

NHS Board: 30 May 2018

Lanarkshire NHS Board
 Kirklands
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SUBJECT: Healthcare Associated Infection (HCAI) Reporting Template

1. PURPOSE

This paper is coming to the NHS Lanarkshire (NHSL) Board:

For approval	<input type="checkbox"/>	For endorsement	<input checked="" type="checkbox"/>	To note	<input type="checkbox"/>
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The purpose of this paper is to update NHSL Board Members on the current position against the Healthcare Association Infection (HAI) Standards 2015 with particular reference to NHSL Board performance against the Local Delivery plan (LDP) Targets.

2. ROUTE TO THE BOARD

This paper has been:

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input checked="" type="checkbox"/>
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By the Head of Infection Prevention and Control (IPC) and approved by the Lanarkshire Infection Control Committee (LICC).

3. SUMMARY OF KEY ISSUES

The key performance headlines and improvement activity are noted on pages 4 – 5.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate Objectives	<input checked="" type="checkbox"/>	LDP	<input checked="" type="checkbox"/>	Government Policy	<input type="checkbox"/>
Government Directive	<input checked="" type="checkbox"/>	Statutory Requirement	<input checked="" type="checkbox"/>	AHF/Local Policy	<input type="checkbox"/>
Urgent Operational Issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

There is a national mandatory requirement for a report relating to IPC to be presented to the NHS Board using the Scottish Government Reporting Template (in Appendix 2).

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

6. MEASURES FOR IMPROVEMENT

- LDP Targets for *Staphylococcus aureus* bacteraemias (SABs)
- LDP Targets for *Clostridium difficile* Infections (CDIs)
- Key Performance Indicators for Meticillin Resistant *Staphylococcus Aureus* (MRSA) Screening
- Surveillance, Education, Engagement and Device (SEED) Monitoring Programme
- LICC Sub-Group updates on progress.

7. FINANCIAL IMPLICATIONS

The outcomes of healthcare associated infection (HCAI) include extended length of patient stay and extended length of treatment. There is currently a lack of robust information in relation to the financial cost of healthcare associated infections within NHS Scotland. In a bid to establish a cost specific to NHSL the IPCT in collaboration with colleagues from Finance have calculated the financial cost for cases of healthcare associated infection specifically SABs and CDIs to the NHS Lanarkshire Board.

NHS Board Members should note that the length of the patient stay may or may not be extended due to infection and may vary due to other contributing factors e.g. some patients with CDI may require more than one course of treatment. Also the actual cost of antibiotic treatment has not been factored into the data as there is a variance in cost depending on types of antibiotics used.

NHS Board Members are asked to note the financial costs with caution as these are purely based on the average of an inpatient stay and number of days required to treat a patient with a SAB or CDI.

Using data from Finance to cost an average inpatient stay for 24 hours (£567.00) against the average number of days required to treat a SAB (14 days of antibiotic treatment) and CDI (approximately 10 days of treatment) the IPCT have produced a table demonstrating costs for 2015/16 versus costs from 2016/17.

	Average Cost for 24 Hour Patient Stay	Expected Course of Treatment (=days)	Number of HCAI Cases	Total cost for HCAI Cases
SAB Cases 2016/2017	£567	14 days	128	£1,016,064
CDI Cases 2016/2017	£567	10 days	64	£362,880
TOTAL COSTS 2016/2017				£1,378,944
SAB Cases 2015/2016	£539	14 days	88	£664,048
CDI Cases 2015/2016	£539	10 days	74	£398,860
TOTAL COSTS 2015/2016				£1,062,908

(Calculation = average cost for 24 hour patient stay x course of treatment x number of HCAI cases)

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

- NHSL is working to achieve the LDP for SABs and CDIs.
- There has been no change to the SAB and CDI HEAT Targets 2017/2018 and therefore the organisation will continue to work to achieve the current targets in place.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input type="checkbox"/>	Effective partnerships	<input type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance management	<input type="checkbox"/>	Equality	
Sustainability	<input type="checkbox"/>				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

An Equality and Diversity Impact Assessment has been completed

Yes *Please say where a copy can be obtained* No *Please say why not*

There has been no requirement to date to complete an Equality and Diversity Impact Assessment.

11. CONSULTATION AND ENGAGEMENT

Consultation and contributions have been devised from the following departments/personnel across acute and partnership services:

- Infection Prevention and Control Team (IPCT)
- Property and Support Services Division (PSSD)
- Antimicrobial Management Team (AMT)
- Healthcare Quality Assurance Improvement Committee (HQAIC)
- Lanarkshire Infection Control Committee (LICCC) and Sub-groups

12. ACTIONS FOR THE BOARD

The NHS Board is asked to:

Approval	<input type="checkbox"/>	Endorsement	<input type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input checked="" type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>		

The NHS Board is asked to note this report and highlight any areas where further clarification or assurance is required. The NHS Board is also asked to confirm whether the report provides sufficient assurance about the organisational performance on HCAI, and the arrangements in place for managing and monitoring HCAI.

