

Lanarkshire NHS Board
24th February 2010

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SUBJECT: HAI UPDATE

PURPOSE

This report provides a monthly update of performance in relation to health care associated infection using the national reporting template. Key issues covered include:-

- Performance against Health Efficiency Access Targets
- Infection prevalence rates
- Cleanliness of clinical facilities
- Progress against national *Clostridium Difficile* action plan
- Progress against key issues within the HAI Task Force 3 year delivery plan
- Surgical Site Infection Surveillance
- Antimicrobial prescribing
- MRSA National Screening Programme
- Healthcare Environment Inspection

1. STAPHYLOCOCCUS AUREUS BACTERAEMIAS (SAB)

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

Tables 1 and 2 shows the trend and that the clinical areas with relatively high numbers of *Staphylococcus aureus* bacteraemias continue to be Emergency receiving and Renal There has been a marked reduction in numbers within general surgery within this reporting period.

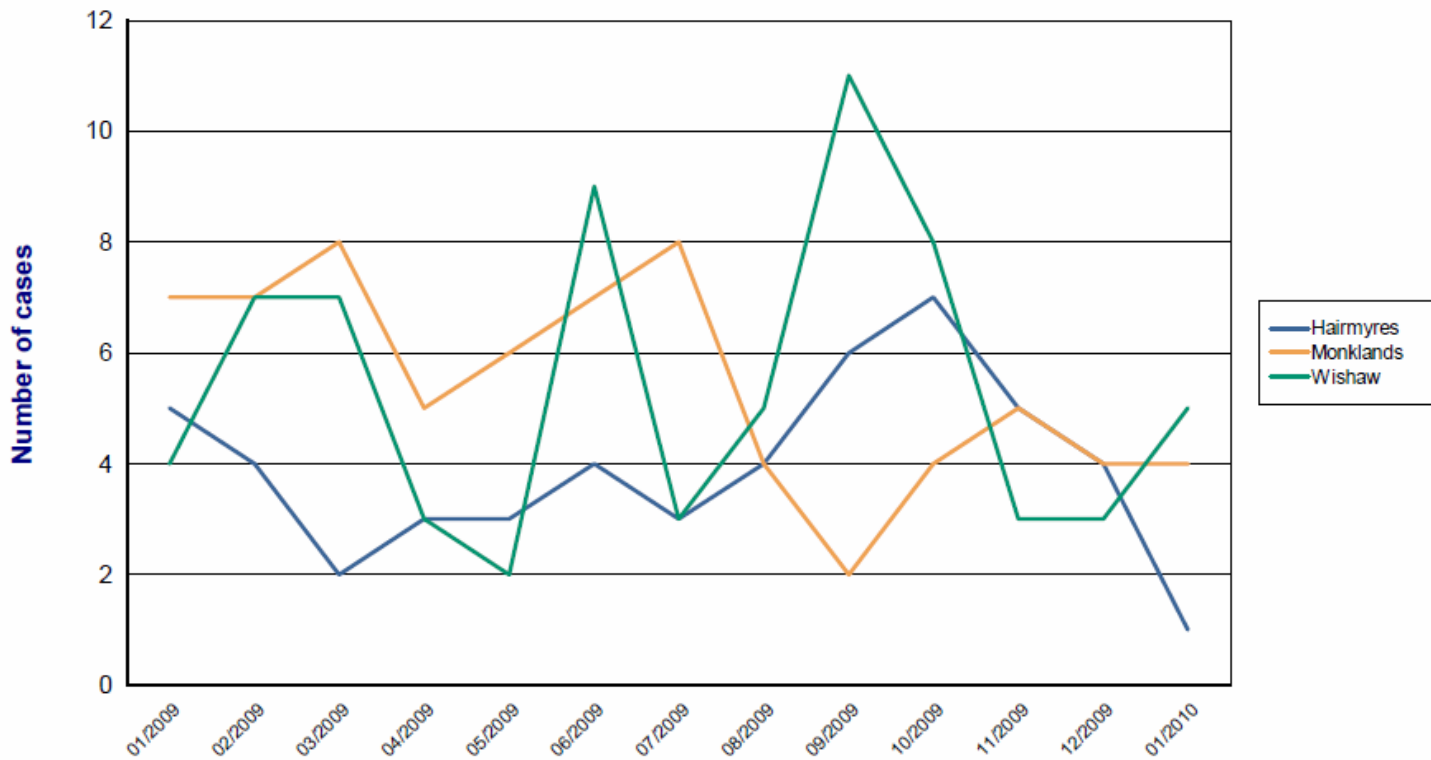
Infection prevention strategies continue to be implemented to target these areas and the infection control team continue to investigate cases highlighted.

There will be natural fluctuation and there has been a reduction since the last reporting period at Hairmyres Hospital.

Table 1: Staphylococcus Aureus Bacteraemias by month and acute hospital

Staph. aureus Bacteraemia cases by Month and Acute Hospital (MRSA & MSSA)
Date range: 01/01/2009 – 31/01/2010

