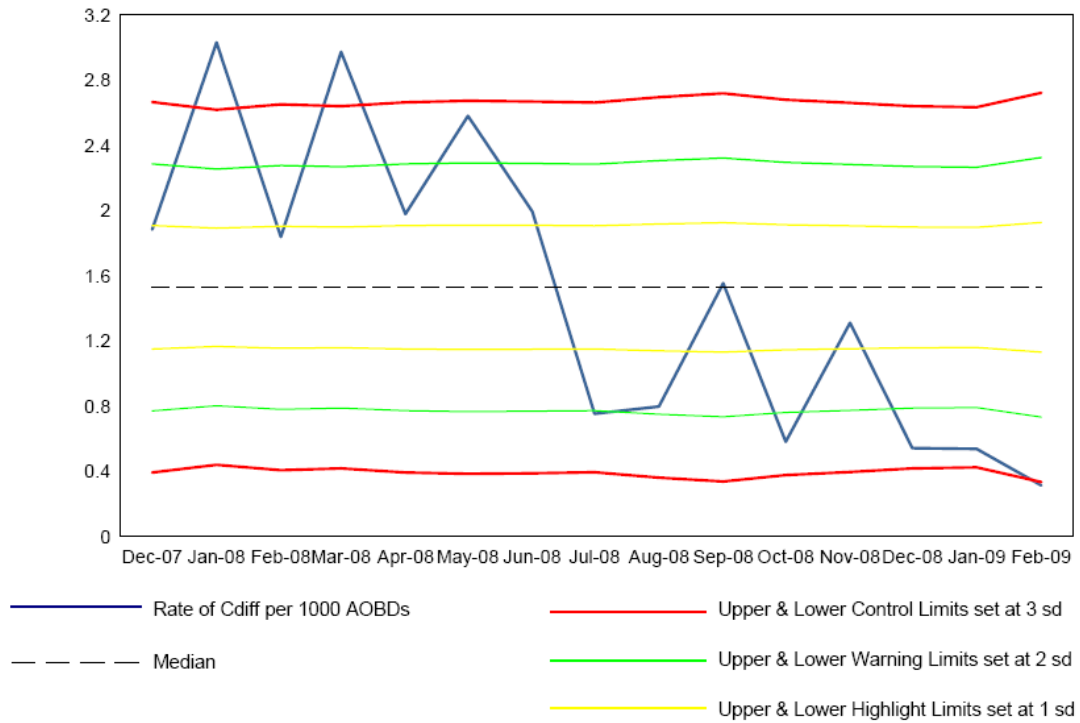


Table 8: Clostridium Difficile Associated Disease Rates per 1000 Acute Occupied Bed Days, Wishaw Hospital (December 2007 – February 2009)

Episodes of C. difficile in NHS Lanarkshire Acute Hospital Wards
MONTHLY REPORT **Date Range: 01/12/2007 to 28/02/2009**



- 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.
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- 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

