

**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 December 2009-2010 May inclusive.

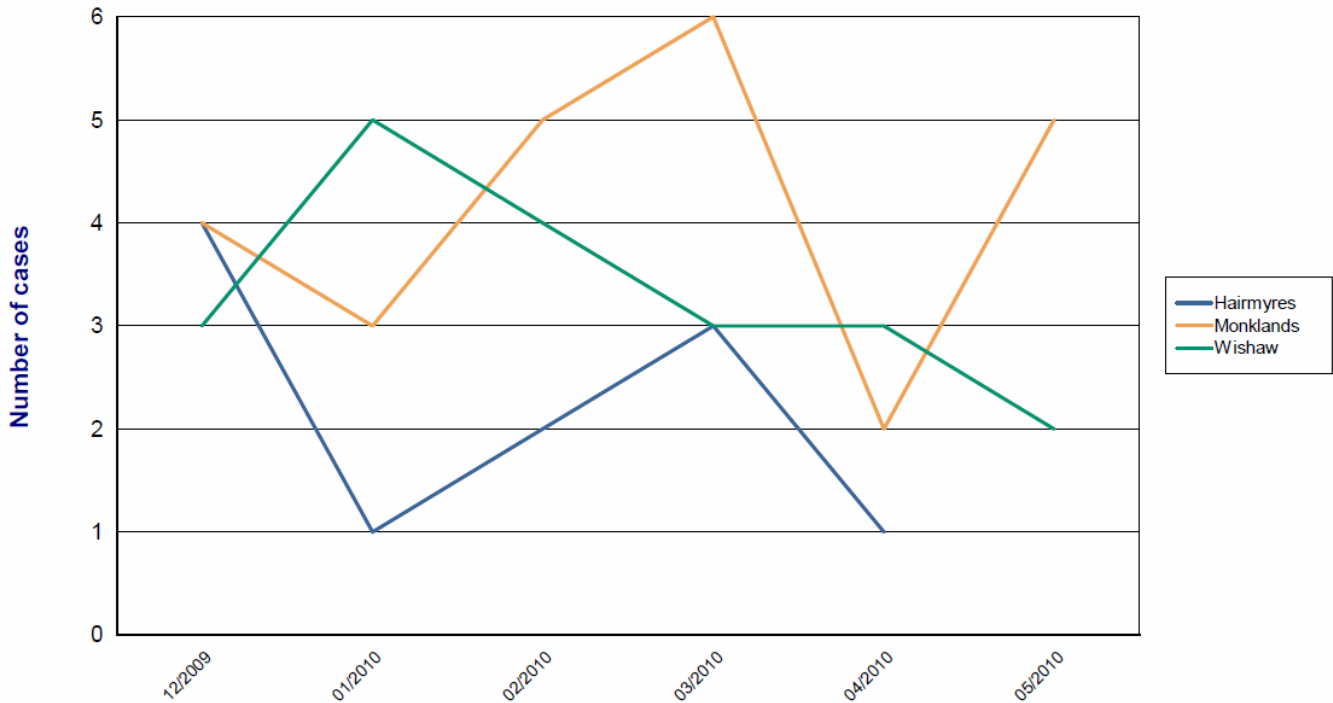
Table 1 shows a total of 7 SABs between Monklands and Wishaw hospitals for May 2010, and Hairmyres reporting 0 SABs over this period

Table 2 provides a breakdown of SABs by specialty from December 2009-May 2010. Of the total SABs (n=57), 24% (n=14) were in Accident & Emergency and 17 % (n=10) General Medicine although General Medicine and Renal have shown two consecutive months where 0 SABs have been reported. Of the 7 SABs identified in May, 2 were reported from Accident & Emergency and the remainder are spread across the specialities.