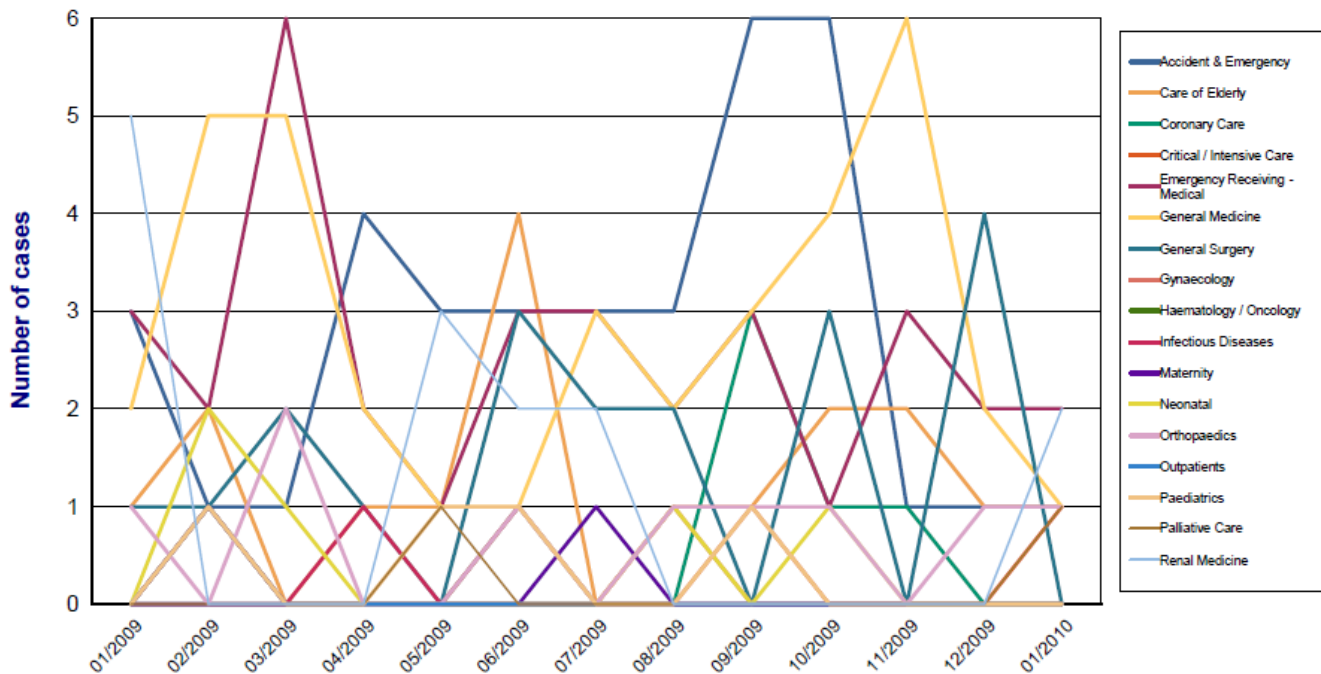
Staph. aureus Bacteraemia cases by Month and Acute Hospital (MRSA & MSSA)



	Hairmyres	Monklands	Wishaw	Totals
01/2009	5	7	4	16
02/2009	4	7	7	18
03/2009	2	8	7	17
04/2009	3	5	3	11
05/2009	3	6	2	11
06/2009	4	7	9	20
07/2009	3	8	3	14
08/2009	4	4	5	13
09/2009	6	2	11	19
10/2009	7	4	8	19
11/2009	5	5	3	13
12/2009	4	4	3	11
01/2010	1	4	5	10
Totals	51	71	70	192

Table 2: *Staphylococcus aureus* bacteraemias (SAB) Numbers Showing Acute Specialties
Date range: 01/01/2009 – 31/01/2010

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



	Accident & Emergency	Care of Elderly	Coronary Care	Critical / Intensive Care	Emergency Receiving - Medical	General Medicine	General Surgery	Gynaecology	Haematology / Oncology	Infectious Diseases	Maternity	Neonatal	Orthopaedics	Outpatients	Paediatrics	Palliative Care	Renal Medicine	Totals
01/2009	3	1	0	0	3	2	1	0	0	0	0	0	1	0	0	0	5	16
02/2009	1	2	0	1	2	5	1	0	1	1	0	2	0	1	1	0	0	18
03/2009	1	0	0	0	6	5	2	0	0	0	0	1	2	0	0	0	0	17
04/2009	4	1	0	0	2	2	1	0	0	1	0	0	0	0	0	0	0	11
05/2009	3	1	0	0	1	1	0	0	0	0	0	0	0	0	1	1	3	11
06/2009	3	4	1	1	3	1	3	0	0	0	0	0	1	0	1	0	2	20
07/2009	3	0	0	0	3	3	2	0	0	0	1	0	0	0	0	0	2	14
08/2009	3	1	0	0	2	2	2	1	0	0	0	1	1	0	0	0	0	13
09/2009	6	1	3	1	3	3	0	0	0	0	0	0	1	0	1	0	0	19
10/2009	6	2	1	0	1	4	3	0	0	0	0	1	1	0	0	0	0	19
11/2009	1	2	1	0	3	6	0	0	0	0	0	0	0	0	0	0	0	13
12/2009	1	1	0	0	2	2	4	0	0	0	0	0	1	0	0	0	0	11
01/2010	1	1	0	1	2	1	0	0	0	0	0	0	1	0	0	1	2	10
Totals	36	17	6	4	33	37	19	1	1	2	1	5	9	1	4	2	14	192

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 National Quarterly report will be published in the April Board report

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

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

- A comprehensive multidisciplinary SAB Action Plan is in place to evidence implementation of actions and improvements. Key Actions include:
- The Nurse Consultant and Consultant in Public Health Medicine – HAI, NHS QIS have supported NHSL on a 6 weekly basis to review the action plan. This arrangement has now ceased due to improvements noted in SAB rate reduction. In addition the Nurse Consultant –HAI, NHS QIS has been granted an Honorary Contact to work within NHSL for 2 days per month over a 6 month period. The focus will be placed on further enhancing the existing SAB work.
- An additional multidisciplinary SAB action Group will be formed as a matter of urgency in NHSL to further drive improvements. The Nurse Consultant – HAI NHS QIS will be an integral part of this group in conjunction with the NHSL HAI Nurse Consultant and invitations to join this group have been extended to the Scottish Ambulance Service and Tissue Viability.
- Consistency of documentation relating to the insertion and maintenance of intravenous devices in nursing notes-complete
- PVC bundle components integral to Infection Control Policies-complete.
- Improvement plan in place for a systematic and targeted approach to the implementation of PVC bundles – near completion.
- Enhanced SAB Surveillance data is now produced by Clinical Effectiveness on a monthly basis and discussed at ward level, Senior Nursing Forum and the Acute Operating Infection Control Committee -continuing
- Blood culture educational update sessions organised for all the acute sites in January and February 2010 are now near completion.
- PVC insertion sterile pack trial complete at Wishaw General – Awaiting evaluation report.
- Monitoring of Hand Hygiene Zero Tolerance, Dress/Uniform and Healthcare Associated Infection and Hand Hygiene Policies ongoing- These policies are to be reviewed.