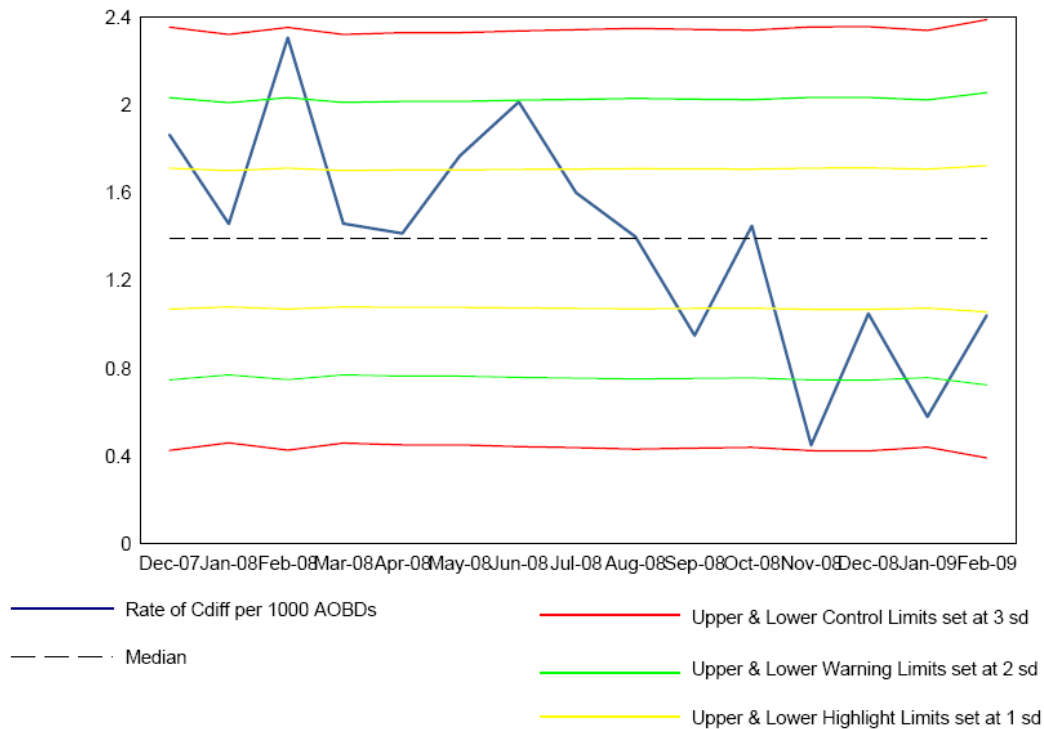


Table 9: Clostridium Difficile Associated Disease Rates per 1000 Acute Occupied Bed Days, Monklands Hospital (December 2007 – February 2009)

Episodes of C. difficile in NHS Lanarkshire Acute Hospital Wards
MONTHLY REPORT **Date Range: 01/12/2007 to 28/02/2009**



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

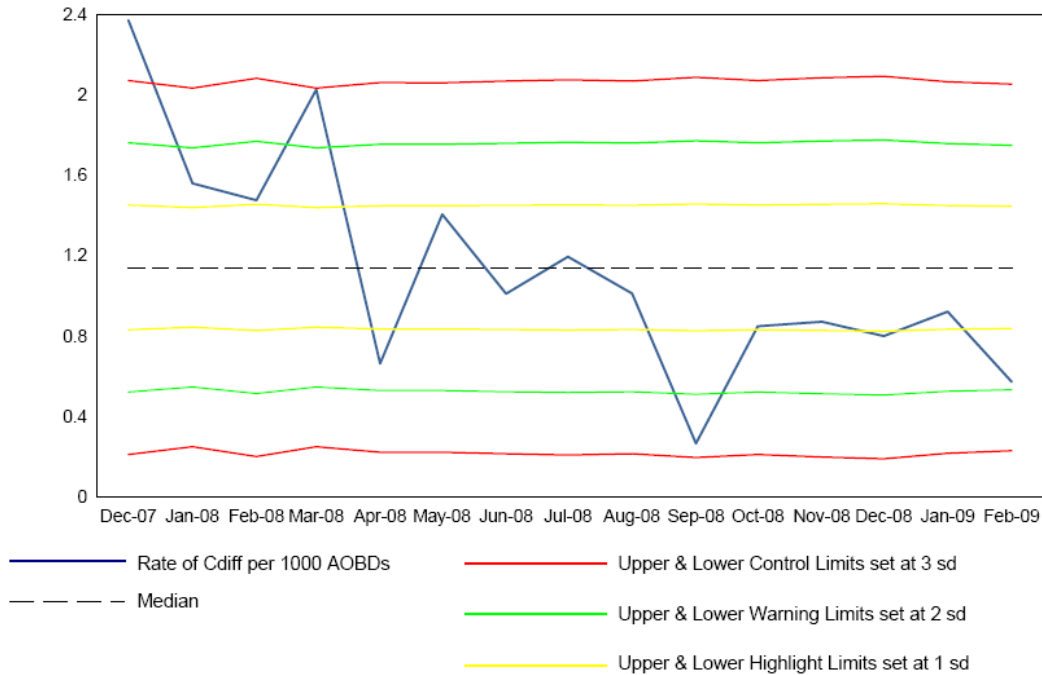


Table 10: Clostridium Difficile Associated Disease Cases per Hospital (February 2008 – February 2009)

