Lanarkshire NHS Board
28th July 2010

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NHS
Lanarkshire

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 (SABs)

1.1 Short/Medium/Long Term Trends in SABs, i.e. Meticillin Resistant Staphylococcus Aureus (MRSA), MSSA Bacteraemias

Tables 1 and 2 provide data from January 2010-June 2010 inclusive.
Table 1 shows a total of 10 SABs between Monklands and Hairmyres hospitals for May 2010, and Wishaw reporting 0 SABs over this period

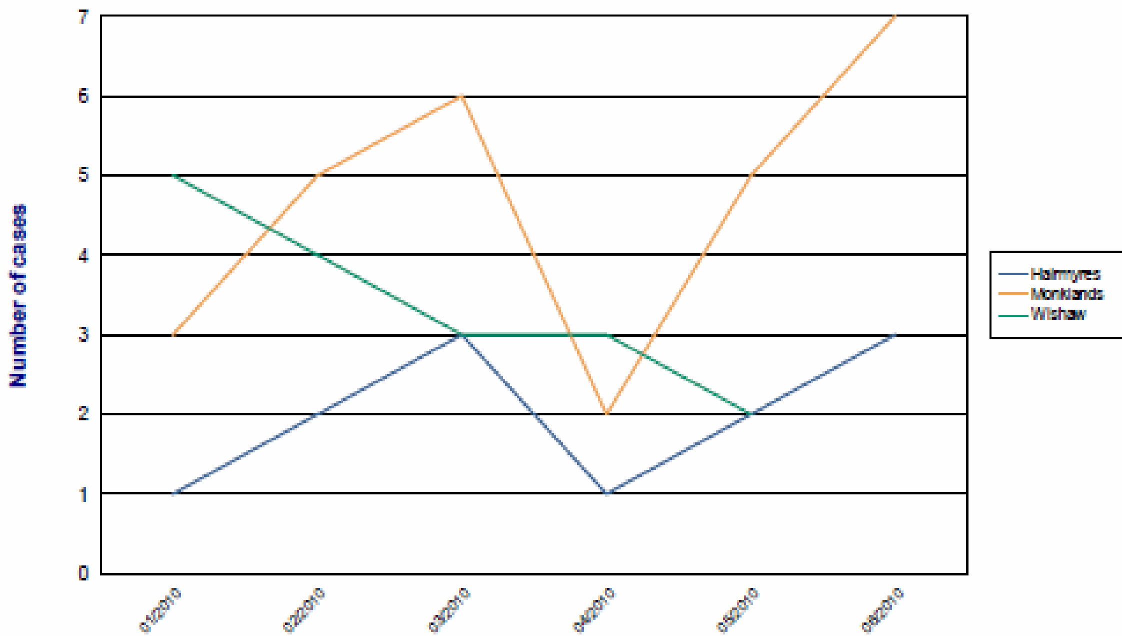
Table 2 provides a breakdown of SABs by specialty from January 2010-June 2010. Of the total SABs (n=56), 26% (n=15) were in Accident & Emergency and 16 % (n=9) General Medicine .ENT have shown four consecutive months where 0 SABs have been reported and Orthopaedics have shown three consecutive months where 0 SABs reported Of the 10 SABs identified in June, 2 were reported from Accident & Emergency, 2 were reported from emergency medical receiving and the remainder are spread across the specialities. The infection control team continue to investigate all cases using enhanced surveillance methodology

Table 1: Staphylococcus Aureus Bacteraemias by month and acute hospital

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

Date range: 01/01/2010 -30/06/2010

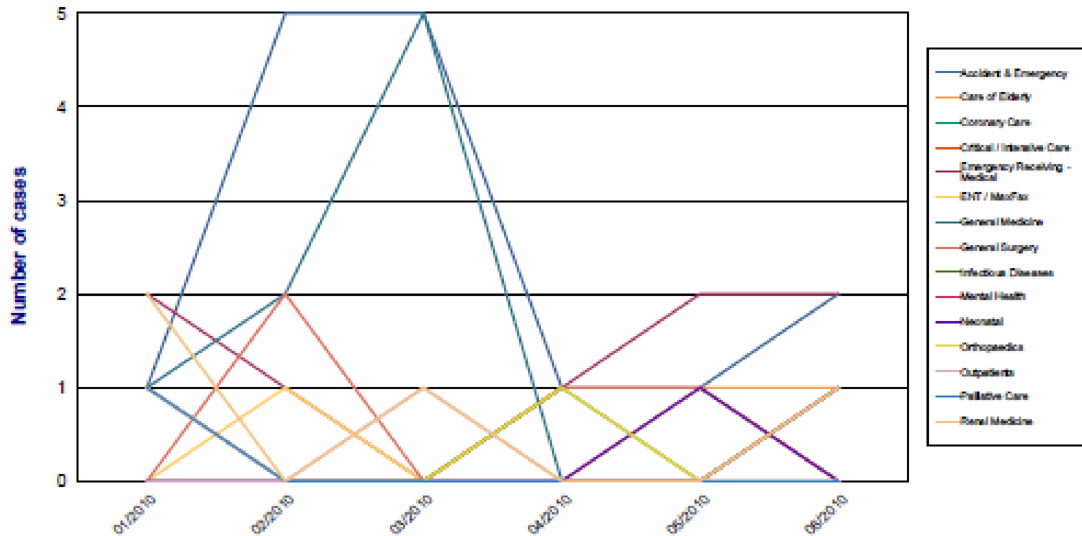
Staph. aureus Bacteraemia cases by Month and Acute Hospital (MRSA & MSSA)



	Hairmyres	Monklands	Wishaw	Totals
01/2010	1	3	5	9
02/2010	2	5	4	11
03/2010	3	6	3	12
04/2010	1	2	3	6
05/2010	0	5	2	7
06/2010	3	7	0	10
Totals	10	28	17	55

Table 2: *Staphylococcus aureus* bacteraemias (SAB) Numbers Showing Acute Specialties
Date range: Date range: 01/01/2010 -30/06/2010

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



	Accident & Emergency	Care of Elderly	Coronary Care	Critical / Intensive Care	Emergency Receiving - Medical	ENT / MaxFax	General Medicine	General Surgery	Infectious Diseases	Mental Health	Neonatal	Orthopaedics	Outpatients	Palliative Care	Renal Medicine	Totals
01/2010	1	1	0	1	2	0	1	0	0	0	0	1	0	1	2	10
02/2010	5	0	0	0	1	1	2	2	0	0	0	0	0	0	0	11
03/2010	5	0	0	0	0	0	5	0	0	0	0	0	1	0	1	12
04/2010	1	1	0	0	1	0	0	1	1	0	0	1	0	0	0	6
05/2010	1	1	0	1	2	0	0	1	0	0	1	0	0	0	0	7
06/2010	2	1	1	0	2	0	1	0	1	1	0	0	0	0	1	10
Totals	15	4	1	2	8	1	9	4	2	1	1	2	1	1	4	56

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

To reduce all *Staphylococcus aureus* bacteraemias (including MRSA) by a further 15% by March 2011; to introduce and comply with local antimicrobial policies by 2010.