1.3 Pan-Board, Hospital Or Specialty Specific Problems Identified

There has been a reduction from the previous reporting period in the number of reported SABs at Hairmyres this month. The palliative care blood cultures are processed via the Monklands laboratory however discussion will be required to be undertaken in conjunction with the health protection team to review any contributory factors within this specialty The Infection control team continue to monitor trend analysis and continue a targeted approach in those areas identified, utilising the enhanced surveillance data.

1.3.1 Actions Required

- Local review of data and practice via the SAB Compliance group ongoing
- Action plan based on NHS QIS guidance being implemented.
- Feed back enhanced surveillance data to the clinical areas to facilitate improvements to clinical outcomes commenced.
- Monitoring of Hand Hygiene Zero Tolerance, Dress/Uniform and Healthcare Associated Infection Hand Hygiene Policies ongoing.

2. CLOSTRIDIUM DIFFICILE INFECTION (CDI)

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

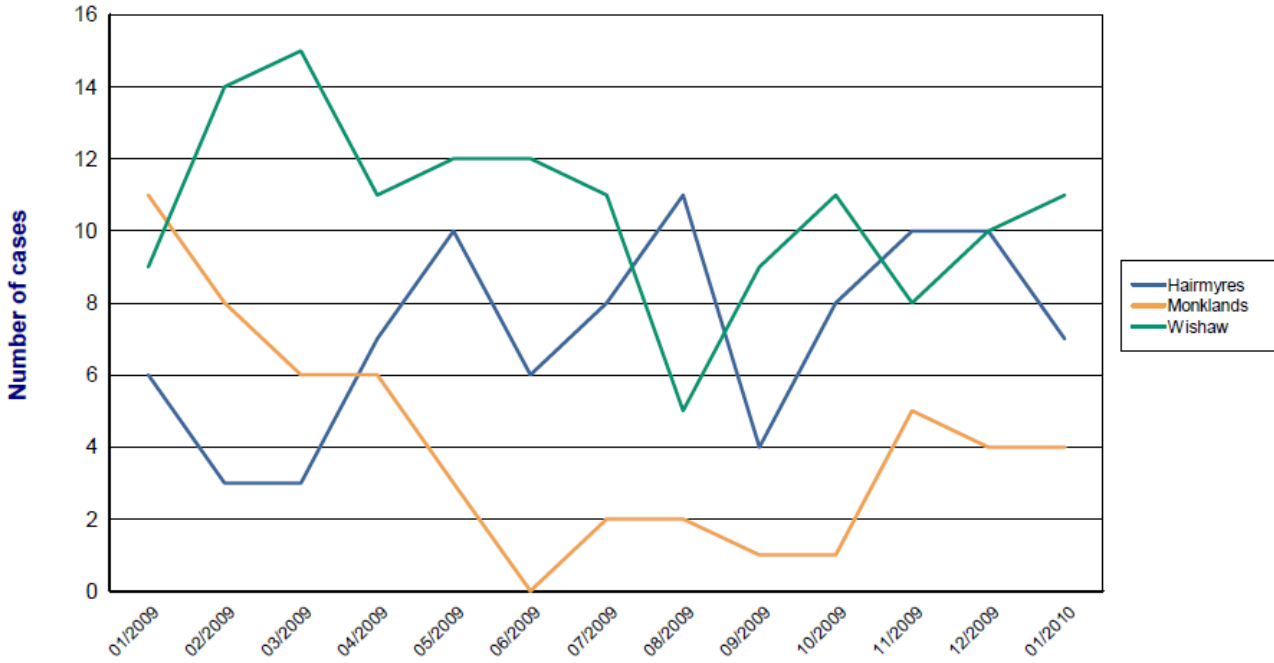
Cases of *Clostridium difficile* Infection in all 3 District General Hospitals is as outlined in Table 3 and *Clostridium difficile* Infection rates per Acute Specialities is outlined in Table 4 with Care Of the Elderly and General Surgery continuing to show the most cases which continues in line with national findings. There has been a marked reduction in cases within general medicine for this reporting period.

Whilst Hairmyres Hospital has seen a reduction since the last reporting period in their CDI levels there is a slight increase at Wishaw and Monklands has remained static which is still a natural variation and within the control limits. Hairmyres. Hospital have been utilising the knowledge of the Antimicrobial Pharmacist regarding links to inappropriate prescribing practice.

Community hospitals as outlined in table 5 have had 1 episode for the reporting period of January 2010.