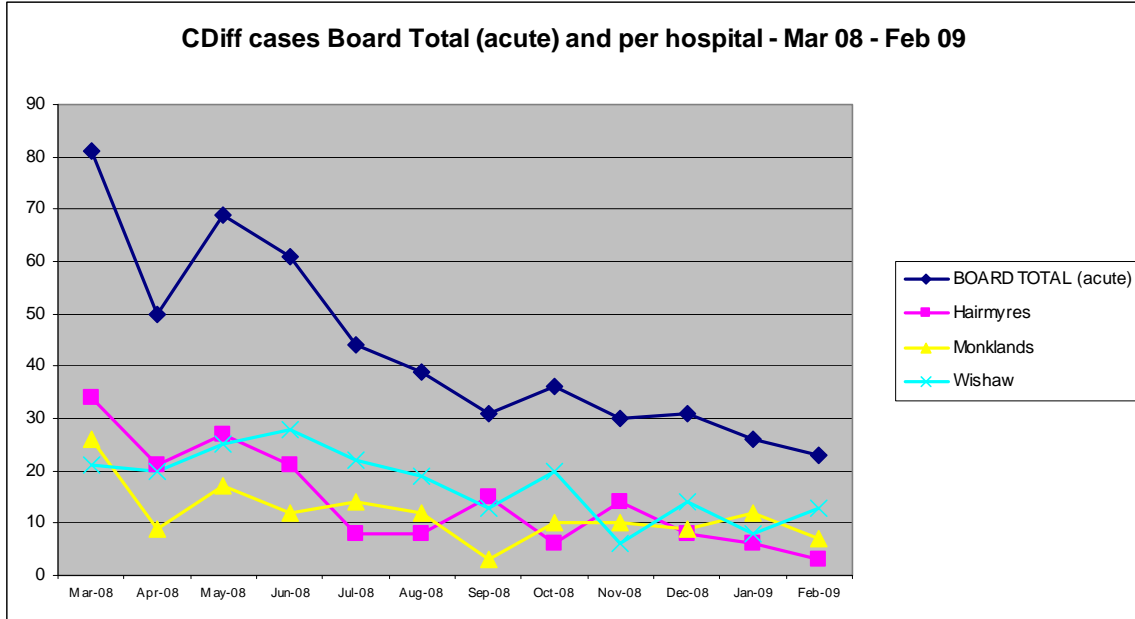
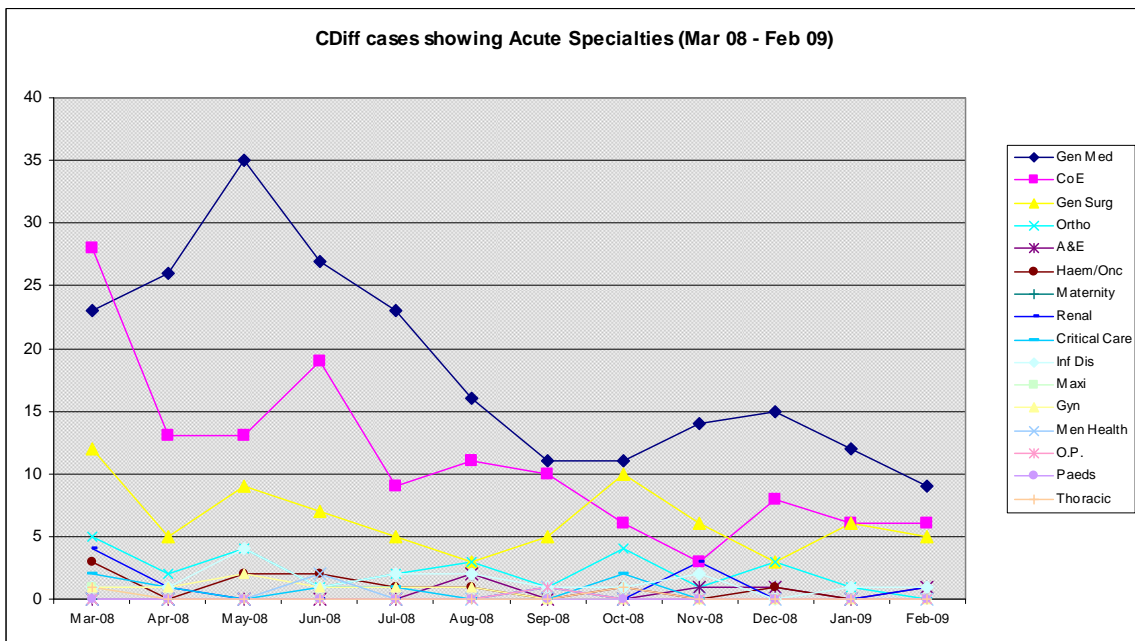


Table 11: Clostridium Difficile Associated Disease Cases Showing Acute Specialties (February 2008 – February 2009)



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. NHSL has seen a large reduction in Clostridium Difficile since early summer 2008 and discussion with the Infection Control Doctor would intimate that we are likely to be on track for the 2009 trajectory reduction.

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.