13. FURTHER INFORMATION

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

- Irene Barkby, Executive Director of Nursing, Midwifery and Allied Health Professionals (NMAHPs) (Telephone number: 01698 858089)
- Emer Shepherd, Head of Infection Prevention and Control (Telephone number: 01698 361100)

*Prepared by Emer Shepherd, Head of Infection Prevention and Control
Presented by Irene Barkby, Executive Director of NMAHPs*



Key Achievements – October to December 2017

- The Infection Prevention and Control Team (IPCT) experienced a significant increase in the number of patients referred to the service with confirmed or suspected Influenza. The IPCT dealt with 316 positive influenza cases in comparison to 60 confirmed cases for the same time period in 2016/2017. In addition, the service also received over 100 referrals for suspected Influenza cases.
- The Decontamination Clinical Nurse Specialist (DCNS) took up post in November 2017. The role is to support and reduce the risk to the organisation by having assurance at every level of the organisation in relation to standards of decontamination for patient equipment, patient environment and reusable medical devices. The DCNS began a situational assessment of decontamination across NHSL for reporting to the Lanarkshire Infection Control Committee (LICC) in February 2018.
- There was an announced inspection at Udston Hospital during 20-21 September 2017. The initial feedback received was positive from the inspection team with no issues or concerns requiring escalation during the inspection. The final report was published 29 November 2017 with 1 requirement and no recommendations.

NHS LANARKSHIRE PERFORMANCE – OCTOBER TO DECEMBER 2017

Health Protection Scotland (HPS) Validated Data

Please note national validated data is provided 3 months in arrears from HPS which can result in delays in the IPCT reporting to the NHS Board due to the alignment of reporting schedules.

Staphylococcus aureus Bacteraemia (SABs)

Staphylococcus aureus (S. Aureus) is a gram positive bacterium which colonises the nasal cavity of about a quarter of the healthy population. An infection can occur if S. Aureus breaches the body's defence system and can cause a range of illnesses from minor skin infections to serious systematic infections such as bacteraemia.

LDP Target: To achieve 24 SAB cases or less per 100,000 AOB by 31 March 2018.

NHSL Performance (Oct-Dec 2017):

- 40 SAB cases
- LDP target trajectory equates to no more than 106 cases per annum.
- Refer to Appendix 1 to see NHSL performance charts.

Clostridium difficile infection (CDI)

CDI is an important HCAI, which usually causes diarrhoea and contributes to a significant burden of morbidity and mortality. Prevention of CDI is therefore essential and an important patient safety issue.

LDP Target: To achieve 32 CDI cases or less per 100,000 AOCB in the aged 15 and over age group by 31 March 2018.

NHSL Performance (Oct-Dec 2017):

- 34 CDI cases
- LDP target equates to no more than 160 cases per annum.
- Refer to Appendix 1 to see NHSL performance charts.

Hand Hygiene

Hand Hygiene is recognised as being the single most important indicator of safety and quality of care in healthcare settings because there is substantial evidence to demonstrate the correlation between good hand hygiene practices and low healthcare associated infection rates confirmed by the World Health Organisation (WHO).

NHSL Performance (Oct-Dec 2017):

- 87% against a national requirement of 95% (target not met).

Outbreak Incidence

The role of the IPC Team in healthcare is to prevent, prepare for, detect and manage outbreaks of infection.

NHSL Performance (Oct-Dec 2017):

- 3 ward closures
 - 1 UHW
 - 2 UHH
- 8 restrictions
 - 5 UHW
 - 3 UHM
- 9 Diarrhoea & Vomiting; 1 Diarrhoeal; 1 Influenza

Escherichia coli Bacteraemia (ECB)

Gram negative bacteria are now an emerging threat to health worldwide. Bacteraemia develops usually as a complication of other infections, including urinary tract infection (UTI), surgery and use of medical devices including urinary catheters and vascular access devices (VAD). Mandatory ECB enhanced surveillance was implemented April 2016. A number of initiatives are currently being explored at national level with a view to reducing incidence rates including introduction of a Scottish Government performance target.

NHSL Performance (Oct-Dec 2017):

- 156 ECB cases (no national target)

Surgical Site Infection

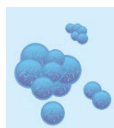
SSI is one of the most common HCAI and can cause increased morbidity and mortality and is estimated on average to double the cost of treatment, mainly due to the resultant increase in length of stay. SSI can have a serious consequence for patients affected as they can result in increased pain, suffering and in some cases require additional surgical intervention.