TABLE 3: C Difficile Cases by Month and Acute Hospital
Date range: 01/01/2009 - 31/01/2010

C. Difficile cases by Month and Acute Hospital

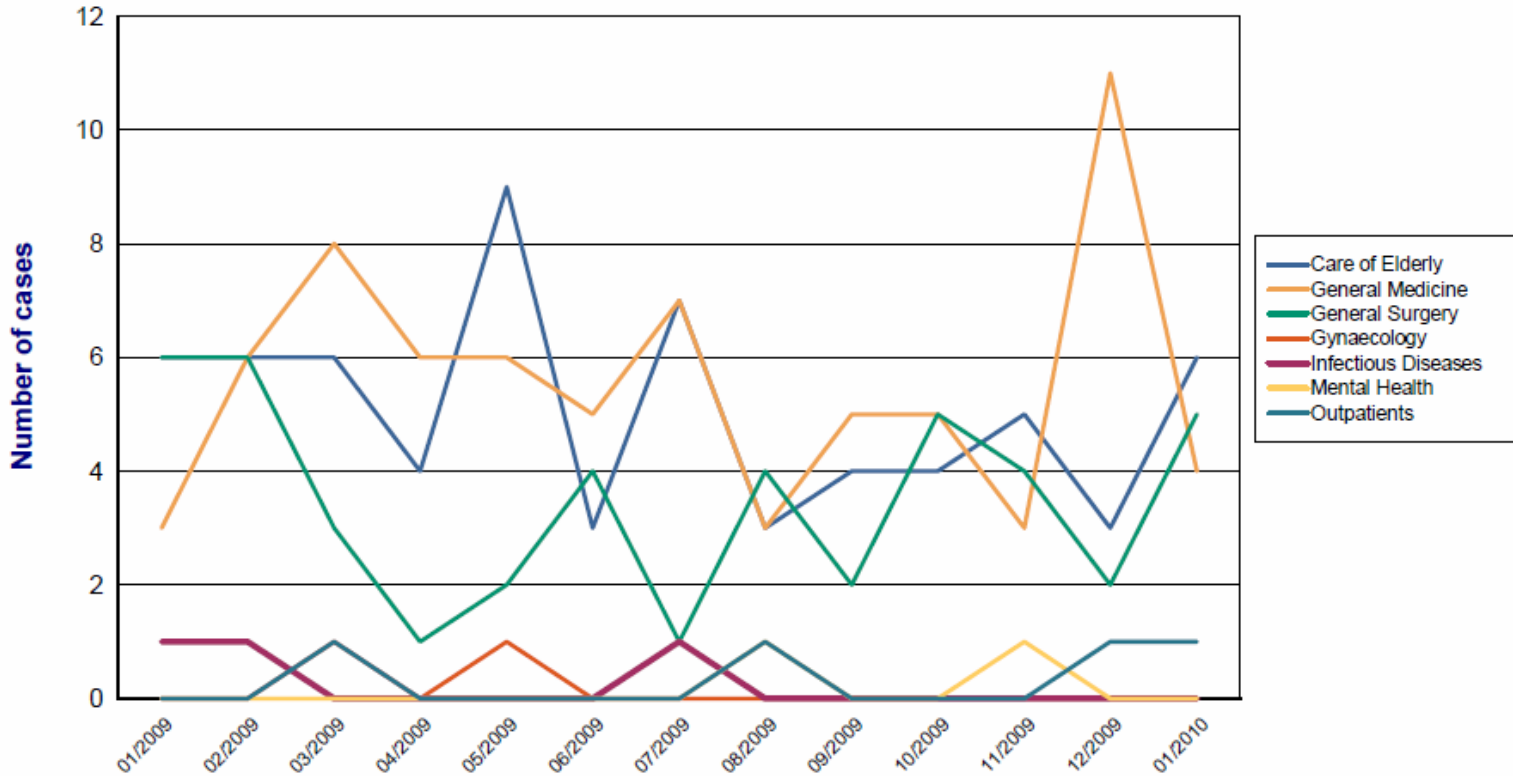


	Hairmyres	Monklands	Wishaw	Totals
01/2009	6	11	9	26
02/2009	3	8	14	25
03/2009	3	6	15	24
04/2009	7	6	11	24
05/2009	10	3	12	25
06/2009	6	0	12	18
07/2009	8	2	11	21
08/2009	11	2	5	18
09/2009	4	1	9	14
10/2009	8	1	11	20
11/2009	10	5	8	23
12/2009	10	4	10	24
01/2010	7	4	11	22
Totals	93	53	138	284

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

Date range: 01/09/2009 - 31/01/2010

C. Difficile cases by Month and Acute Specialty



	Care of Elderly	General Medicine	General Surgery	Gynaecology	Infectious Diseases	Mental Health	Outpatients	Totals
01/2009	6	3	6	0	1	0	0	16
02/2009	6	6	6	0	1	0	0	19
03/2009	6	8	3	1	0	0	1	19
04/2009	4	6	1	0	0	0	0	11
05/2009	9	6	2	1	0	0	0	18
06/2009	3	5	4	0	0	0	0	12
07/2009	7	7	1	0	1	0	0	16
08/2009	3	3	4	0	0	1	1	12
09/2009	4	5	2	0	0	0	0	11
10/2009	4	5	5	0	0	0	0	14
11/2009	5	3	4	0	0	1	0	13
12/2009	3	11	2	0	0	0	1	17
01/2010	6	4	5	0	0	0	1	16
Totals	66	72	45	2	3	2	4	194