**Table 1: Staphylococcus Aureus Bacteraemias by month and acute hospital**

**Staph. aureus Bacteraemia cases by Month and Acute Hospital (MRSA & MSSA)**  
**Date range: 01/12/2010 -31/05/2010**

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

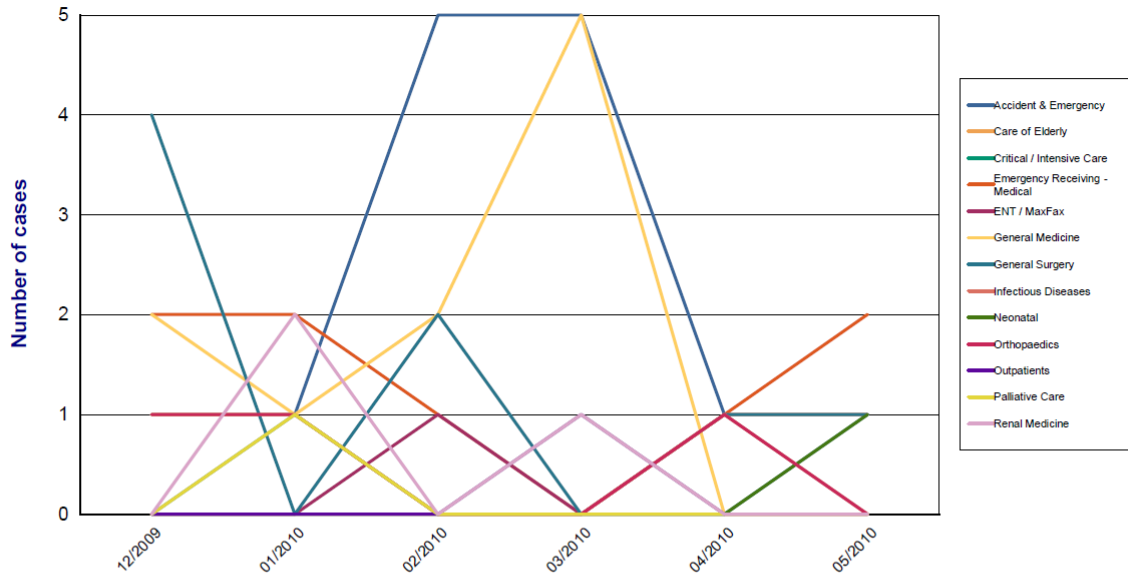


|               | Hairmyres | Monklands | Wishaw    | Totals    |
|---------------|-----------|-----------|-----------|-----------|
| 12/2009       | 4         | 4         | 3         | 11        |
| 01/2010       | 1         | 3         | 5         | 9         |
| 02/2010       | 2         | 5         | 4         | 11        |
| 03/2010       | 3         | 6         | 3         | 12        |
| 04/2010       | 1         | 2         | 3         | 6         |
| 05/2010       | 0         | 5         | 2         | 7         |
| <b>Totals</b> | <b>11</b> | <b>25</b> | <b>20</b> | <b>56</b> |

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

**Date range: 01/12/2010 -31/05/2010**

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



|               | Accident & Emergency | Care of Elderly | Critical / Intensive Care | Emergency Receiving - Medical | ENT / MaxFax | General Medicine | General Surgery | Infectious Diseases | Neonatal | Orthopaedics | Outpatients | Palliative Care | Renal Medicine | Totals    |
|---------------|----------------------|-----------------|---------------------------|-------------------------------|--------------|------------------|-----------------|---------------------|----------|--------------|-------------|-----------------|----------------|-----------|
| 12/2009       | 1                    | 1               | 0                         | 2                             | 0            | 2                | 4               | 0                   | 0        | 1            | 0           | 0               | 0              | 11        |
| 01/2010       | 1                    | 1               | 1                         | 2                             | 0            | 1                | 0               | 0                   | 0        | 1            | 0           | 1               | 2              | 10        |
| 02/2010       | 5                    | 0               | 0                         | 1                             | 1            | 2                | 2               | 0                   | 0        | 0            | 0           | 0               | 0              | 11        |
| 03/2010       | 5                    | 0               | 0                         | 0                             | 0            | 5                | 0               | 0                   | 0        | 0            | 0           | 1               | 0              | 12        |
| 04/2010       | 1                    | 1               | 0                         | 1                             | 0            | 0                | 1               | 1                   | 0        | 1            | 0           | 0               | 0              | 6         |
| 05/2010       | 1                    | 1               | 1                         | 2                             | 0            | 0                | 1               | 0                   | 1        | 0            | 0           | 0               | 0              | 7         |
| <b>Totals</b> | <b>14</b>            | <b>4</b>        | <b>2</b>                  | <b>8</b>                      | <b>1</b>     | <b>10</b>        | <b>8</b>        | <b>1</b>            | <b>1</b> | <b>3</b>     | <b>1</b>    | <b>1</b>        | <b>3</b>       | <b>57</b> |

## **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 next published national context will be repeated in the July Board paper.