The HPS quarterly report on the surveillance of *Staphylococcus aureus* bacteraemias published on 7th July showed that Lanarkshire had 164 *S.aureus* bacteraemias in the previous 12 months against a HEAT target of 167. For the most recent quarter (Jan 10 – March 2010) the reported SAB rate was 0.271 episodes / 1000 AOBDs (compared with 0.378 for NHS Scotland as a whole. For MRSA bacteraemia the rate was 0.099

episodes / 1000 AOBDs (vs 0.088 for NHS Scotland) and for MSSA bacteraemia the rate was 0.172 cases / 1000 AOBDs (compared with 0.290 for NHS Scotland).

1.2.1 Current and New Initiatives to reduce *Staphylococcus aureus* bacteraemia cases

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

- The multidisciplinary SAB/CDI Improvement Implementation Group continues to oversee the programme of work aimed at meeting the SAB HEAT Target for 2010/2011.

- The concept of the NHSL SAB Driver Diagram and Change Package aimed at determining system components to create a pathway to further reduce SABs has been adopted by NHSQIS. An adapted national version is in development and NHSL will be one of 5 Boards approached and asked to Pilot the package.

- The Nurse Consultant –HAI, NHS QIS continues with Honorary Contact working within NHSL for 2 days per month over a 6 month period. Focus is placed on supporting the development of the SAB Driver Diagram and Change Package.

- A Monthly improvement plan remains in place for a systematic and targeted approach to the implementation and ongoing monitoring of compliance with the peripheral vascular cannula care through the Ward Work streams

- Enhanced SAB surveillance data continues to be produced by Clinical Effectiveness on a monthly basis and discussion at ward level, Senior Nursing fora and the Acute Infection Control Sub Group is ongoing to ensure focus on achieving optimum clinical outcomes.

- The revised HPS SAB Investigation Tool is being tested within NHSL in July/August for all SABs as a root cause analysis tool to identify further potential sources of infection and areas for improvement.

- The SAB/CDI Improvement Implementation Group will make recommendations on the appropriate methods of decontaminating skin prior to insertion of PVCs based on best practice taking account of financial implications. An SBAR and options appraisal paper has been submitted to the Area Drugs and Therapeutics Committee for consideration requesting approval for a sustainable financial approach for decontaminating skin prior to PVC insertion.

- The peripheral venous cannula insertion sterile pack evaluation report reviewed by WGH ICT will be considered by the SAB/CDI Improvement Implementation Group prior to publication and wider circulation.

- Monitoring of Hand Hygiene Zero Tolerance, Dress/Uniform and Healthcare Associated Infection. Hand Hygiene Policies ongoing. All three policies are currently due to be circulated for consultation in July/August 2010.

- Primary Care Infection Control Nurse links continue with NHSL Harm Reduction Teams to raise awareness of SABs and soft tissue damage associated with Intravenous drug use.

- Tissue Viability and Primary Care Infection Control Nurses in conjunction with Clinical Effectiveness are developing a data base to review pressure ulcer incidence and associated links to SABs for circulation to ward Managers on a quarterly basis. Tissue Viability staff and the Lead Nurse for the service met with Clinical effectiveness in relation to the progress being made to date. Development well under way and the data base should be nearing completion by the end of July, beginning of August. The data base will form part of the HAI Surveillance data base.

- Work is ongoing in conjunction with the primary care infection control team and NHSL continence service to further investigate urinary tract infections and their association with bacteraemia and hospital admission. Audit tool now developed and due to be piloted in one locality and two / three care homes. The audit will target patients being cared for in their own homes, care homes and both Primary care and Acute Offsite beds. Following the pilot and evaluation the Primary Care ICT would plan to roll out the audit to the target group's end of August beginning of September.

- A short life working group has been formed to develop catheter care guidelines and develop a formulary for catheter use. The group has representation from the Continence Service, Urology Nurse Specialists, Consultant Urologist, Infection Control and Practice Development. The Guidelines and formulary are currently out for consultation.

- NES are in the process of developing an E-Learning training programme in relation to catheter care. The Primary Care ICT are part of this short life working group, along with the Lead Nurse for the Continence Service in Primary Care

1.2.2 <u>Pan-Board, Hospital or Specialty Specific Problems Identified</u>

There are no specific problems identified. The Infection control teams continue to monitor trend analysis and continue a targeted approach in those areas identified, utilising the enhanced surveillance data.

1.2.3 <u>Actions Required</u>

- Ongoing review of local data and associated practice via the SAB/CDI Improvement Implementation Group and at the Acute Infection Control Sub Group and Joint CHP Infection Control Committees.

- The National SAB Driver Diagram and Change Package requires to be piloted in NHSL to ensure that quality improvement methodologies aimed at reducing SABs are implemented and monitored. The package is to be discussed further with the SPSP Manager, Lead Infection Control Doctor and the Nurse Consultant –HAI.

- Continued feed back of enhanced surveillance data to the clinical areas to facilitate improvements to clinical outcomes continues.