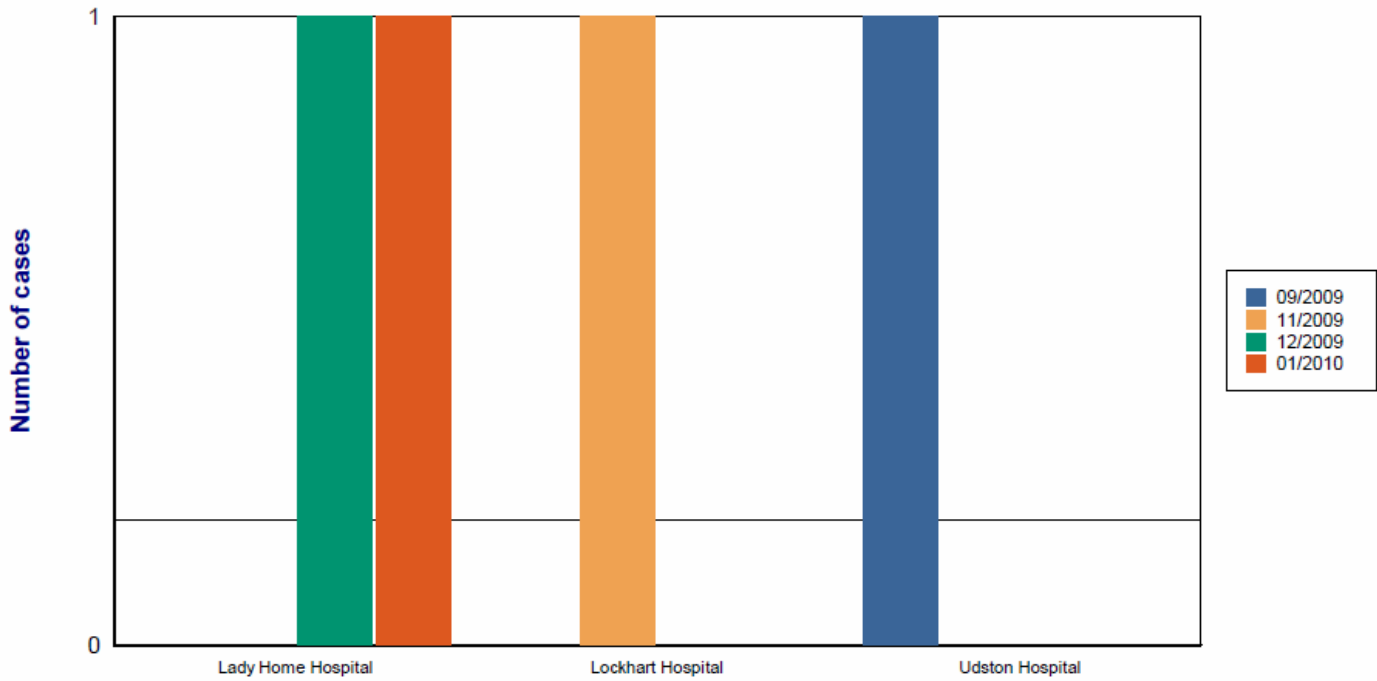
2.2 Current HEAT Status And National Context

To reduce rate of *Clostridium difficile* infection in over 65 years old by at least 30% by 2011 (Target rate 1.00/1000 AOBDS > 65 years old). The National Quarterly report will next be published in the April board report.

Table 5 Cdifficile cases by Month and Community Hospital

Date range: 01/09/2009 - 31/01/2010

C. Difficile cases by Month and Community Hospital



	Lady Home Hospital	Lockhart Hospital	Udston Hospital	Totals
09/2009	0	0	1	1
11/2009	0	1	0	1
12/2009	1	0	0	1
01/2010	1	0	0	1
Totals	2	1	1	4

2.2.1 Pan-Board, Hospital or Specialty Specific Problems Identified

No specific problems identified. The enhanced surveillance nurse continues to work in partnership with the ICN's, antimicrobial pharmacist and ward staff to review all cases identified and will be undertaking environmental audits with the IC nurses of those areas with increased incidence

2.3 Current and New Initiatives To Reduce Cases

- Ongoing Implementation of the Scottish Management of Antimicrobial Resistance Action Plan (SCOTMARAP)
- Enhanced surveillance of *Clostridium difficile* for inpatients ongoing across NHSL. Surveillance Nurse presented findings at Acute and Joint CHP Infection Control Committee.
- Antimicrobial Pharmacist now receiving list of all *Clostridium difficile* patients and associated prescribing trends for review in conjunction with the enhanced surveillance nurse
- Revision of existing enhanced clostridium difficile protocol in conjunction with Health Protection Scotland concise work programme to be set for enhanced surveillance nurse to for enhanced nurse to ensure that focus is placed in quality improvements.
- Continued promotion delivery of the NHSL self directed *Clostridium difficile* Unit.
- Nursing Staff to ensure that antibiotics being prescribed are reviewed daily.

2.4 Pan-Board, Hospital Or Specialty Specific Problems Identified

NHSL has seen a marked reduction within the general medicine speciality for this reporting period, however also an increased incidence of *Clostridium difficile* within the care of the elderly and general surgery speciality for this reporting period, associated with increased sampling and in keeping with increased levels of Norovirus presently being seen throughout NHS Scotland. Enhanced surveillance has shown there has been no association between the increase and cross contamination.

2.4.1 Actions Required

- Continued weekly and monthly monitoring reports identifying trends and areas of high risk.
- Continue enhanced surveillance of all positive cases
- On going Monitoring of Hand Hygiene Zero Tolerance, Dress/Uniform and Healthcare Associated Infection Hand Hygiene Policies.
- Launch phase 2 of Hand Hygiene Zero Tolerance policy for visitors

2.5 Norovirus

A national report identifies the prevalence of Norovirus on a weekly basis in Scotland. It includes the number of Wards closed with confirmed or presumed Norovirus Infection on a weekly basis.

Table 6: Hospitals with Wards Closed Due To Norovirus across NHS Scotland 08th February 2010

Date 08/02/10	NHS Board	Total number of hospitals with wards closed this Monday	Total number of wards closed this Monday	Total number of patients who are or have been affected in the wards closed this Monday	Total number of staff who are or have been affected in the wards closed this Monday
	NHS Ayrshire & Arran	2	2	17	0
	NHS Borders	2	2	20	NA
	NHS Dumfries & Galloway	1	1	8	3
	NHS Fife	0	0	0	0
	NHS Forth Valley	2	3	26	6
	NHS Greater Glasgow & Clyde	3	3	30	6
	NHS National Waiting Times Centre	0	0	0	0
	NHS Grampian	2	2	9	0
	NHS Highland	1	2	6	3
	NHS Lanarkshire	0	0	0	0
	NHS Lothian	2	5	64	9
	NHS Tayside	1	4	41	12
	NHS Orkney	0	0	0	0
	NHS Shetland	0	0	0	0
	NHS Western Isles	1	1	10	7
	NHS State Hospital Carstairs	0	0	0	0
	Total	17	25	231	46

Currently **10** NHS Boards are reporting Norovirus activity in NHS Scotland. Lanarkshire have reported **no** hospitals affected or wards closed for this reporting period.