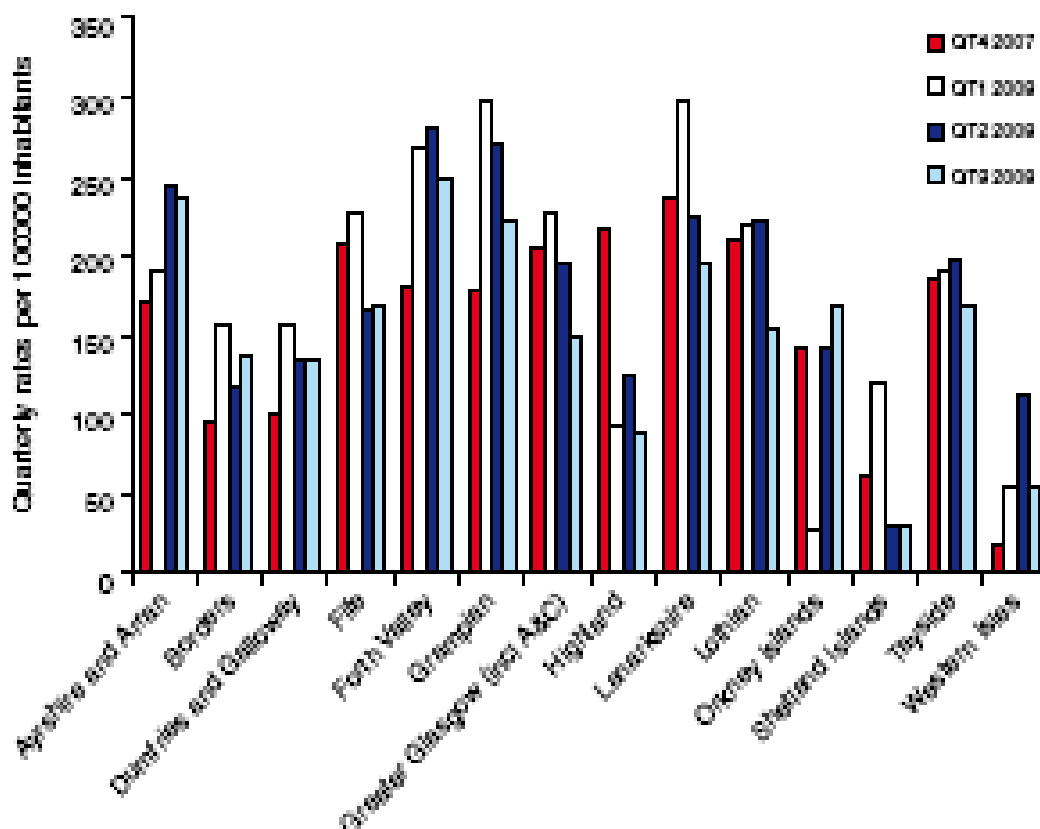
2.2.1 Pan-Board, Hospital or Specialty Specific Problems Identified

The baseline figures provided in December 2008 were marked as provisional and there were errors in the trajectories. These have now been confirmed and a decision has been reached to use the baseline period of April 2007 to March 2008.

This baseline data shows significant variation in Board performance. The target as defined is a **minimum** reduction in rates by 30 per cent and further we expect all boards to reduce rates below 1 case of clostridium difficile associated disease per 1000 total occupied bed days in patients aged 65 and over. We have therefore had variable percentage reductions applied, informed by the baseline data now being used. This gives a reduction target of 46%

Achievement of these targets will ensure consistency in performance across Scotland, the target rates should be achieved for the period April 2010 to March 2011.

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

Whilst surveillance, effective reporting mechanisms and increased awareness raising are strengthening the current capacity to embed HAI programmes of work within NHSL, other action is underway to move towards sustainable improvement

The following initiatives are being undertaken:

- Antimicrobial Pharmacists to facilitate the implementation of the Scottish Management of Antimicrobial Resistance Action Plan (SCOTMARAP) and support system in post 2nd March 2009
- 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. Work completed for Monklands and community Hospitals. Care Of Elderly and Mental Health Wards at Hairmyres alongside Health Centres and Clinics commencing.

- Participation in Health Protection Scotland 'CDAD snapshot ' typing programme

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.

Results of any typing by reference laboratory have shown no cross infection episodes or hyper virulent 027 strains