- Ongoing monitoring of Hand Hygiene Zero Tolerance, Dress/Uniform and Healthcare Associated Infection Hand Hygiene Policies

- Health Protection Scotland have been asked to pilot EU point prevalence survey methodology by the European for Centre for Disease Prevention and Control and NHSL have agreed to pilot the process.
  The survey will be undertaken week commencing the 26th July at Monklands Hospital and may identify issues potentially contributing to SABs

2. CLOSTRIDIUM DIFFICILE INFECTION (CDI)

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

Tables 3 and 4 provide data from January 2010-June 2010 inclusive. Table 3 clearly shows that of the total episodes (n=123), 50% (n=62) were at Wishaw General, 39 % (n=48) at Hairmyres and 10% (n=13) at Monklands. In total 25 episodes were reported from all 3 acute sites, (n=12) being at Wishaw.

Whilst there has been a slight decrease in episodes at Monklands Wishaw General and Hairmyres have seen an increase and all have been investigated further by the enhanced surveillance nurse and IC team and no clusters or cross contamination issues have been identified.

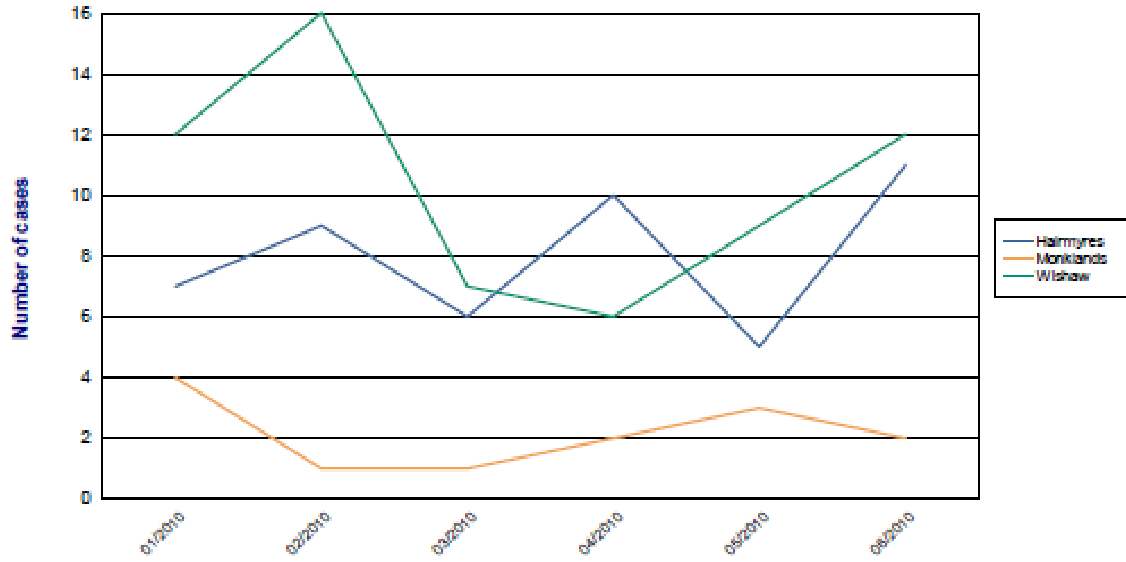
Table 4 demonstrates that of all specialties, Emergency receiving has shown a reduction and general medicine features prominently with an increase of 4 cases since last month.

The Community Hospitals have reported 0 cases this month, therefore no reporting table available.

TABLE 3: *Clostridium difficile* by Month and Acute Hospital

Date range: 01/01/2010 -30/06/2010

C. Difficile cases by Month and Acute Hospital

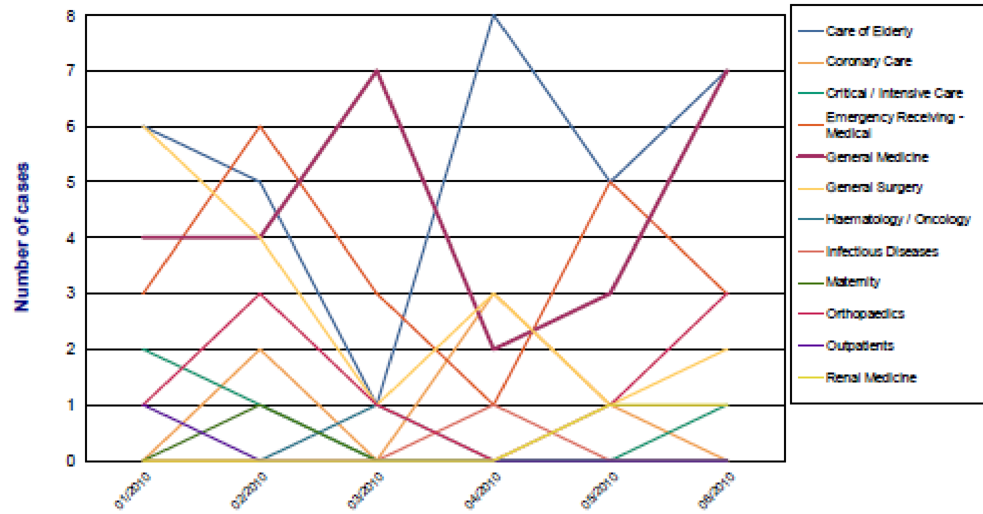


	Hairmyres	Monklands	Wishaw	Totals
01/2010	7	4	12	23
02/2010	9	1	16	26
03/2010	6	1	7	14
04/2010	10	2	6	18
05/2010	5	3	9	17
06/2010	11	2	12	25
Totals	48	13	62	123

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

Date range: Date range: 01/01/2010 -31/06/2010

C. Difficile cases by Month and Acute Specialty



	Care of Elderly	Coronary Cae	Critical / Intensive Care	Emergency Receiving -	General Medicine	General Surgery	Haematology / Oncology	Infectious Diseases	Maternity	Orthopaedics	Outpatients	Renal Medicine	Paediatrics	Totals
01/2010	6	0	2	3	4	6	0	0	0	1	1	0	0	23
02/2010	5	2	1	6	4	4	0	0	1	3	0	0	0	26
03/2010	1	0	0	3	7	1	1	0	0	1	0	0	0	14
04/2010	8	3	0	1	2	3	0	1	0	0	0	0	0	18
05/2010	5	1	0	5	3	1	0	0	0	1	0	1	0	17
06/2010	7	0	1	3	7	2	0	0	0	3	0	1	1	25
Totals	32	6	4	21	27	17	1	1	1	9	1	2	1	123

2.2 Current HEAT Status and National Context

Revision of *Clostridium difficile* HEAT Target for 2011 in May 2010 now gives NHSL a HEAT Target to reduce rate of *Clostridium difficile* infection in over 65 years old by at least 50% by 2011 (Target rate 1.00/1000 AOBDs > 65 years old).