### **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.
- SAB Driver Diagram and Change Package is being developed which will determine system components to create a pathway to achieve the desired outcome i.e. a further reduction in SABs. Such packages are currently used within the SPS programme of work. The high impact actions contained within the previous SAB Improvement Plan are incorporated into the Package.
- The Nurse Consultant –HAI, NHS QIS has commenced an Honorary Contact to work within NHSL for 2 days per month over a 6 month period. Focus will be placed on supporting the development of the SAB Driver Diagram and Change Package.
- An improvement plan remains in place for a systematic and targeted approach to the implementation and ongoing support of peripheral vascular cannula care bundles led by the SPSP Facilitators, working in close association with local Infection Control Teams.
- 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 to be used for all SABs used as a root cause analysis tool to identify 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.
- A peripheral venous cannula insertion sterile pack evaluation report has been sent to the WGH ICT prior to publication and wider circulation. Early indicators show that the process is good but that the pack content requires to be reviewed.

- 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 this month.
- Primary Care Infection Control Nurses have established links with NHSL Harm Reduction teams to raise awareness of SABs and soft tissue damage associated with Intravenous drug use. A further meeting has been arranged for the 05<sup>th</sup> July 2010 to provide an update on wound formulary products to the team.
- Tissue Viability and Primary Care Infection Control Nurses worked with Clinical Effectiveness to establish a data base to review pressure ulcer incidence and associated links to SABs for circulation to ward Managers on a quarterly basis.
- Work 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.
- Urinary catheter guidelines now near near completion for ratification.

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

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 Actions Required**

- Ongoing review of local data and associated practice via the SAB/CDI Improvement Implementation Group ongoing and at the Acute Infection Control Sub Group and Joint CHP Infection Control Committees.
- SAB Driver Diagram and Change Package requires further development to ensure that quality improvement methodologies aimed at reducing SABs are implemented and monitored.
- 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 ongoing.
- Consideration being given to HPS carrying out a Prevalence Survey of HAIs in Monklands in July which may identify issues potentially contributing to SABs.
- Consideration to be given to NHSL undertaking an invasive device prevalence survey to establish baseline data to be used for improvement of clinical outcomes.

## 2. CLOSTRIDIUM DIFFICILE INFECTION (CDI)

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

**Tables 3 and 4** provide data from December 2009-May 2010 inclusive. Table 3 clearly shows that of the total episodes (n=122), 49% (n=60) were at Wishaw General, 38 % (n=47) at Hairmyres and 12% (n=15) at Monklands. In total 17 episodes were reported from all 3 acute sites, (n=9) being at Wishaw. Whilst Hairmyres episodes in May 2010 have seen a 50% reduction since last month Wishaw General has seen a slight increase this month No clusters are reported.

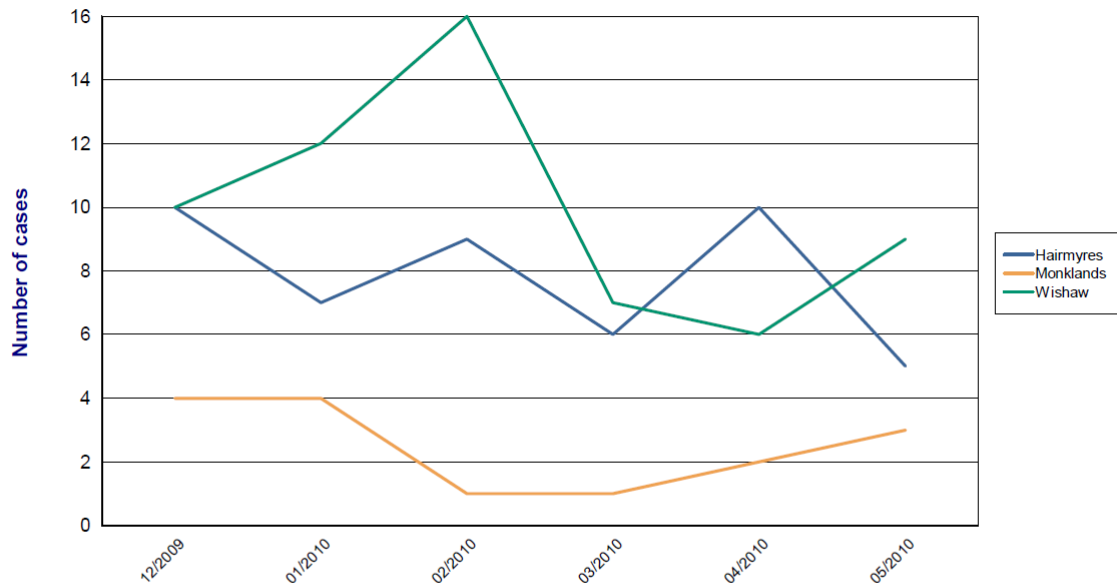
**Table 4** demonstrates that of all specialties, Care of Elderly has shown a reduction and emergency receiving features prominently with an increase of 4 cases since last month.