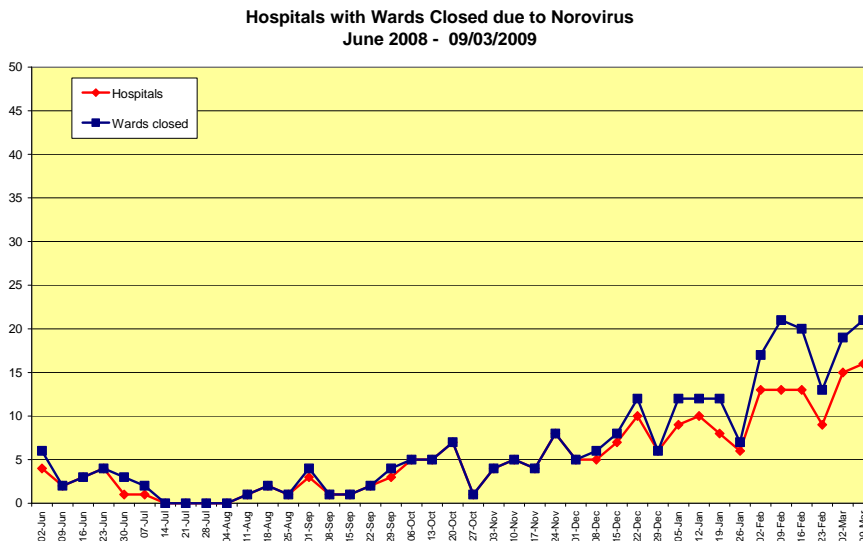
2.4.1 Actions Required [Timescale]

- 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).
- The Scottish Patient Safety Clostridium Difficile Associated Disease Care Bundle has been launched 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 9th February 2009 as outlined in the table 12 below.

Table 12: Hospitals with Wards Closed Due To Norovirus across NHS Scotland June 2008 – 9th March 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 – 9th March 2009

Date 09/03/2009	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	3	3	26	1
	NHS Borders	0	0	0	0
	NHS Dumfries & Galloway	0	0	0	0
	NHS Fife	3	5	47	22
	NHS Forth Valley	1	2	11	1
	NHS Greater Glasgow & Clyde	3	4	30	12
	NHS National Waiting Times Centre	0	0	0	0
	NHS Grampian	2	2	11	8
	NHS Highland	1	1	14	4
	NHS Lanarkshire	1	2	4	2
	NHS Lothian	1	1	15	3
	NHS Tayside	1	1	14	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	16	21	172	53

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 Professionals 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)

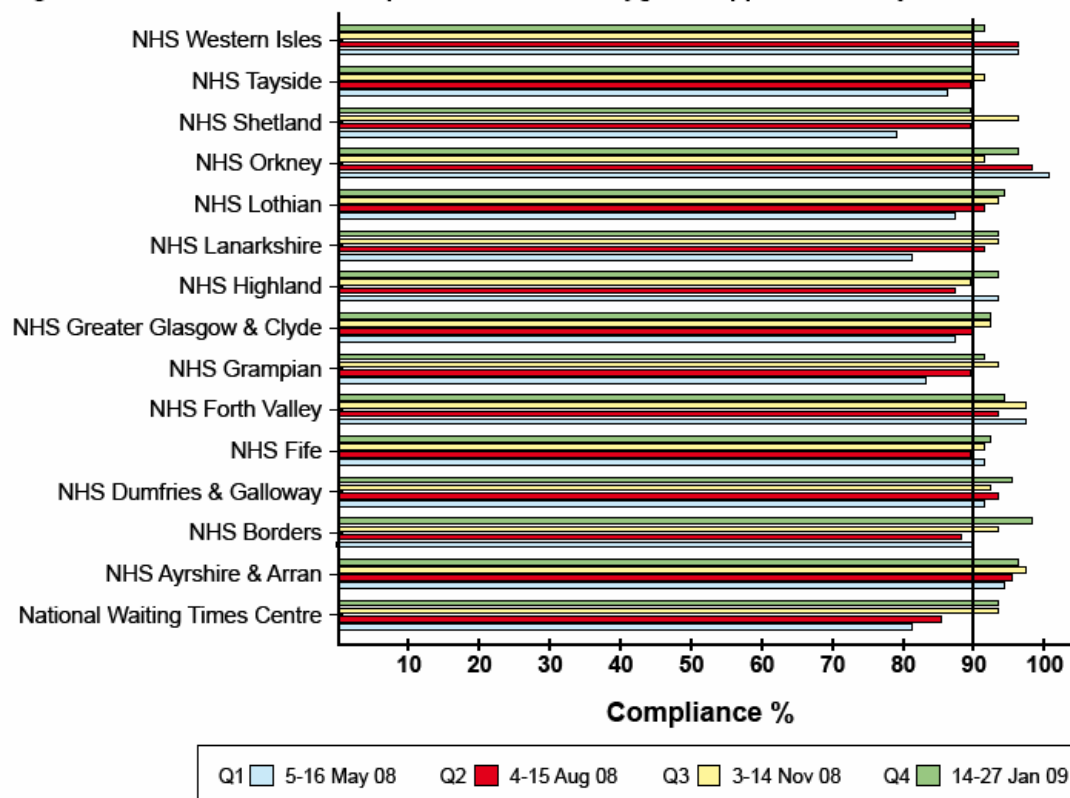
Table 16: Monklands Hospital: Hand Hygiene Audit Compliance per Discipline