The HPS report published on 7th July quotes that Lanarkshire shows a slight decrease in the rate for the most recent quarter up to March 2010 compared to the previous (Q4, 2009). This occurred for the rate for over 65 / 1000 OCBDs (Fig. 1), for over 65s / 100000 population (Fig. 2), and for the 15-64 years old / 1000 OCBDs (Fig. 3). The report quotes that in patients 65 and over, Lanarkshire was one of 11 boards to show a significant decrease when a comparison of the yearly rates between April 2008-March 2009 and April 2009-March 2010 was made.

Our exact figures for the most recent quarter are 66 episodes (>65 years old) giving a rate of 0.56 cases > 65 years old / 1000 OCBDs for the quarter up to March 2010 and an annual figure (up to Dec 09) of 0.60 cases > 65 years old / 1000 OCBDs. This compares with an original HEAT target of 1.00 cases > 65 years old / 1000 OCBDs or a revised target of 406 episodes (50% reduction) in the next 12 months.

2.2.1 Pan-Board, Hospital or Specialty Specific Problems Identified

There have been no specific problems identified for this reporting period. The Infection control team and Enhanced Surveillance continue to monitor areas where an increase in episodes has been reported.

Current and New Initiatives to Reduce Cases

- Ongoing monitoring by the Infection Control Teams continues.
- Implementation of the Scottish Management of Antimicrobial Resistance Action Plan (SCOTMARAP) is ongoing
- Enhanced surveillance of *Clostridium difficile* for inpatients ongoing across NHSL continues.
- Individual ward reports were issued to all wards in Hairmyres in May 2010, these reports will be delivered on a monthly basis. Wishaw Generals ward reports were issued in June 2010. These reports give previous months data in regard to C. diff toxin positive patients, and additional supporting information, with regards practice issues identified and further actions which may need to be taken in regard to these issues
- Development of a *Clostridium difficile* Driver Diagram and Change Package ongoing. Such packages are currently used within the SPS programme of work. This approach has been approved by the newly reformed and renamed SAB/CDI Improvement Implementation Group.
- Antimicrobial Education continues to be addressed as part of overall HAI Learning Strategy.

- The Nurse Consultant – HAI, NHS QIS, will continue to support NHSL's existing approach to reducing *Clostridium difficile* episodes ensuring that a quality improvement methodology is utilised including the development of the Driver Diagram and Change Package.

- Revision of existing enhanced *Clostridium difficile* protocol in conjunction with Health Protection Scotland is being undertaken.

- Launch of the 2nd line antibiotic policy to promote greater use of correct first line empirical agents.

- Wishaw General and Hairmyres Hospitals have completed an eight week trial of daily CDI bundle for all C. diff toxin positive patients to improve compliance and findings will be discussed at the forthcoming SPSP Ward Work stream.

2.3 <u>Actions Required</u>

- Continued weekly and monthly monitoring reports identifying trends and areas of high risk.

- Development of the *Clostridium difficile* Driver Diagram and Change Package will be developed and an implementation and monitoring plan will be devised once approved.

- Continued enhanced surveillance of all episodes and further critical analysis of data to identify potential contributing factors making recommendations for improvements

- A SBAR to reflect on enhanced surveillance since its introduction making recommendations for future work to inform the Driver Diagram and Change Package has been completed and the findings are to be considered.

2.4 <u>Norovirus</u>

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 5: Hospitals with Wards Closed Due To Norovirus across NHS Scotland 12/07/2010

Date 12/07/10/10 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	0	0	0	0
NHS Borders	0	0	0	0
NHS Dumfries & Galloway	0	0	0	0
NHS Fife	0	0	0	0
NHS Forth Valley	0	0	0	0
NHS Greater Glasgow & Clyde	1	1	5	0
NHS National Waiting Times Centre	0	0	0	0
NHS Grampian	0	0	0	0
NHS Highland	0	0	0	0
NHS Lanarkshire	0	0	0	0
NHS Lothian	0	0	0	0
NHS Tayside	0	0	0	0
NHS Orkney	0	0	0	0
NHS Shetland	0	0	0	0
NHS Western Isles	0	0	0	0
NHS State Hospital Carstairs	0	0	0	0
Total	1	1	5	0

Currently **1** NHS Board is reporting Norovirus activity in NHS Scotland. Lanarkshire have reported **0** 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 was **1** hospital with **1** ward affected.

2.4.1 Current and New Initiatives

Recommendations from the debriefing meeting held with NHSL Infection Control Teams to critically reflect on lessons learned from outbreaks has been presented to the HAI Executive Group and the sub acute group The debriefing paper is currently being considered by LICC Members and an action plan has been developed for implementation.