**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: 01/12/2009-31/05/2010**

*C. Difficile cases by Month and Acute Hospital*

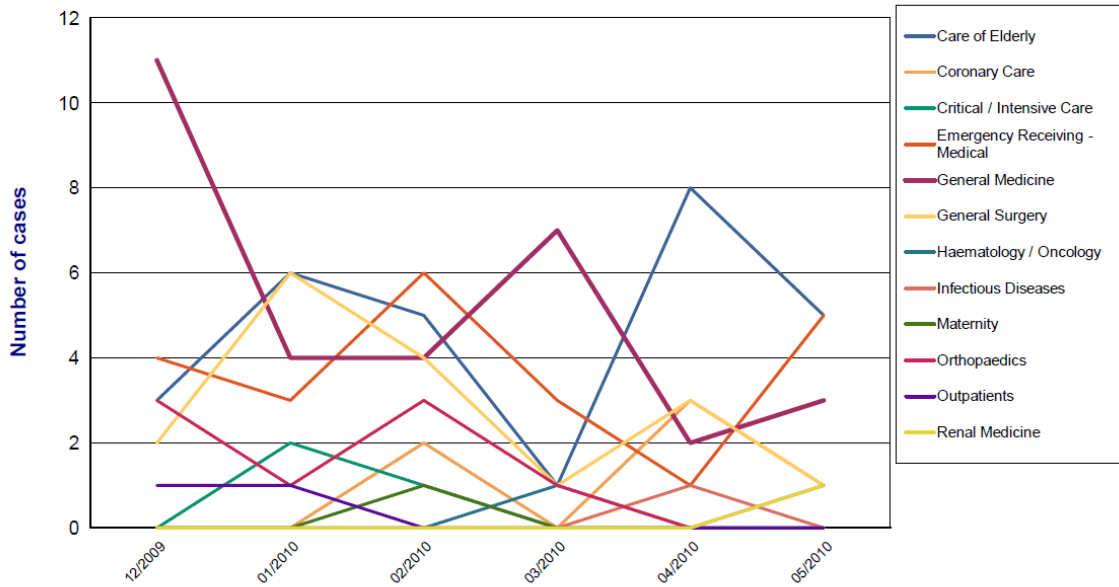


|               | Hairmyres | Monklands | Wishaw    | Totals     |
|---------------|-----------|-----------|-----------|------------|
| 12/2009       | 10        | 4         | 10        | 24         |
| 01/2010       | 7         | 4         | 12        | 23         |
| 02/2010       | 9         | 1         | 16        | 26         |
| 03/2010       | 6         | 1         | 7         | 14         |
| 04/2010       | 10        | 2         | 6         | 18         |
| 05/2010       | 5         | 3         | 9         | 17         |
| <b>Totals</b> | <b>47</b> | <b>15</b> | <b>60</b> | <b>122</b> |

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

Date range: 01/12/2009-31/05/2010

*C. Difficile* cases by Month and Acute Specialty



Date range: 01/12/2009 - 31/05/2010

|               | Care of Elderly | Coronary Care | Critical / Intensive Care | Emergency Receiving - | General Medicine | General Surgery | Haematology / Oncology | Infectious Diseases | Maternity | Orthopaedics | Outpatients | Renal Medicine | Totals     |
|---------------|-----------------|---------------|---------------------------|-----------------------|------------------|-----------------|------------------------|---------------------|-----------|--------------|-------------|----------------|------------|
| 12/2009       | 3               | 0             | 0                         | 4                     | 11               | 2               | 0                      | 0                   | 0         | 3            | 1           | 0              | 24         |
| 01/2010       | 6               | 0             | 2                         | 3                     | 4                | 6               | 0                      | 0                   | 0         | 1            | 1           | 0              | 23         |
| 02/2010       | 5               | 2             | 1                         | 6                     | 4                | 4               | 0                      | 0                   | 1         | 3            | 0           | 0              | 26         |
| 03/2010       | 1               | 0             | 0                         | 3                     | 7                | 1               | 1                      | 0                   | 0         | 1            | 0           | 0              | 14         |
| 04/2010       | 8               | 3             | 0                         | 1                     | 2                | 3               | 0                      | 1                   | 0         | 0            | 0           | 0              | 18         |
| 05/2010       | 5               | 1             | 0                         | 5                     | 3                | 1               | 0                      | 0                   | 0         | 1            | 0           | 1              | 17         |
| <b>Totals</b> | <b>28</b>       | <b>6</b>      | <b>3</b>                  | <b>22</b>             | <b>31</b>        | <b>17</b>       | <b>1</b>               | <b>1</b>            | <b>1</b>  | <b>9</b>     | <b>2</b>    | <b>1</b>       | <b>122</b> |

## **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 next national context will be provided in the July report.

### **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 slight increase has been reported.

#### **Current and New Initiatives to Reduce Cases**

- The number of episodes in Wishaw General continues to decrease. 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 will be issued in June 2010. These reports give previous months data in regard to C. diff toxin positive patient, give supporting information, any comments on good and poor practice and any further actions which may need to be taken in regard to practice.
- 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, has agreed 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 2<sup>nd</sup> line antibiotic policy to promote greater use of correct first line empirical agents.