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.
- Implementation of new Hand Hygiene products commenced Wishaw General 16th March- 19th March 2009.
- Review of Healthcare Associated Infection signage aimed at improving compliance nearing completion. Materials to enhance compliance and raise awareness include life-size card board cut outs of nursing staff advising staff and visitors to stop and carry out hand washing, Baby Iona posters to raise the caring aspect surrounding the reason for hand hygiene, flashing signs mounted above ward entry hand sanitizers and launch of the National Hand Hygiene Campaign on the 25th March 2009.
- Section H “Hand Hygiene Policy ” revised to ensure alignment with the national hand hygiene campaign
- Development of NHSL Zero Tolerance Policy built upon the national target of >90% compliance with hand hygiene policy

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

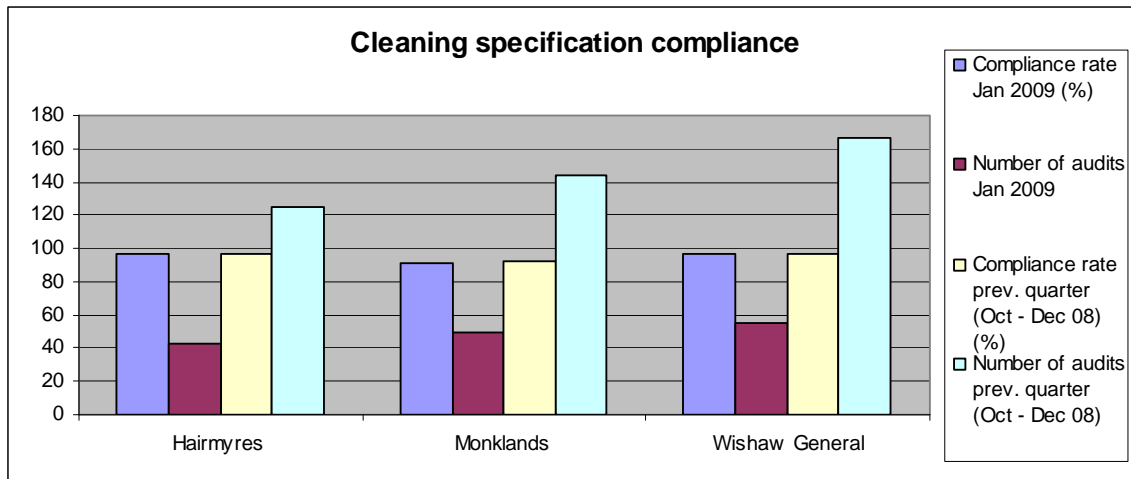
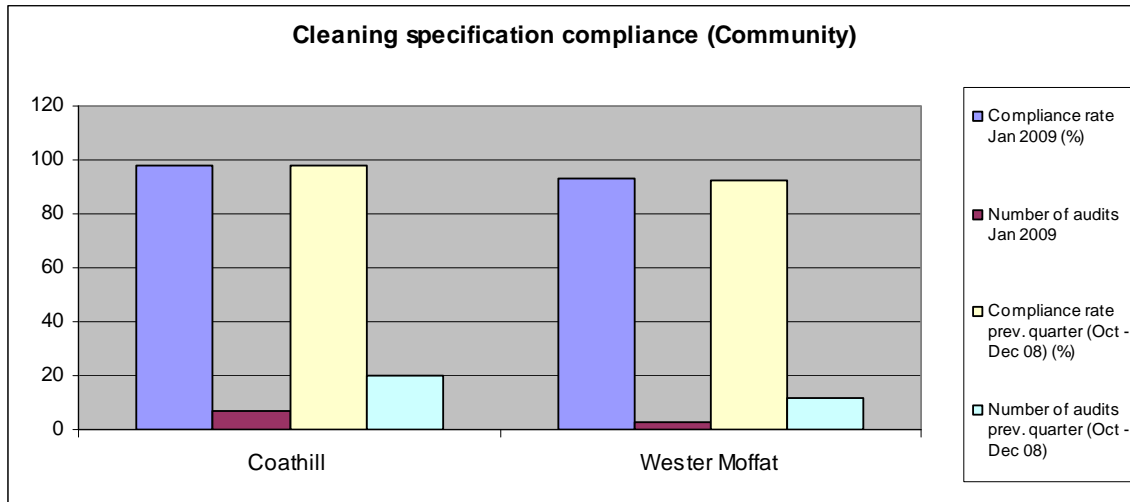


Table 18: Cleaning Services Specification Compliance, Community: January 2009



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)

Health Board	3rd quarter Oct-Dec 2007/2008	4th quarter Jan-March 2007/2008	1st quarter April-June 2008/2009	2nd quarter July-Sept 2008/2009
	Total % Pass	Total % Pass	Total % Pass	Total % Pass
SCOTLAND	96.0	96.1	96.1	96.0
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:

- Implementation of robust action plans to address the locations of Airdrie / Coatbridge and Monklands Hospital where low scores have been 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.