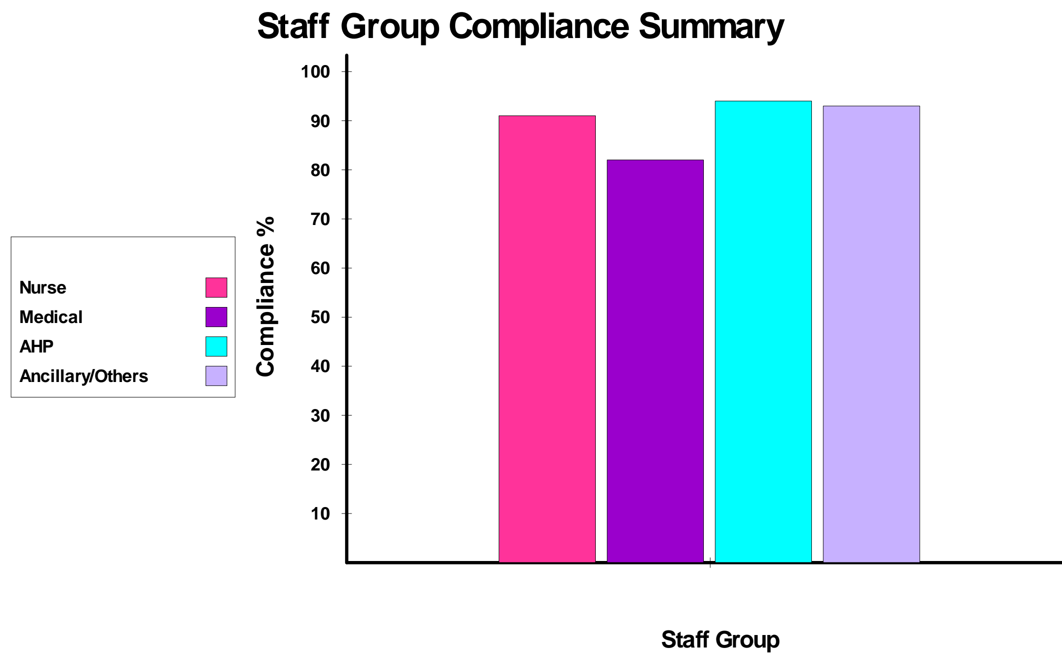
3. HAND HYGIENE (HH) PROGRAMME

Table 6: National Audit May/June 2010

Table 6 shows results for compliance with hand hygiene for NHS Lanarkshire

Audits for all boards including all clinical settings from 17/05/2010 to 28/05/2010

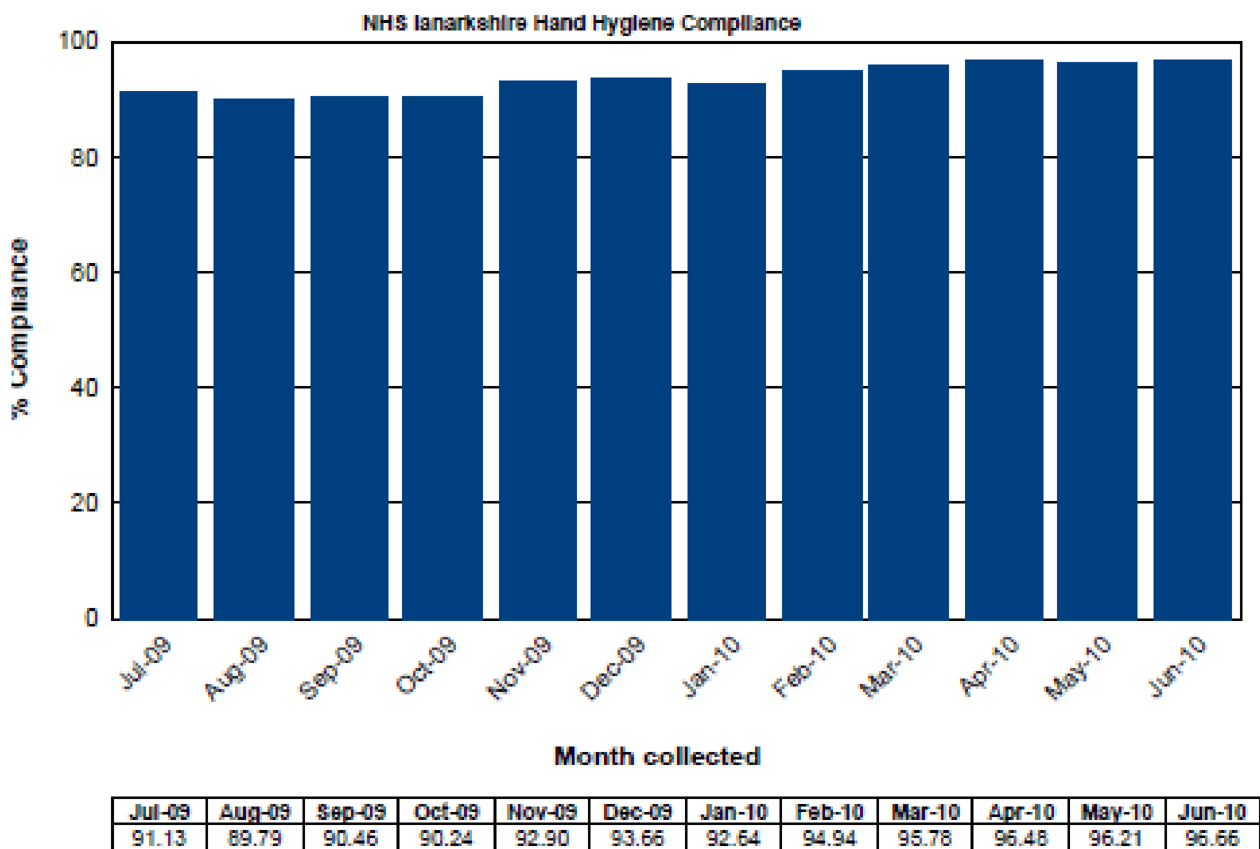
Compliance scores from opportunities from the staff groups were:
Nurse: 91% of 216 opportunities observed)
Medical: 82% of 51 opportunities observed)
AHP: 94% of 17 opportunities observed)
Ancillary/Others: 93% of 16 opportunities observed)



The main drop in compliance has been noted amongst Medical Staff the National Audit period March /April 2010 demonstrated Medics had a compliance of 92%. This audit period has demonstrated a compliance of 82%.; this information has been disseminated to the appropriate Medical Staff for action.

Table 7: Lanarkshire Hand Hygiene Compliance June 2009-May 2010

Table 6 demonstrates local audit figures June 2009-May 2010 using SPSP improvement methodologies and are real time audit of practice for improvement purposes as part of the SPSP work. Throughout the acute division all general wards are now auditing hand hygiene compliance. These audits are part of improvement methodology and should not be confused with the national reporting mechanism which is a snap shot in time.
SPSP audit spread continues to non acute ward based areas including care of the elderly off site beds and
Hand hygiene audit returns are monitored on a weekly basis and any concerns raised at general ward work stream meetings.



Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
91.13	89.79	90.46	90.24	92.90	93.66	92.64	94.94	95.78	96.48	96.21	96.66

Current and New Initiatives in Promoting Hand Hygiene

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

- Interventional radiology at Hairmyres complete
- Endoscopy at Hairmyres commenced 15th July 2010
- First visits carried out at Hairmyres and Monklands Out Patient Departments.

- Meeting previously held with ISS at Hairmyres to discuss education for Domestic/Portering Staff to be followed up in August 2010.

- Hand hygiene education sessions in partnership with Ecolab are ongoing on a monthly basis.