NHSL Performance (Oct-Dec 2017):

- 11 C-Section SSIs from 387 procedures (2.84% infection rate)
- 1 Hip Arthroplasty SSIs from 111 procedures (0.90% infection rate)
- 8 Colorectal SSIs from 85 procedures (9.41% infection rate)
- 1 Vascular SSIs from 66 procedures (1.52% infection rate)
- Increase in SSIs for C-section, Hip arthroplasty and Colorectal however reduction in SSI for vascular against previous quarter.

MRSA Screening

A clinical risk assessment (CRA) is completed for all acute inpatient admissions and against the screening policy identifies a subset of patients at high risk of MRSA colonisation or infection on admission to hospital who are then tested for MRSA.



Staphylococcus aureus bacteraemia (SAB)

When *Staphylococcus aureus* (S. Aureus) breaches the body's defence mechanisms, it can cause a wide range of illness from minor skin infections to serious infections such as bacteraemia or bloodstream infection.

Local Delivery Plan (LDP) Target:

- All Scottish NHS Boards are required to achieve the SAB HEAT target of 24 cases or less per 100,000 acute occupied bed days (AOBD) by 31 March 2018.
- There were a total of 40 SAB cases during October to December 2017.
- The projected LDP target equates to no more than 106 cases per annum.
- The NHS Scotland SAB position was 394 SABs during October to December 2017 which is a lower position than the previous quarter of 405.
- From local projections the LDP target is unlikely to be met by March 2018.
- NHSL performance against the target is shown in Appendix 1.

NHSL Performance (Oct-Dec 2017):

- 40 SAB cases
- 0 MRSA cases
- 40 MSSA cases



29 HCAI Cases



11 CAI Cases

Quality improvement and interventions in place to reduce SABs:

- The organisation has been working to achieve a 25% reduction of Healthcare Associated Infections (HCAIs) SABs as part of the Invasive Device Expert Advisory Group (IDEAG). A 9% reduction has been achieved between April to December 2017 with a total of 82 HCAI cases against 90 HCAI cases in the same time period in 2016.
- The 'Stay Safe – Stay Connected' campaign continues in relation to IV (intravenous) disconnection and associated risks with training and education provided to all relevant clinical areas across NHSL.
- Since August 2017, the IPCT have completed SAB multi-disciplinary reviews for patients with SAB noted on the death certificate. Four case reviews have been carried out in this quarter linking in with clinical teams involved and reporting the outcomes via the respective hygiene meetings and LICC.



Clostridium difficile Infection (CDI)

CDI is an important HCAI, which usually causes diarrhoea and contributes to a significant burden of morbidity and mortality. Prevention of CDI is therefore essential and an important patient safety issue.

Local Delivery Plan (LDP) Target:

- All Scottish NHS Boards are required to achieve the CDI HEAT target of 32 cases or less per 100,000 AOB in the aged 15 and over age group by 31 March 2018.
- There were 34 CDI cases during October to December 2017.
- The projected LDP target equates to no more than 160 cases per annum.
- The NHS Scotland CDI position was 309 CDIs during October to December 2017 which is a lower position than the previous quarter of 391.
- From local projections the LDP target is likely to be met by March 2018.
- LDP age groups reported is set by the Scottish Government as being 15 years and above.
- NHSL performance against the target is shown in Appendix 1.

NHSL Performance (Oct – Dec 2017):

Patients 15 years and above (total against the LDP target)

34 CDI cases

Patients aged 65 years and above

33 of the 34 CDI Cases



21 HCAI Cases



10 CAI Cases



3 of Unknown Source

Quality improvement and interventions in place to reduce CDIs:

- There were 3 case reviews carried out in this quarter linking in with clinical teams involved and reporting the outcomes via the respective hygiene meetings and LICC. CDI severe case reviews are carried out by multi-disciplinary teams to support improvement in assessment and detection for early intervention and patient management.
- Improvements noted from the reviews included stopping of Proton Pump Inhibitors (PPIs), involvement of GP input where appropriate in the care/management of CDI patients, increased compliance with the antimicrobial policy. All improvement also support the focus of medical and nursing staff on ways to reduce CDI.



Surgical Site Infection (SSI)

SSI is one of the most common HCAI and can cause increased morbidity and mortality. It is estimated on average to double the cost of treatment, mainly due to the resultant increase in length of stay. SSI can have a serious consequence for patients affected as they can result in increased pain, suffering and in some cases require additional surgical intervention.

Caesarean Section

387 Procedures carried out
11 SSIs following procedure
2.84% Infection Rate

Hip Arthroplasty

111 Procedures carried out
1 SSIs following procedure
0.90% Infection Rate

Vascular

66 Procedures carried out
1 SSIs following procedure
1.52% Infection Rate

Please note that national mandatory data collection began in April 2017.