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.

There will be communication to staff to remind them of the use of the datix system and what requires to be recorded via this system to enhance control measures.

6.1 Horizon Scanning

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

The spend plan attached in February's report has now been submitted to the Scottish Government Health Department and approved. The NHS Lanarkshire Implementation Group has been established to ensure timely implementation.

CEL 54 (2008) New Funding For Local Surveillance Systems

The spend plan developed against this initiative has been submitted to the Scottish Government Health Department and approved.

HAI Manager

The newly appointed HAI Manager - Heather Gourlay took up post within NHSL on the 2nd March. Ms Gourlay was previously the Health Protection Adviser for the Scottish Prison Service. This was a national position with close link to the Scottish Government and Health Protection Scotland.

National Hand Hygiene Campaign

National Hand Hygiene Campaign materials will be available on the 25th March. The signage working group has been working on an implementation programme to ensure the timely removal of old campaign materials.

Steam Cleaners

As part of a Scottish Government Initiative to enhance cleaning practices NHSL have been allocated 26 steam cleaners. Health Facilities Scotland has procured the steam cleaning packages on behalf of NHS Scotland and these will be distributed to a central point at Hairmyres Hospital. A short life working group is to be convened to ensure a standardised approach to the use of this equipment.

Self assessment in relation to HAI Hospital Inspection

On 9 March 2009 the Cabinet Secretary announced the publication of a self assessment template. **NHS boards do not require to complete this at this stage** as further guidance and a web based system will be provided over the coming weeks. Headings include Governance/Compliance, communication/public involvement and education and development.

NHSL HAI Review

The review of HAI services has now reached completion. The revised model will be presented at a future meeting of the CMT for consideration prior to being submitted to the Board for consideration at a future date.

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)	18
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)	2
RED (unable to complete by the deadline)	0

Two 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.
- 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. Pharmacist commenced and will enable us to return a complete assessment for this issue in the April return

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 1st 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.

7.4 Surgical Site Surveillance

The Scottish Executive Health Department updated the framework for National Surveillance of Healthcare Associated Infection (HAI) in Scotland which was originally set out in HDL (2001)57. The revised framework reflected policy developments since the issue of that HDL and forms part of the work programme for the Ministerial HAI Task Force.

NHS Boards were required to implement the revised and new systems to take these changes into account. The main points of the letter were as follows:

- To achieve comparable indicators across Scotland in the surveillance of in-patient surgical site infections surveillance of hip arthroplasties and caesarean sections will be mandatory from 1 January 2007.

Also mandatory from 1 January 2007 was the post discharge surveillance of all orthopaedic surgical cases (using readmission surveillance) and caesarean sections for 30 days follow discharge.

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

7.4.1 Orthopaedic Surveillance

SSI Surveillance of elective and trauma hip arthroplasties commenced in May 2007 and February 2008 respectively using prospective 30 day post operation data. Workload is split between Hairmyres, Monklands, and Wishaw General Hospitals collecting data on average of 55 patients per month. Information produced will be considered on a regular basis within the Acute DMT and their HAI sub group.

SSI Rate by Consultant between 1 October 2008 and 31 December 2008 for Hip Arthroplasty

Hairmyres

Consultant	Operations	Infections	SSI rate (%)
152	4	0	0.00
1588	18	0	0.00
359	7	0	0.00
380	12	0	0.00
381	9	0	0.00
383	12	0	0.00
Total	62	0	0

Monklands

Consultant	Operations	Infections	SSI rate (%)
1043	5	0	0.00
1429	3	0	0.00
144	12	0	0.00
145	12	1	8.33
146	11	0	0.00
147	5	0	0.00
Total	48	1	2.08

SSI Rate by Type of Infection between 1 October 2008 and 31 December 2008 for Hip Arthroplasty