- Discipline/area specific sessions delivered to Dentistry, Hairmyres and Wishaw General Interventional Radiology at both sites, Wishaw Pre Assessment, Kello and Stonehouse.

- Hand Hygiene education session delivered to Synergy Staff.

- Signs for hospital entrances/A&E now received and work on Flashing Signs commenced at Wishaw General on 12/07/2010.

- 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 were delivered, with Serco continuing training.

- Primary Care Products Implementation programme ongoing. Bellshill and Motherwell Localities complete. Site Surveys carried out at Wishaw Locality

- Protocol complete at Kello

- SPSP Audit work commenced at Stonehouse, Ladyholme and Lockhart

- Delivery of new materials expected from HPS for Outpatient Departments

- Screen saver concept complete.

3.2 <u>Pan-Board, Hospital or Staff Group Specific Problems Identified</u>

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

4. NATIONAL CLEANING SERVICES SPECIFICATION COMPLIANCE

4.1 <u>Compliance</u>

- The NHSScotland National Cleaning Services Specification Quarterly Compliance Report for Quarter 1 - April - June 2010 is due to be published by Health Facilities Scotland (HFS) at the end of August 2010. NHSL recorded the following average performance scores for the period April & May 10:

Monklands	95.3%
Hairmyres	97.3%

Wishaw	96.5%
NHS Lanarkshire Average	**96.2%**
NHS Scotland Average	N/A

- Cleaning performance scores across all NHSL premises during April & May 2010 produced an average score of 96.2%. Of the 298 audits undertaken within the three acute hospitals, there were 2 areas that scored below 90%. These areas were re-monitored and scored above 90%. Of the 133 audits undertaken across CHP premises, 6 individual areas scored below 90%. Hotel Services Management ensured all shortfalls were rectified within 48 hours with appropriate actions undertaken to improve & maintain performance.

- An independent cleaning audit was undertaken on behalf of Health Facilities Scotland by Tribal Consulting across all NHS Boards during December 2009 & January 2010. As part of this audit Monklands & Wester Moffat Hospitals were visited on December 8th 2009 accompanied by representatives from PSSD. The final report was issued by Health Facilities Scotland on June 25th 2010 and circulated to executive directors & the HAI Team. The report highlights positive findings & areas which require remedial action to be taken. PSSD have measures in place to address those issues identified within the report

Initiatives being taken to improve cleaning performance standards

- 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. Immediate actions are put in place to rectify the shortfall identifying any on-going issues that are making cleaning difficult. Supervision is also increased and the area monitored closely, with users of the service encouraged participating in the increased monitoring.

- As one of the 4 pilot boards, NHSL completed the pilot of the Estates Monitoring Tool between January – March 2010. The system is now live across all NHS Boards and all estates related scores will now be reported to HFS with the domestic cleaning scores. In relation to the introduction of HAI SCART, this continues to be work in progress & NHSL will continue to participate in both groups

- A programme of visits to hospitals continues attended by the Director of Strategic Implementation, Performance & Planning, General Manager PSSD, Clinical Lead PSSD & the Head of Hotel Services. Since the June Board Report, a visit has taken place to Wishaw Hospital. 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 reporting that overall the services provided by PSSD are consistent & meet the needs of patients & staff.

- The Healthcare Environment Inspectorate scheduled visit to Hairmyres Hospital took place on Tuesday 25th May & Wednesday 26th May 2010 with the draft report issued to NHSL on June 17th 2010.

- PSSD Managers and representatives from Serco are represented at the meetings taking place in conjunction with Senior Nursing Staff & the Control of Infection Team

to plan for the forthcoming Healthcare Environment Inspectorate to Wishaw General Hospital on 28th & 29th September 2010.

- The prioritisation of expenditure requirements within the £496k SGHD budget allocation in terms of HEI works has now been agreed with the full £496k allocated & split across Hairmyres, Monklands, Wishaw & Wester Moffat Hospitals. The main areas of expenditure include carpet replacement with vinyl, improved storage facilities to allow off floor storage to improve cleaning access, redecoration & wall & door protection. The works are expected to be completed by August 2010.

- Alert cleaning monitor clocks are in use at Hairmyres & Monklands Hospitals. The clocks provide a visual display to members of the public of the time of the next inspection & scheduled clean along with a contact number to report any shortfall in cleanliness standards. The reports from these clocks allow management to monitor the frequency & time of cleaning visits & to implement the necessary actions where the two hourly scheduled cleans are not being undertaken. At Monklands Hospital there are 20 clocks in public toilets which recorded 86% compliance i.e. toilets checked within the 2 hour timeframe in June 2010. Staffing levels have been reviewed to ensure compliance continues to improve. Alert cleaning clocks are due to be installed at Wishaw Hospital in the coming weeks.

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 together with monthly cleaning & estates performance figures submitted to HFS.

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

No significant incident for this reporting period.

6. PROGRESS ON COMPLIANCE WITH NATIONAL HEALTHCARE ASSOCIATED INFECTION PROGRAMME

6.1 Red Amber Green System (RAGS) Status on Healthcare Associated Infection Action Plan

Progress against the Scottish Government Health Department Healthcare Associated Infection Action Plan was provided at the last meeting of the Board.

	Actions
PURPLE (complete)	20
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)	0

RED (unable to complete by the deadline)	0

One area continues to be Green this is as follows:

- Implementation of Senior Charge Nurse Review- Implementation on schedule for 2010, facilitators are in place and working with Infection Control Nurses across NHSL

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

6.2.1 Actions Required And Timescales for Implementation

The organisation remains on track to deliver against the task force programme

7 SURGICAL SITE SURVEILLANCE

7.1 Orthopaedic Surveillance

SSI Surveillance of elective and trauma hip arthroplasties for the period
1st May 2010 –31st May 2010 has shown 43 operations with no incidence of infection compared to the national SSI rate of 0.99%

7.1.1 Elective Presentation

A total of 25 operations performed with no incidences of infection.

7.1.2 Emergency Presentation

A total of 18 operations performed with no incidence of infection.