Colorectal

85 Procedures carried out
8 SSIs following procedure
9.41% Infection Rate

Please note that national mandatory data collection began in April 2017.

Quality Improvement and interventions to reduce SSIs:

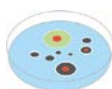
- The IPC Surveillance Nurses (IPCSN) attend the Hairmyres Theatre Patient Safety Meeting and Maternity Clinical Effectiveness Group Meeting to present SSI data to establish any areas of improvement with clinicians and nursing staff.
- IPCSN presented to the Enhanced Recovery After Surgery (ERAS) Midwives to highlight prevention of C-Section SSIs providing datasets of performance locally.



Monitoring Programme

- Between October to December 2017, a total of 433 staff have received ward based training and education via the SEED (Surveillance, Education, Engagement, Devices) monitoring programme.
- During November / December 2017, the IPCT began Peripheral Venous Cannula (PVC) audits across all respective acute and H&SCP sites to assess compliance with insertion and maintenance bundles.
- Education began to be delivered to all clinical areas on the Stay Safe – Stay Connected Campaign providing key information/messages in the safe maintenance and disconnection of an invasive device.
- The themes covered during these months included:

October 2017	Hand Hygiene
November / December 2017	Invasive Device Awareness PVC Audit

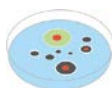


MRSA Acute Inpatient Admission Screening

A national MRSA acute inpatient admission screening policy has been in place throughout Scotland since March 2012. A clinical risk assessment (CRA) is completed for all acute inpatient admissions and against the screening policy identifies a subset of patients at high risk of MRSA colonisation or infection on admission to hospital who are then tested for MRSA. This method of screening reduces the number of patients who require to be laboratory tested for MRSA and allows high risk patients to be pre-emptively isolated whilst the results of the test are awaited.

Local Delivery Plan (LDP) Target:

- Overall compliance was 86% against a national requirement of 90% or above.
- NHSL Performance against the target is shown in Appendix 1.



Carbapenemase-producing enterobacteriaceae (CPE) National Screening Programme

CPE are a type of extremely antibiotic resistant bacteria. The Enterobacteriaceae are a family of Gram negative bacteria (sometimes called coliforms) which are part of the normal bacterial gut flora. They include common pathogens such as *E. coli*, *Klebsiella sp*, *Proteus sp* and *Enterobacter spp*. These organisms are some of the most common causes of many infections such as UTIs, intra-abdominal infections and bloodstream infections.

Progress with Screening Implementation:

- Phase 1 - University Hospital Monklands between October to December 2017 was complete. Following implementation, an assessment of compliance is scheduled to take place during January to March 2018.
- Phase 2 – University Hospital Wishaw scheduled for early 2018
- Phase 3 – University Hospital Hairmyres scheduled for early 2018.



Hand Hygiene

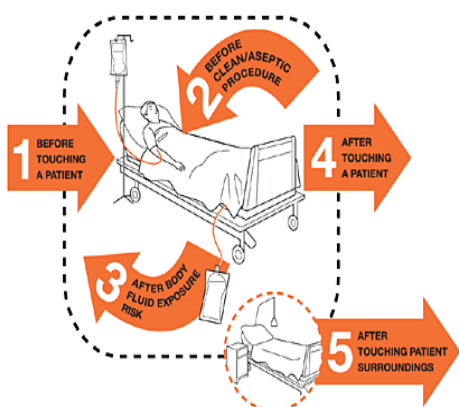
Hand Hygiene is recognised as being the single most important indicator of safety and quality of care in healthcare settings.

Local Delivery Plan (LDP) Target:

- Overall compliance was 87% against a national requirement of 95% or above.
- The NHSL compliance level achieved is from observations per staff group assessing policy to practice as part of the IPCT audits carried out monthly.
- NHSL Performance against the target is shown in Appendix 1.

Staff Group Compliance:

- **Nursing:** 303 of 356 compliant (85%)
- **Doctors:** 63 of 70 compliant (90%)
- **Ancillary/Other:** 31 of 36 compliant (86%)
- **Allied Health Professionals:** 53 of 56 compliant (95%)



Hand Hygiene is a term used to describe the decontamination of hands by various methods including routine hand washing and/or hand disinfection which includes the use of alcohol gels and rubs.

The 5 Moments for Hand Hygiene (as shown in the diagram) approach defines the key opportunities when health-care workers should perform hand hygiene.