- Wishaw General and Hairmyres Hospitals are trialling a daily CDI bundle for all C. diff toxin positive patients.
- Compliance with the CDI bundle is now being monitored through the SPSP Ward work stream.

### **2.3 Actions Required**

- Continued weekly and monthly monitoring reports identifying trends and areas of high risk.
- Monthly reports will be delivered to each ward by Enhanced Surveillance Nurse for first 2 months to ensure understanding of the data presented then thereafter will be emailed directly on a monthly basis.
- Continue to Implement the recommendations contained within the SBAR for WGH ensuring that improvements to practices are shared across all sites
- Development of the *Clostridium difficile* Driver Diagram and Change Package being developed and an implementation and monitoring plan is to be devised once approved.
- Continue enhanced surveillance of all episodes and further critically analyse data to identify potential contributing factors making recommendations for improvements
- Completion of an SBAR to reflect on enhanced surveillance since it's introduction making recommendations for future work to inform the Driver Diagram and Change Package
- A meeting has been organised for July to discuss the outcome of the daily CDI Bundle Trial with the Senior Nurse, Infection Control Nurse and Enhanced Surveillance Nurse to discuss the outcome of daily CDI bundle trial.

### **2.4 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 5: Hospitals with Wards Closed Due To Norovirus across NHS Scotland 07<sup>th</sup> June 2010**

| Date 07/06/10 | 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  | 7  | 2   |
|               | NHS National Waiting Times Centre | 0   | 0  | 0  | 0   |
|               | NHS Grampian                      | 0   | 0  | 0  | 0   |
|               | NHS Highland                      | 0   | 0  | 0  | 0   |
|               | NHS Lanarkshire                   | 0   | 0  | 0  | 0   |
|               | NHS Lothian                       | 1   | 1  | 6  | 4   |
|               | 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                             | 2   | 2  | 13   | 6   |

Currently **2** NHS Boards are 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 were **2** hospitals with **2** wards 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 will be presented to the HAI Executive Group prior to implementation

## **3. HAND HYGIENE (HH) PROGRAMME**

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

In the most recent National audit March/April 2010 (Table 6)

NHS Lanarkshire achieved 94% compliance. Although this is a drop from the previous reporting period of 95% this remains statistically of little significance.