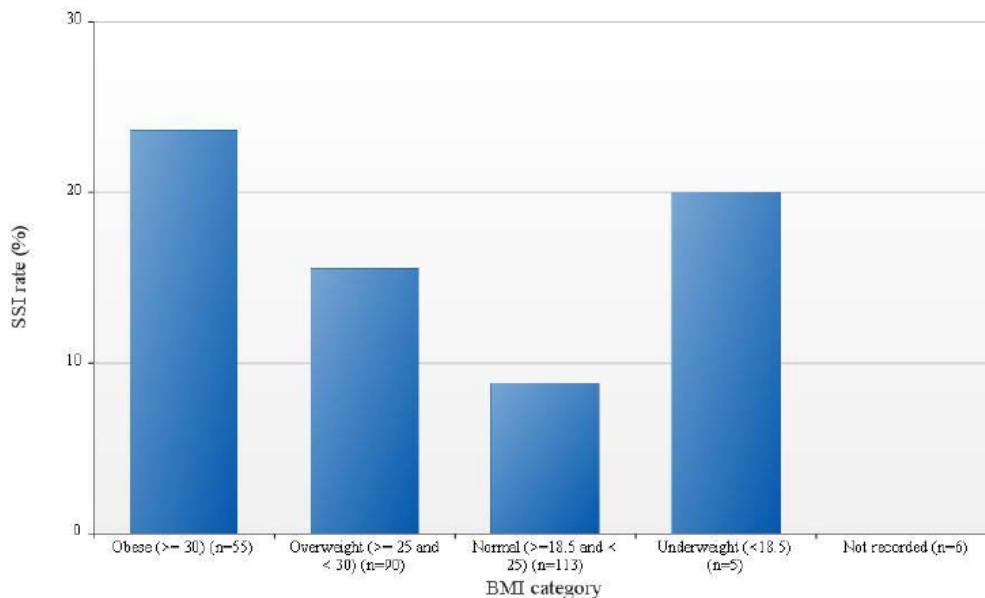
Wishaw

SSI type	Operations	Infections	SSI rate (%)
Superficial	54	2	3.70
Deep	0	0	0.00
Organ/Space	0	0	0.00
Not recorded	0	0	0.00
Total	54	2	3.70

7.4.2 Caesarean Section

SSI Surveillance of elective and emergency caesarean sections commenced in April 2007 with 30 day post operation surveillance commencing on 31st August 2008, collecting data on average of 125 patients per month. Information produced will be considered on a regular basis within the Acute DMT and their HAI sub group.

SSI rate by BMI category between 01 October 2008 and 31 December 2008 in Wishaw for Caesarean section



BMI category	Operations	Infections	SSI rate (%)
Obese (>= 30)	55	13	23.64
Overweight (>= 25 and < 30)	90	14	15.56
Normal (>=18.5 and < 25)	113	10	8.85
Underweight (<18.5)	5	1	20.00
Not recorded	6	0	0.00
Total	269	38	14.13

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7.4.3 SSHAIP Surgical Site Infection Surveillance Quarterly Exceptions Report

As part of the surgical site infection (SSI) surveillance programme within Scotland the SSHAIP Team at Health Protection Scotland (HPS) routinely feed back results to NHS Boards in order to promote good practice and identify areas for improvement with the introduction of quarterly exception reporting.

Any board shown to have a substantial change in their SSI rates between two quarters will be alerted to this by the production of an individual report highlighting the changes. Numerous boards have been contacting NHS Lanarkshire after being advised by Health Protection Scotland that the Surveillance team had a good system in place.

7.4.5 Pan-Board, Hospital or Specialty Specific Problems Identified

During Quarter three (July to September 2008) during the inpatient stay only, we had a higher rate of Surgical Site Infection (SSI).

(Figure 1) in the report shows that the inpatient SSI rate for Caesarean section procedures in NHS Lanarkshire lies between the 95 and 99 % confidence limits with a rate of 1.2% (3 infections from 253 procedures). The report stated that this rate is statistically significantly higher than would be expected for an average performing board and requires closer investigation. On close investigation it was discovered that NHSL were not processing those cases that were 'lost' at day 30 follow up which reduced our total numbers and increased the rate of infection.

7.4.6 Issues Raised

Following contact with HPS to seek clarity on data collection, it has been agreed that cases lost to follow- up will be data entered retrospectively and the records will be included in the annual report. However given that it's mandatory to follow up patients to 30days post operation Clinical Effectiveness have agreed that not to include these patients in the analysis was correct as the denominator for post discharge surveillance will be based on the total number of forms returned and not the total number of caesarean sections carried out.

Actions Required and Timescales for Implementation

- HPS recommend that this exception report is overviewed locally. It is further recommended that data for this period and procedure category are examined locally in order to identify any local issues that may be contributing to a high inpatient SSI rate.
- NHSL Infection control nurse to contact HPS to clarify the data collection process from a national perspective.

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.