Training and Education

Throughout October to December 2017, the IPCT completed 46 separate training and educational sessions across NHS Lanarkshire which included:

- 17 x Golden Hour/Nugget various training sessions
- 8 x Clinical Skills Laboratory, Hairmyres Hospital (Senior Management, Nursing, ISS, Domestic Supervisors)
- 6 x Corporate Induction
- 5 x Winter Preparedness Roadshows (3 in acute, 2 H&SCPs)
- 3 x HEI Preparation/Walkrounds at Udston Hospital
- 3 x New Nurse Induction Training (3 acute sites)
- 2 x Quality Nurse in Practice – University Hospital Monklands
- 1 x Employability HCSW Course
- 1 x Medical Induction/FY1 Workshop



Outbreak Management



0 University Hospital Monklands



6 University Hospital Wishaw



5 University Hospital Hairmyres



0 North H&SCPs



0 South H&SCPs



38 bed days lost



41 patients affected



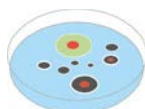
9 staff affected



3 Ward Closures



8 Room Restrictions



Reasons for Closures

- 9 Diarrhoea and Vomiting
- 1 Diarrhoea
- 1 Influenza

Quality Improvement and interventions to support outbreak management:

- Engaging with staff to work proactively in managing patients / isolation / cohort to minimise effect.
- Apply learning from Incident Management Team and / or Outbreak Management Debriefs.
- Planning of winter preparedness roadshows hosted by IPCT, antimicrobial pharmacists and the health protection team raising awareness of hand hygiene and the management of norovirus.
- Undertake debriefs post outbreaks to apply learning.



Infection Related Intelligence Service (IRIS)

- There were 617 alert organisms reported via the laboratory for IPCT to monitor and manage throughout October to December 2017. This is an increase of 140 referrals from the last quarter.
- There have been 117 visits to the high risk areas on all acute sites by the IPC nurses.



LICC and Sub-Group Progress

LICC

- The LICC met on 7 December 2017.
- The workplan continues to progress with updates provided at each LICC meetings.
- The SEED (Surveillance, Engagement, Education and Devices) Monitoring Programme continues to be delivered across NHSL and reported via the appropriate governance routes.

University Hospital Hairmyres Hygiene Group

- UHH are working with the Infection Prevention and Control Team to ensure there is an appropriate level of governance around learning from SABs where this is listed under cause of death on a death certificate.
- UHH have had our best staff uptake for the flu jab ever at UHH, with 50.04% of staff having been vaccinated across the hospital; 53.9% within the priority clinical areas, at the end of December 2018.
- UHH have introduced a new Hospital Cover HEI tool. This will be utilised as part of the current scrutiny / assurance structure across all clinical areas. Any issues found are highlighted both locally and to the Senior Nurse responsible for the area. We are planning to utilise IT software to allow for electronic input of data.

University Hospital Monklands Hygiene Group

- Observational audits of PVC and Personal Protective Equipment (PPE) compliance has been completed across the site. An action plan is being taking forward via the hygiene group with feedback to the respective Senior Charge Nurses.
- The site re-circulated the correct process for escalation of domestic cleaning to improve communication on site.
- A test of change has been undertaken in the Medical Assessment Unit (MAU) to focus on HCA ownership and handover in relation to cleaning schedules.
- HEI audits have been undertaken across the site and off site hospitals by the site Senior Nurses.

University Hospital Wishaw Hygiene Group

- The site continues with the enhanced monitoring and escalation of cleaning. The processes are now robustly embedded.
- Improvements have been noted in areas that were highlighted in the 2014 HEI inspection and there is good working relationships that have been further developed between the site teams and SERCO.



LICC and Sub-Group Progress

North H&SCP Hygiene

- There have been substantial improvements noted in the standard of cleanliness of the Buchanan Health Centre and the estates issues are being addressed including plans for on-going maintenance.
- There are presentations at each meeting from clinical staff throughout the partnership in a bid to share good practice and learning. A recent presentation centred on sustaining high standards following inspection and the other in relation to their local approach to involving whole team in achieving good standards of hygiene in the ward. This was a great opportunity to share good practice and this approach will continue to use this in future meetings.
- There has been a good deal of progress in sites such as Shotts Prison and Addictions Service, raising awareness amongst the teams regarding achieving standards and providing support to them. The north partnership thanks the staff for their efforts.
- There has been a marked improvement in the hand hygiene standards across the partnership. The IPCT reported an improvement from 56% to 75%, with local audits ranging between 80-100%.