### **Table 6: Hand Hygiene Compliance National Audit period March-April 2010**

Table 6 shows results for compliance with hand hygiene per NHS Board

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

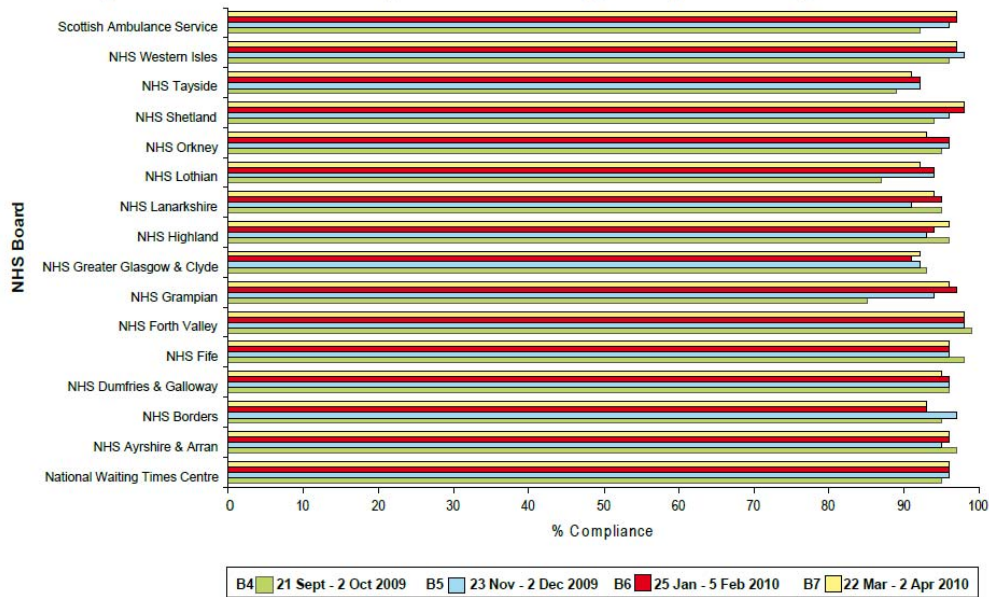


Figure 2 indicates that compliance percentages for the 4th bi-monthly audit period ranged from 85% to 99% (mean 92%) for each NHS board<sup>d</sup> whilst for both the 5th and 6th bi-monthly audit periods overall compliance with hand hygiene ranged from 91% to 98% (mean 94%). In the 7th bi-monthly audit period compliance percentages for each board also ranged from 91% to 98% (mean 94%).

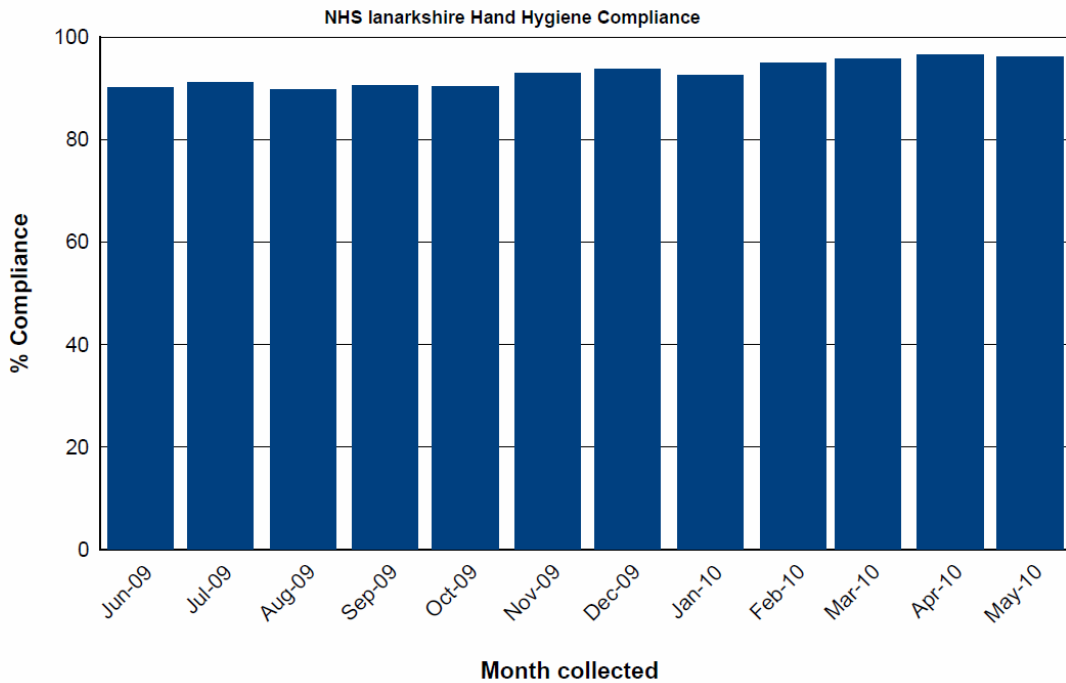
This is statistically an insignificant drop down from 95% from February.

The next National Hand Hygiene Audit will be reported in the August report.

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

Table 7 shows a continuous improvement in compliance since June 2009-May 2010 using SPSP improvement methodologies

- SPSP audit spread continues to non ward based areas including day surgery and interventional radiology.
- Hand hygiene audit returns are monitored on a weekly basis and any concerns raised at general ward work stream meetings.



| Jun-09 | Jul-09 | Aug-09 | Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 90.13  | 91.13  | 89.79  | 90.46  | 90.24  | 92.90  | 93.66  | 92.64  | 94.93  | 95.78  | 96.48  | 96.20  |

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

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

- Next stage of rollout underway in interventional radiology at Hairmyres.

- Hand hygiene education sessions in partnership with Ecolab are ongoing on a monthly basis. Sessions were delivered to Phlebotomy Staff on the 11<sup>th</sup> June 2010 at Hairmyres.
- Primary Care Products Implementation programme ongoing-Airdrie and Hamilton complete. Bellshill, Motherwell and Wishaw are next.
- Signs for hospital entrances/A&E now received and walk rounds at Hairmyres complete. Walkrout have been arranged for other sites.
- Meeting with ISS at Hairmyres to discuss education for Domestic/Portering Staff.
- 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 with a plan to escalate to Hairmyres.
- Delivery of new materials expected from HPS for Outpatient s Departments
- New screen saver promoting hand hygiene were displayed in June. New concept being discussed.