In the first report on 7/1/2008: 29 hospitals were affected and 47 wards closed. This Monday there were 17 hospitals with 25 wards affected.

Current and New Initiatives

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

3. HAND HYGIENE (HH) PROGRAMME

3.1 NHS Lanarkshire Trends In Compliance National Context

The recently published report from Health Protection Scotland identified that our Board has again achieved at least 90% compliance, and achieved 91% although were one of 6 NHS Boards who measured a decrease in compliance from the previous 4th bi-monthly audit period, It is again worth noting that despite this decrease in compliance statistically it was not significant. Areas who participated in the audit have received support from the hand hygiene team and corrective action plans to work towards sustainable improvement.

Audit results for compliance with hand hygiene opportunities have been established for each NHS board for the 2nd, 3rd, 4th and 5th bi-monthly audit periods.

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

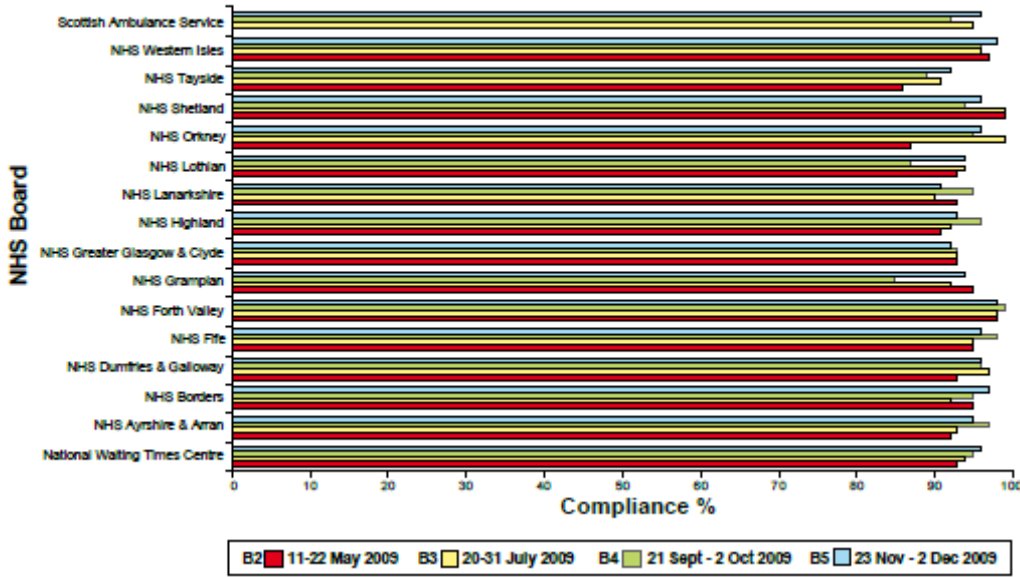
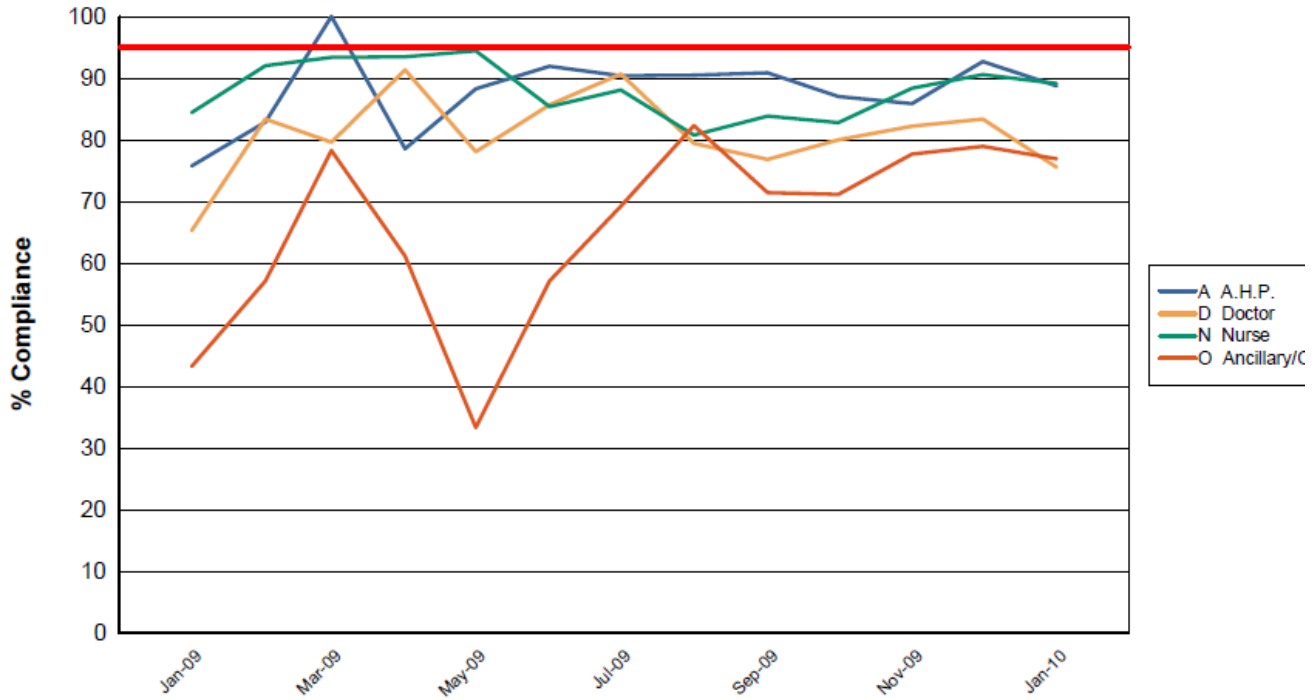