South H&SCP Hygiene

- The West of Scotland Laundry has linked with South H&SCPs meetings and has now offered staff visits to Laundry and encouragement to undertake the learnpro module (Community Hospitals) to gain understanding.
- Work is ongoing to implement most efficient method of capturing data regarding numbers of patients in community and community Hospitals who have an indwelling urinary catheter.
- Two Hand Hygiene sessions being planned and delivered by IPC team in south partnership

Antimicrobial Management Committee

- Input at Multi-disciplinary CDI and SAB severe case reviews.
- Antibiotic Awareness materials delivered at 3 acute sites as part of NHSL winter road show campaign and 2 key health centres plus an out of hours service evening clinic.
- Allergy Awareness activities delivered at UHH site as part of NHSL Quality week
- Gentamicin and vancomycin training delivered at UHM site as part of Medicines Awareness week.
- AMT poster presentation at Federation of Infection Societies Conference, 30 November 2017 Birmingham on Allergy Awareness and staff engagement
- 'Pharmacy First' Antimicrobial Patient Group Direction launched across NHSL community pharmacies.

Appendix 1 – NHSL National and Local Performance Charts (October to December 2017)

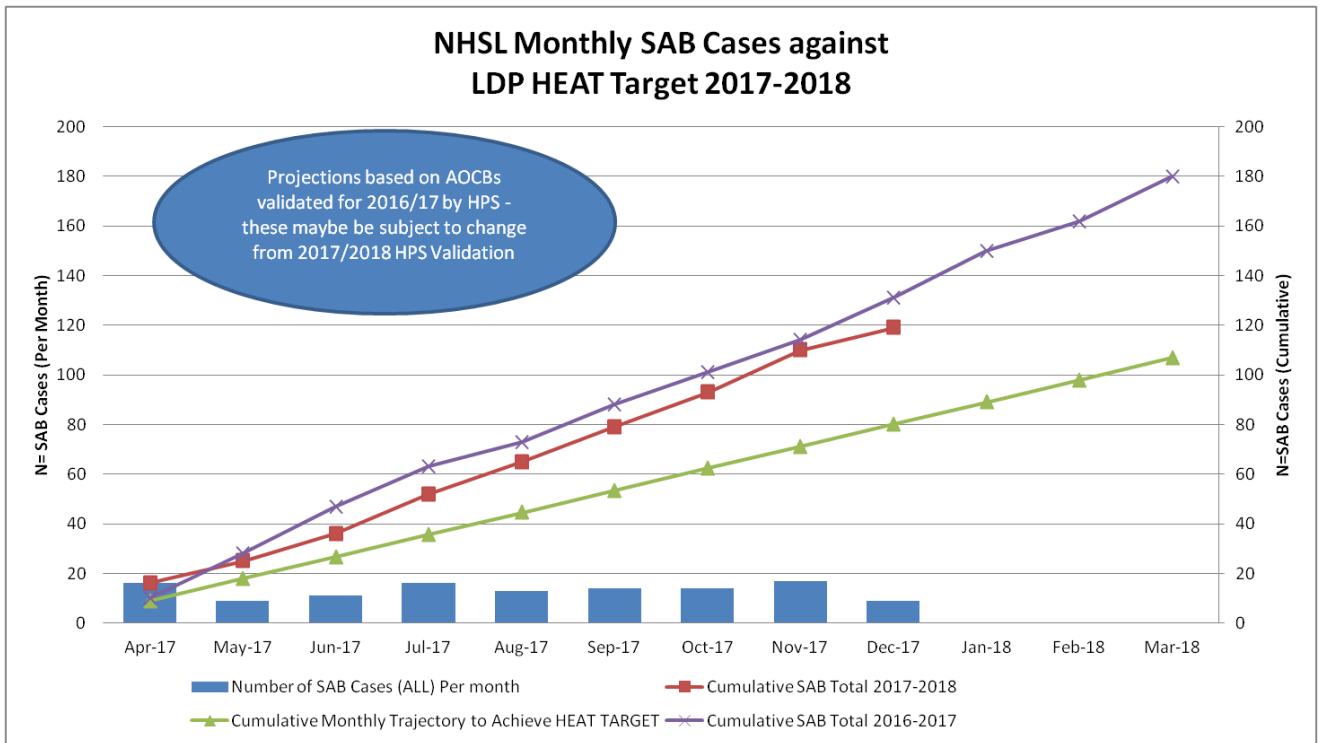


Chart 1 – LDP SAB Performance (October to December 2017)

Whilst the organisation is currently sitting above the trajectory level to achieve the SAB LDP HEAT Target, there has been a 9% reduction on the number of SABs from the previous activity year.