7.1.3 Infection Types

No infections to report this month

7.2 Caesarean Section

SSI Surveillance of elective and emergency caesarean sections for the period from
1st May 2010 – 31st May 2010 has shown 119 operations with 7 incidences of Infection which gives an SSI rate of 5.88% compared to the national rate of 3.43%

7.2.1 Elective Presentation

A total of 48 operations performed with 3 incidences of infections detected post discharge giving an SSI rate of 6.25% compared to the national rate of 1.88%

7.2.2 Emergency Presentation

A total of 71 operations performed, with 4 incidences of infection, 1 detected as an inpatient which gives an SSI rate of 1.41% compared to the national rate of 0.64% and 3 detected post discharges which gives an SSI rate of 4.23% compared to the national rate of 3.54%.

7.2.3 Infection Types

4 emergency and 3 elective admissions developed superficial infections which gives an SSI rate of 5.88% compared to the national rate of 3.15%

7.3 SSHAIP Surgical Site Infection Surveillance Quarterly Exceptions Report

Caution is urged in the analysis of the above national comparisons as Lanarkshire collect a higher percentage of post discharge surveillance data than other Boards. In addition the data is heavily biased towards results from those Boards that contributed large numbers of reports and therefore the data should be interpreted with care. In May 2010 two other hospitals that had carried out a similar number of procedures had higher SSI rates than Lanarkshire.

7.3.1 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. There were no infections reported within orthopaedics for this reporting period.

Mapping of current systems for various aspects of HAI surveillance is ongoing and will be presented to the Lanarkshire Infection Control Committee in August for ratification.

7.4 Pan-Board, Hospital or Specialty Specific Problems Identified

The HAI Surveillance Nurses are currently undertaking a look back exercise of caesarean section readmissions following a slight increase in incidence of wound infection for the period June /July. Early indication shows no common links to date however there are still outstanding discharge surveillance forms to be returned .An SBAR report has been compiled and circulated to senior staff from the related specialisms

8. ANTIMICROBIAL PRESCRIBING

NHSL ALERT Second Line Antibiotic Policy is now well embedded within NHSL providing data on quality of antimicrobial prescribing & assurance of appropriateness of use on these second line agents.

Positive feedback was received from data presented by AMT at Joint Conference of Society of Acute Medicine & SAPG in Edinburgh 8th June. AMT's from other health boards keen to learn from & replicate NHSL policy assuring quality of prescribing while at same time delivering additional benefit/efficiency savings.

Empirical antibiotic HEAT target data collection continues at Monklands Hospital ERU and is being extended into receiving units at the other 2 sites. Empirical antibiotic HEAT target database has been installed on ward desktops in HM acute admissions ward, with training of FY doctors planned first week August and data collection to commence from 2nd week in August.

SAPG Quarterly Report [Jan – Mar 10] shows NHSL compliance with empirical policy at 75%, indication documented in notes at 79% & overall combined measure at 71% for this period. No health board has consistently met 95% target in any of above parameters so far. Work is progressing with front line clinical staff to improve NHSL performance to meet the CEL11 CDI Target by March 2011.

Surgical Prophylaxis Policies for the majority of surgical specialities have now been agreed & approved by ADTC. General Surgical Policy has been selected for implementation first. Once successfully embedded, the other policies will follow utilising any lessons learnt. Local AMT staff are working closely with the SPSP perioperative work stream teams at each site to ensure as smooth a roll out as possible. Once policies are in place surveillance of the second prescribing indicator can proceed as per AMT HEAT Target Action Plan.

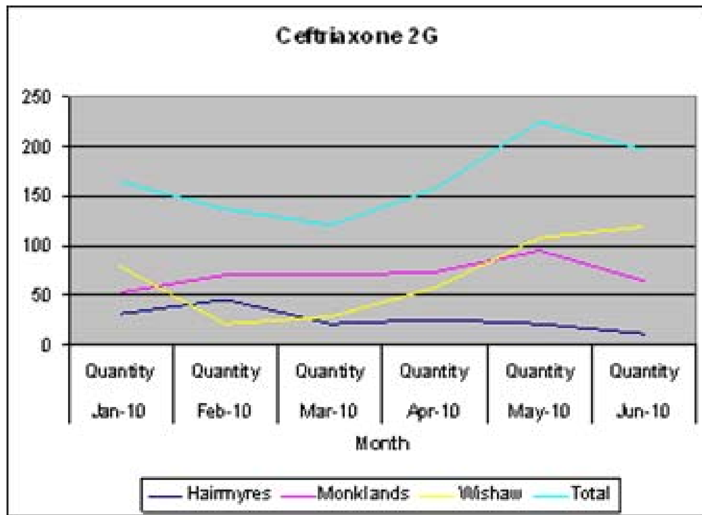
The First Line Acute Empirical Antibiotic Therapy Policy for Adults has been revised & is now ready for roll out prior to new cohort of junior doctors arriving in August. Now includes section on management of diabetic foot infection.

The AMT received verbal praise from HEI Inspectorate for the concerted approach with SPSP in utilising the SPSP safety brief bulletins to promote Antimicrobial Stewardship to NHSL front line clinical staff. The Stewardship brief has been deliberately scheduled to coincide with new staff intakes e.g. August & February for maximal impact.

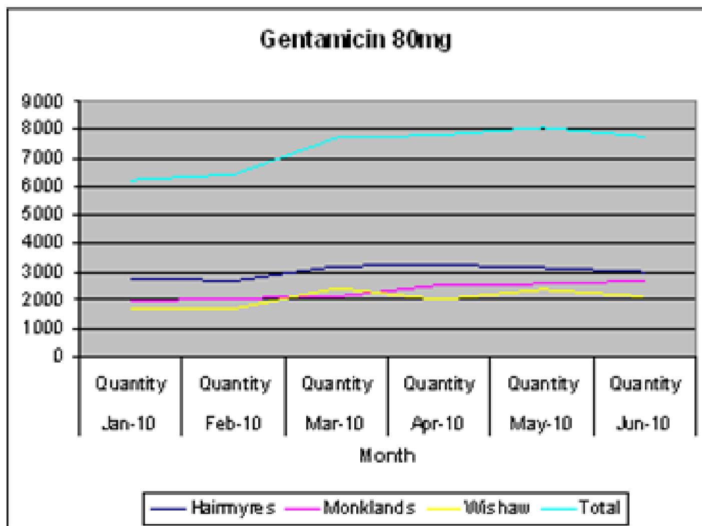
Gentamicin Safety Bulletin continues to be disseminated to staff, in addition a specifically designed SPSP Safety Brief for June has been cascaded across 3 acute sites, focusing on missed gentamicin doses. Additional training – A Nurse's Guide to Gentimicin is scheduled to be delivered at all 3 acute sites senior charge nurse forums in July/August.