Table 7: Compliance with Hand Hygiene by acute Hospital Site and Month

Date range: 01/01/2009 - 31/01/2010

% Compliance with Hand Hygiene by Staff Group and Month for Hairmyres



	A A.H.P.			D Doctor			N Nurse			O Ancillary/Other		
	Total Observations	Total Performed Correctly	% Compliance	Total Observations	Total Performed Correctly	% Compliance	Total Observations	Total Performed Correctly	% Compliance	Total Observations	Total Performed Correctly	% Compliance
01/2009	33	25	76	49	32	65	90	76	84	37	16	43
02/2009	35	29	83	42	35	83	88	81	92	14	8	57
03/2009	11	11	100	49	39	80	75	70	93	23	18	78
04/2009	14	11	79	23	21	91	61	57	93	18	11	61
05/2009	17	15	88	41	32	78	54	51	94	3	1	33
06/2009	37	34	92	49	42	86	123	105	85	21	12	57
07/2009	52	47	90	75	68	91	168	148	88	52	36	69
08/2009	63	57	90	73	58	79	224	181	81	34	28	82
09/2009	99	90	91	121	93	77	366	307	84	70	50	71
10/2009	131	114	87	145	116	80	401	332	83	59	42	71
11/2009	113	97	86	163	134	82	533	471	88	103	80	78
12/2009	109	101	93	162	135	83	455	412	91	114	90	79
01/2010	133	118	89	201	152	76	578	515	89	156	120	77

Current and New Initiatives in Promoting Hand Hygiene

SPSP activity which includes local audit of hand hygiene continues and rollout is as follows:

- Primary Care areas within acute sites- SBAR document and plan submitted for spread of audit. Education being delivered to Psychiatric wards February 2010.
- National audit underway for January/February 2010.
- Hand hygiene education in partnership with Ecolab is scheduled for this year on a monthly basis, commenced in Clydesdale in January 2010. Education sessions have delivered to Speech Therapists at Wishaw General Hospital, Pharmacists and Day Surgery at Hairmyres.
- Primary Care Products Implementation – Clydesdale has now been implemented with snagging to be arranged and East Kilbride and Cumbernauld site surveys are complete. Survey of Hamilton underway.
- The rotation of the 4 sets of large cut outs depicting staff and promoting good hand hygiene practice continues funding has been made available to update these promotion materials when the national uniform is implemented
- Training on the “*NES Promoting Hand Hygiene in Healthcare Module*” has been delivered to Serco team leaders and customer service managers at WGH. This group of staff have now completed the module. LHBC mentored two sessions and further sessions have been arranged for February 2010.
- Further screen savers promoting the zero tolerance and hand hygiene message are currently under discussion. Photographs are to be taken January 2010. Screen saver being amended to be sent to communications by end of February 2010
- Section H is currently under review and First draft complete.

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

The hand hygiene team continue to monitor the local SPSP audits on a weekly basis and alert senior nurses to non- return of data and reduction in compliance.

The ongoing return of data for SPSP Audits remains a challenge. This is monitored weekly by Practice Education Facilitator for Hand Hygiene and sent to Associate Directors of Nursing and highlighted at SPSP general ward Work stream meetings.

4. NATIONAL CLEANING SERVICES SPECIFICATION COMPLIANCE

4.1 Compliance

- Cleaning performance scores for December 2009 continue to operate within an average range of 93.8% - 98.4% across NHSL sites. A small number of individual locations within sites are below this average & these areas are focused upon by Hotel Services management to address any shortfalls.
- An independent cleaning audit was undertaken on behalf of Health Facilities Scotland by Tribal Consulting at Monklands & Wester Moffat Hospitals on December 8th 2009 accompanied by representatives from PSSD. The final report on findings across all NHS Scotland boards is expected mid February with the final report to the SGHD in March 2010.

Initiatives being taken to improve cleaning performance standards

- SGHD funding of £474,851 for 2009 / 2010 supported the recruitment of additional 25.72 wte domestic staff (42 headcount). This provided 17.08 wte at Monklands Hospital and 8.64 wte across primary care locations. Recruitment is now complete and all additional domestic staff are in post. All areas where additional staff have been allocated will be monitored to assess the impact on the cleaning standards and a report will be compiled showing the cleaning performance scores being delivered.
- All amber scores (below 90%) recorded in the National Monitoring Framework (NMF) audits are discussed with the 'users' of the service and, if appropriate Control of Infection, and immediate remedial actions are put in place to rectify the shortfalls.
- Individual refresher training continues to be provided to staff where performance issues are identified through the NMF audits.
- All property issues identified in the HEI report on Monklands hospital were completed by the end of December 2009.
- A meeting has been set up with representation from PSSD / Senior Nursing /Patient Safety / Infection Control & Finance to discuss and prioritise SGHD expenditure in terms of HEI works & equipment replacement / additional equipment.
- An awareness article has been produced on HAI Scribe by PSSD and the Infection Control Team and will be included within the next Pulse edition.
- Estates Monitoring Tool training workshops took place during December 2009 with representation from NHSL Hotel Services and PFI Consortia at Hairmyres & Wishaw. NHSL together with NHS Fife, NHS Dumfries & Galloway & the State Hospital participated in a pilot of the Estates Monitoring Tool during January 2010 with roll out to all other NHS Boards in February 2010. This system will "go live" in April 2010 and will incorporate estates related issues to be scored in conjunction with domestic cleaning issues as outlined within the National Monitoring Framework.
- 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. These visits allow cleaning, maintenance and all other services provided by PSSD to be discussed with clinical managers and where appropriate, action taken to remedy identified problems. To date feedback from these visits has been positive with clinical managers recognising that the domestic/maintenance/catering/laundry & portering staff do respond to their needs and endeavour to deliver a service that meets the needs of patients & staff.
- The programme of quarterly training events continue with the latest event on 15th January 2010 which focussed on continuous improvement in quality standards & Health & Safety. This event was attended by Domestic Managers, Supervisors & representatives from the PFI Consortia at Hairmyres & Wishaw. Presentations were delivered & discussion took place around the Domestic / Estates Monitoring Tool & National Monitoring Framework. SALUS Health & Safety Advisors delivered presentations in relation to incident reporting and incident investigation & emphasised the need for robust Health & Safety practices.