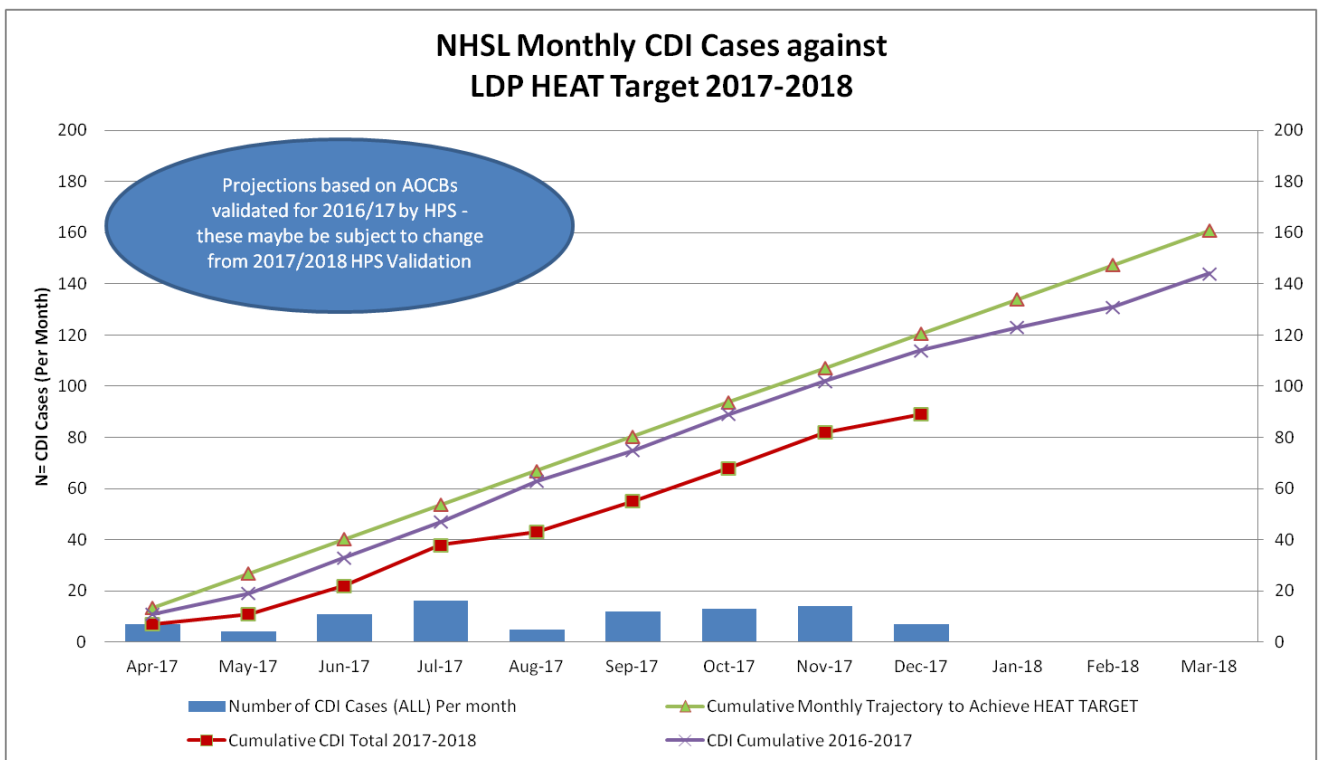


Chart 2 – LDP CDI Performance (October to December 2017)

The organisation is currently sitting below the trajectory level to achieve the CDI LDP HEAT Target, there has been a 22% reduction on the number of CDIs from the previous activity year. There is a strong likelihood that the LDP HEAT Target will be achieved for the second consecutive year.