### **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

## 4. NATIONAL CLEANING SERVICES SPECIFICATION COMPLIANCE

### 4.1 Compliance

The NHS Scotland National Cleaning Services Specification Quarterly Compliance Report for Quarter 4 - January – March 2010 was published on June 3<sup>rd</sup> 2010 by Health Facilities Scotland (HFS) recording the following performance scores:

**Table 8:**

| <i>Health Board</i>                    | <i>1<sup>st</sup> quarter<br/>April-June<br/>2009/2010</i> | <i>2<sup>nd</sup> quarter<br/>July-Sept<br/>2009/2010</i> | <i>3<sup>rd</sup> quarter<br/>Oct-Dec<br/>2009/2010</i> | <i>4<sup>th</sup> quarter<br/>Jan-March<br/>2009/2010</i> | <i>Annual April<br/>2009-March<br/>2010</i> |
|--|--|---|---|---|---|
|  | <i>Total %<br/>Pass</i>                                    | <i>Total %<br/>Pass</i>                                   | <i>Total %<br/>Pass</i>                                 | <i>Total %<br/>Pass</i>                                   | <i>Total %<br/>Pass</i>                     |
| <b>SCOTLAND</b>                        | <b>95.7</b>  | <b>95.9</b>   | <b>95.9</b>   | <b>96.2</b>   | <b>95.8</b>                                 |
| Ayrshire and Arran                     | 95.6   | 95.3  | 95.6  | 95.7  | 95.6  |
| Borders                                | 97.7   | 97.5  | 97.7  | 97.9  | 97.7  |
| Dumfries and Galloway                  | 96.8   | 97.4  | 97.6  | 97.4  | 97.3  |
| Fife                                   | 97.3   | 97.4  | 97.5  | 97.0  | 97.2  |
| Forth Valley                           | 93.3   | 93.7  | 93.2  | 94.1  | 93.5  |
| Grampian                               | 96.5   | 96.4  | 96.6  | 96.6  | 96.6  |
| Greater Glasgow and Clyde              | 96.3   | 96.4  | 96.4  | 96.4  | 96.4  |
| Highland                               | 95.0   | 95.3  | 95.0  | 95.6  | 95.2  |
| Lanarkshire                            | 94.8   | 96.5  | 95.2  | 96.3  | 95.2  |
| Lothian                                | 95.2   | 95.5  | 95.1  | 95.7  | 95.3  |
| Orkney                                 | 94.7   | 94.8  | 94.6  | 95.7  | 95.0  |
| Shetland                               | 95.3   | 96.3  | 94.3  | 98.4  | 96.0  |
| Tayside                                | 95.4   | 94.4  | 95.4  | 95.1  | 95.3  |
| Western Isles                          | 96.1   | 95.8  | 95.8  | 95.9  | 96.1  |
| The State Hospitals Board for Scotland | 94.2   | 94.1  | 92.9  | 93.7  | 94.1  |
| Golden Jubilee National Hospital       | 91.3   | 91.3  | 90.2  | 90.7  | 91.2  |
| NSS – SNBTS                            | 90.9   | 95.7  | 97.8  | 95.3  | 95.1  |
| Scottish Ambulance Service             | 94.8   | 94.9  | 95.5  | 96.5  | 96.1  |

This can be further broken down for NHS Lanarkshire as follows:

|                         |              |
|-------------------------|--------------|
| Monklands               | 96.0%        |
| Hairmyres               | 97.9%        |
| Wishaw                  | 96.8%        |
| NHS Lanarkshire Average | <b>96.3%</b> |
| NHS Scotland Average    | 96.2%        |

- Cleaning performance scores across all NHSL premises during April 2010 produced an average score of 96%. Of the 148 audits undertaken within the three acute hospitals, all locations scored above 90%. Of the 68 audits undertaken across CHP premises, 4 individual locations 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 8<sup>th</sup> 2009 accompanied by representatives from PSSD. The final report has not yet been issued by Health Facilities Scotland.