Antimicrobial Consumption data continues to be reported on monthly basis; however review is underway of format & choice of key antibiotics reported on given recent SAPG paper giving guidance on local & national frameworks for monitoring antimicrobial usage & resistance.

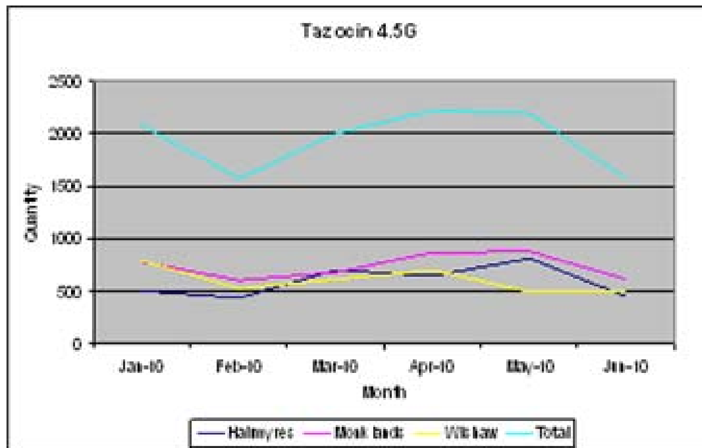
Summary of trends over last quarter (graphs below) shows ceftriaxone as a marker for cephalosporin use still remains significantly lower than compared to before introduction of new empirical antibiotic policy, recent gentamicin underuse at MK site seems to have resolved & tazocin use has stabilized at all 3 sites with data from ALERT monthly reports continuing to show 2/3 of use meets permitted indication with the majority of the remaining third of cases having had discussion with microbiologist to ensure appropriate selection of second line antibiotic.



Overall Ceftriaxone usage remains significantly reduced compared to levels seen before revision of acute empirical policy (over 1000 issues per month on average) & acts as an encouraging marker of cephalosporin avoidance by prescribers where possible



Overall Gentamicin usage relatively stable, trend towards improvement of under use at MK site



Overall Piperacillin/Tazobactam usage remains relatively stable, data of appropriateness of use now detailed in monthly ALERT reports as described above

Work is required to improve format of **Antibiotic Consumption Data** to meet SAPG guidance both in terms of what antibiotics are reported on & what measurements are used i.e. units of DDD's rather than vials issued. Hospital Medicines Utilisation Database (HMUD) analysis for NHSL is anticipated to become available late autumn 2010 & will enable comparison of acute sites within NHSL & also external comparison with other Scottish Health Boards. An upgrade of pharmacy JAC system already in place within other Health Boards would allow drill down analysis to directorate/ward/consultant level within each acute site so aid targeting of improvement in antimicrobial prescribing practice. This work is being progressed through the HAI Surveillance Group led by Dr Josephine Pravinkumar.

9. HORIZON SCANNING

- Communication was received on the 25th June from the Scottish Government Health Department regarding the revision of the mandatory HAI Reporting template (HAIRT) for use by NHSScotland to ensure consistency of reporting. The template will be introduced as of the August board meeting and will replace the current HAI Board report format.

  Section one of the revised HAIRT will cover Board wide infection prevention and control activity and actions such as *Staphylococcus aureus (including MRSA) Clostridium difficile,* hand hygiene, cleaning and environmental standards and outbreaks. Section 2 of the report will consist of a series of 'Report Cards' that provide information, for each acute hospital and key community hospitals in the Board, on the number of cases of *Staphylococcus aureus* blood stream infections (also broken down into MSSA and MRSA), as well as hand hygiene and cleaning compliance. In addition, there is a single report card which covers all community hospitals [which do not have individual cards], and a report which covers infections identified as having been contracted from out with hospital. A meeting has been arranged for the 28th July to ensure all contributors within NHSL are familiar with the new format.

- The HEI Inspection Report from the announced inspection at Hairmyres Hospital on the 25th and 26th May 2010 was published on the 8th July. For the full report follow the link below http://www.nhshealthquality.org/nhsqis/7348.html. A corrective action plan arising from the requirements and recommendations has been completed and returned and NHSL continue to address these issues. The content will be discussed further at the Board meeting on the 28th July.

- Following a request from the Chief Nursing Officer Directorate at Scottish Government in March 2010 seeking information from our Board on the steps being taken at local level to secure delivery against the SAB HEAT target, Health Protection Scotland (HPS) and NHS Quality Improvement Scotland (NHS QIS) jointly reviewed the detail of our return to consider if our Board would benefit from some additional support to help secure the delivery of the SAB HEAT target.
  In reviewing the information we submitted; HPS and NHS QIS also took into consideration those Boards that did not achieve the March 2010 SAB HEAT target and whether through supporting those Boards, there would be potential to maximise public health benefit and reduce the risk of SABs associated with healthcare. We were advised on the 16th July that it has been concluded that on this occasion our Board **should not be included** in the proposed programme of support to Boards being offered from HPS and NHS QIS. However HPS and NHS QIS will arrange a minimum of one master class at which our Board will be represented to ensure we benefit from any generic lessons and best practice that are identified during this process.

- The HEI Steering Group continues to coordinate preparation for the forthcoming announced Inspection at Wishaw General on the 28th and 29th September 2010.

- The final MRSA report from the Pathfinder sites is still currently with the Scottish Government. In the interim the Project team within NHSL continue to address and monitor compliance issues.

- The monthly assurance reporting process relating to the screening programme to the Scottish Government continues with the tenth RAG submission from NHSL for June again reporting GREEN status.

10 CONCLUSION

Whilst good progress is being made, significant work is required to ensure the organisation is fully compliant with the national Healthcare Associated Infection Agenda over then next 3 years. The NHS Lanarkshire Board is therefore asked to:-

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

11 FURTHER INFORMATION

For further information or clarification of any issues in this paper please contact: Dr Alison Graham, Medical Director, 14 Beckford Street, Hamilton, 01698 206385.