Summary

The above initiatives detail the range of activities and actions being taken to maintain domestic cleaning standards across all NHSL premises. These initiatives/ actions are monitored closely by the Head of Support Services, Head of PFI/PPP Contracts and Head of Hotel Services, via local meetings, site visits and departmental meetings. The PSSD General Manager monitors progress on a monthly basis with quarterly reports submitted to NHS Lanarkshire's Infection Control Committee.

5. SIGNIFICANT HEALTHCARE ASSOCIATED INFECTION INCIDENTS/ OUTBREAKS/EMERGINGTHREATS.

- .There have been no significant issues 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)	19
GREEN (on track to complete by the deadline)	1
AMBER (substantially complete but either awaiting national materials or with some possibility of slippage beyond the deadline)	1
RED (unable to complete by the deadline)	0

One area continues to be Green this is as follows:

- Implementation of HAI SCRIBE (Healthcare Associated Infection System for Controlling Risk in the Built Environment) sections 3 &4 to be applied to all existing buildings to ensure fabric of healthcare facilities maintained to minimise risk of infection. Estates monitoring Tool training workshops took place early in December 2009 with representation from NHSL Hotel Services and PFI Consortia at Hairmyres and Wishaw.

Another area has been continues to be Amber is as follows;

- Implementation of Senior Charge Nurse Review Lead – a funding proposal to support the extension of the facilitator's role in embedding Releasing time to care, thus embedding the senior charge nurse review has now been approved by the Executive Director of Nursing. This will change the status to green in the next reporting period

6.2 Compliance With Healthcare Associated Infection Task Force Programme – Outstanding Issues

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

6.2.1 Actions Required And Timescales For Implementation

The work of the short life working group convened to review the format of HAIRT (Healthcare Associated Infection Reporting Template) is ongoing

7 SURGICAL SITE SURVEILLANCE

The aims of the Surgical Site Infection programme are:

- To collect surveillance data on surgical site infections to permit estimation of the magnitude of surgical site infection risk in hospitalised patients throughout Scotland.
- To analyse and report surgical site infection (SSI) data and describe trends in SSI rates throughout Scotland.

7.1 Orthopaedic Surveillance

SSI Surveillance of elective and trauma hip arthroplasties for the period 1st December 2009 – 31st December 2009 has shown 63 operations with one incidence of infection which gives an SSI rate of 1.59%.

7.1.1 Elective Presentation

A total of 27 operations performed with no incidences of infection.

7.1.2 Emergency Presentation

A total of 36 operations performed with one incidence of infection which gives an SSI rate of 2.78%.

7.1.3 Infection Types

One emergency admission developed a superficial infection which gives an SSI rate of 1.59%..

7.2 Caesarean Section

SSI Surveillance of elective and emergency caesarean sections for the period from 1st December 2009 – 31st December 2009 has shown 116 operations with 2 incidences of Infection which give an SSI rate of 1.72%.

7.2.1 Elective Presentation

A total of 54 operations performed with no incidences of infection.

7.2.2 Emergency Presentation

A total of 62 operations performed, 2 infections occurred which gives an SSI rate of 3.23%.

7.2.3 Infection Types

emergency admissions developed superficial infections which gives an SSI rate of 1.72%

7.3 SSHAIP Surgical Site Infection Surveillance Quarterly Exceptions Report

There were no exceptions this reporting period.

7.4 Pan-Board, Hospital or Specialty Specific Problems Identified

Revised governance arrangements on-going overseen by the Infection Control Doctor

7.4.1 Actions Required and Timescales for Implementation

The SSI rates across the three acute sites in Lanarkshire continue to be monitored with active surveillance being carried out by both the Infection Control Nurses and the HAI surveillance nurses.

Early discussions have taken place to identify further potential Surgical Site Infection surveillance activities to expanding current programme.

A short life sub group of the LICC met in January to scope out future surveillance requirements and produce an NHSL Surveillance strategy. The group will be chaired by Dr Josephine Pravinkumar Consultant in Public Health Medicine.

8. ANTIMICROBIAL PRESCRIBING

Update regarding Antimicrobial prescribing will continue to be presented on a quarterly basis and will be part of the Board report for April 2010.

9. HORIZON SCANNING

- NHSL have implemented the National MRSA screening programme within the designated target of 31st January 2010. A Screening Programme launch for Stakeholders in conjunction with the communications department took place on the 26th January 2010, at Hairmyres and was well attended. There was positive media coverage in the local press and the programme is progressing well. The outcome of the final National report from the pathfinder sites and HPS proposals is currently with the Scottish Government.
- The monthly assurance reporting process to the Scottish Government continues with The fifth RAG submission from NHSL for January again reporting GREEN status
- The HEI Inspectorate have circulated the Healthcare Environment Inspectorate (HEI) Antimicrobial Inspection Tool. This tool will be used by inspection teams prior to and during inspections. The tool can be found on their website at <http://www.nhshealthquality.org/nhsqis/7490.html>.

- The next announced Inspections will take place on the 25th and 26th May 2009 at Hairmyres Hospital and preparation for these visits continues to be co-ordinated via the HEI steering group.

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 the next 3 years. The NHS Lanarkshire Board is therefore asked to:-

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

11 FURTHER INFORMATION

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