### **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 to participate 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 May Board Report, visits have taken place to Ladyhome Hospital & the newly opened community healthcare centre at Douglas Street in Hamilton. 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 25<sup>th</sup> May & Wednesday 26<sup>th</sup> May 2010. The draft report is due to be issued to NHSL's Chief Executive on Wednesday June 16<sup>th</sup> 2010. In preparation for the visit, work was undertaken in relation to décor, and minor remedial works. Collaborative working by Nursing Staff, Control of Infection and PSSD ensured the successful completion of the works in preparation for the visit.
- 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 in September 2010
- Meetings are being held with representation from PSSD / Senior Nursing / Patient Safety / Infection Control & Finance to analyse & prioritise the expenditure requirements within the £496k SGHD budget allocation in terms of HEI works. Some works have been completed at Hairmyres in relation to improved storage provision which will reduce the need to store items on floors thus improving access for cleaning. A series of walk-rounds have been undertaken by

representatives from PSSD/Nursing to all 3 acute hospitals with a list of equipment needs identified. This list has now been prioritised by the group 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. These 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. Arrangements are in place to have alert cleaning clocks installed in public toilets at Wishaw Hospital.

### **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**

Three patients were identified with *Stenotrophomonas maltophilia* in ITU Hairmyres Hospital in May 2010. *Stenotrophomonas maltophilia* is an aerobic gram-negative bacillus that is an infrequent pathogen in humans and is found in a variety of aquatic environments. In the hospital setting it can colonise irrigation fluids, humidifiers, nebulisers, sinks, reconstituted fluids, hands, antiseptic solutions, respiratory secretions, urine or wound exudates. It does not normally cause infections in healthy individuals but has the potential to do so in the severely ill patient.

All isolates kept have now been sent to Collindale for molecular testing. Manual cleaning and disinfection of all sink aerators, drains and U-bends within ITU commenced Wednesday 9<sup>th</sup> June 2010 and further management is being co-ordinated via the water management group re water maintenance schedules and refurbishment across all ITU departments within NHSL. No extended infection control precautions have been instigated at this time.

## 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

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

#### 6.2.1 Actions Required And Timescales for Implementation

The consultation period for review of the proposed HAIRT template ended on the 29<sup>th</sup> April and collated comments from NHSL were submitted. There has been no decision made as yet to the format that all NHS Boards will utilise for the HAIRT report in the future. Therefore the current format will continue until decision cascaded

## 7 SURGICAL SITE SURVEILLANCE

The aims of the Surgical Site Infection programme are:

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

### 7.1 Orthopaedic Surveillance

SSI Surveillance of elective and trauma hip arthroplasties for the period 1<sup>st</sup> April 2010 –30<sup>th</sup> April 2010 has shown 51 operations with no incidence of infection.

#### 7.1.1 Elective Presentation

A total of 20 operations performed with no incidences of infection.

### **7.1.2 Emergency Presentation**

A total of 31 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 1<sup>st</sup> April 2010 –30<sup>th</sup> April 2010 has shown 115 operations with 2 incidences of Infection which gives an SSI rate of 1.74%.

### **7.2.1 Elective Presentation**

A total of 43 operations performed with no incidence of infection.

### **7.2.2 Emergency Presentation**

A total of 72 operations performed, 2 infection occurred which gives an SSI rate of 2.78%

### **7.2.3 Infection Types**

2 emergency admissions developed superficial infections which gives an SSI rate 1.74%.

## **7.3 SSHAIP Surgical Site Infection Surveillance Quarterly Exceptions Report**

There were no exceptions this reporting period.

### **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**

No specific problems identified for this reporting period.

## **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 July 2010.

## **9. HORIZON SCANNING**

- 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 ninth RAG submission from NHSL for May again reporting GREEN status.
- The HEI Inspection Report from the announced inspection at Hairmyres Hospital on the 25<sup>th</sup> and 26<sup>th</sup> May 2010 will be made available after 5pm on the 16<sup>th</sup> June 2010, to check for factual accuracy and return with a corrective action plan arising from the recommendations by the 24<sup>th</sup> June 2010.
- The HEI Steering Group continues to coordinate preparation for the forthcoming announced Inspection at Wishaw General on the 28<sup>th</sup> and 29<sup>th</sup> September 2010.
- The HAI Services Manger provided an overview of the work NHSL have undertaken in conjunction with NHS QIS iiiP Programme at the NHS Scotland Quality Event, held on the 07<sup>th</sup> June 2010 at the Edinburgh International Conference Centre. The session was well received by a variety of Stakeholders in attendance.
- The Hospital Infection Incident Tool (HIAT) which replaced the Watt matrix has been in use in NHS Scotland since December 2009. Its purpose was to assist NHS Boards to assess the severity of all HAI incidents and outbreaks and to confirm what communications would be required as a consequence.  
In order to evaluate the utility of the document and learn lessons from its deployment Infection Control Teams were asked to complete and return a questionnaire to Health Protection Scotland by the 10<sup>th</sup> June 2010.

## **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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