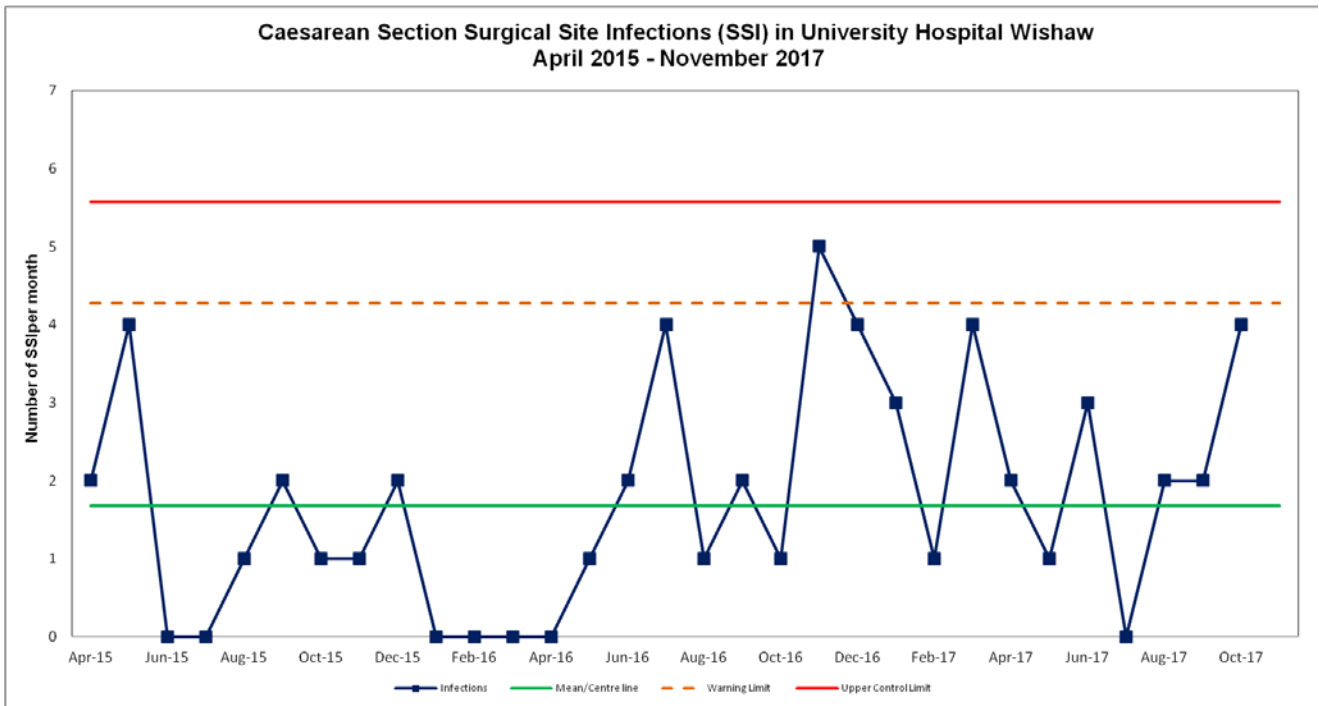


Chart 3 – C-Section Surgical Site Infection (April 2015 to November 2017)

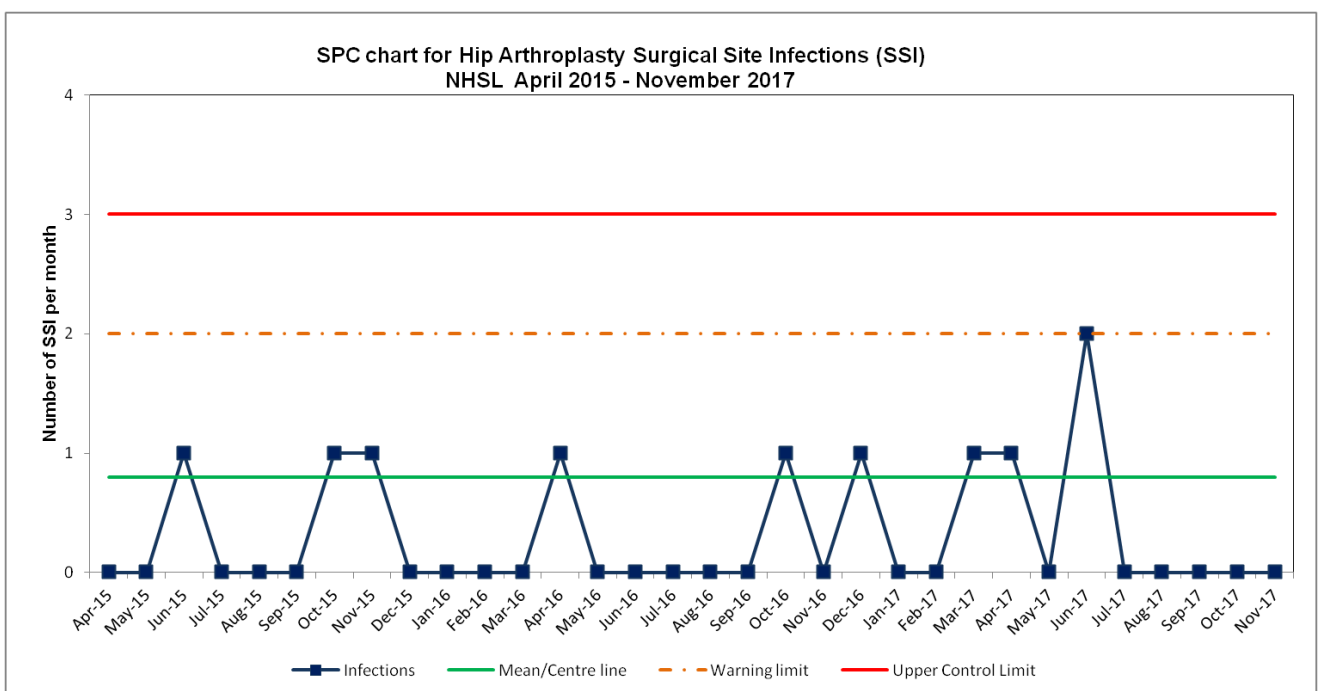


Chart 4 – Hip Arthroplasty SSI (April 2015 to November 2017)

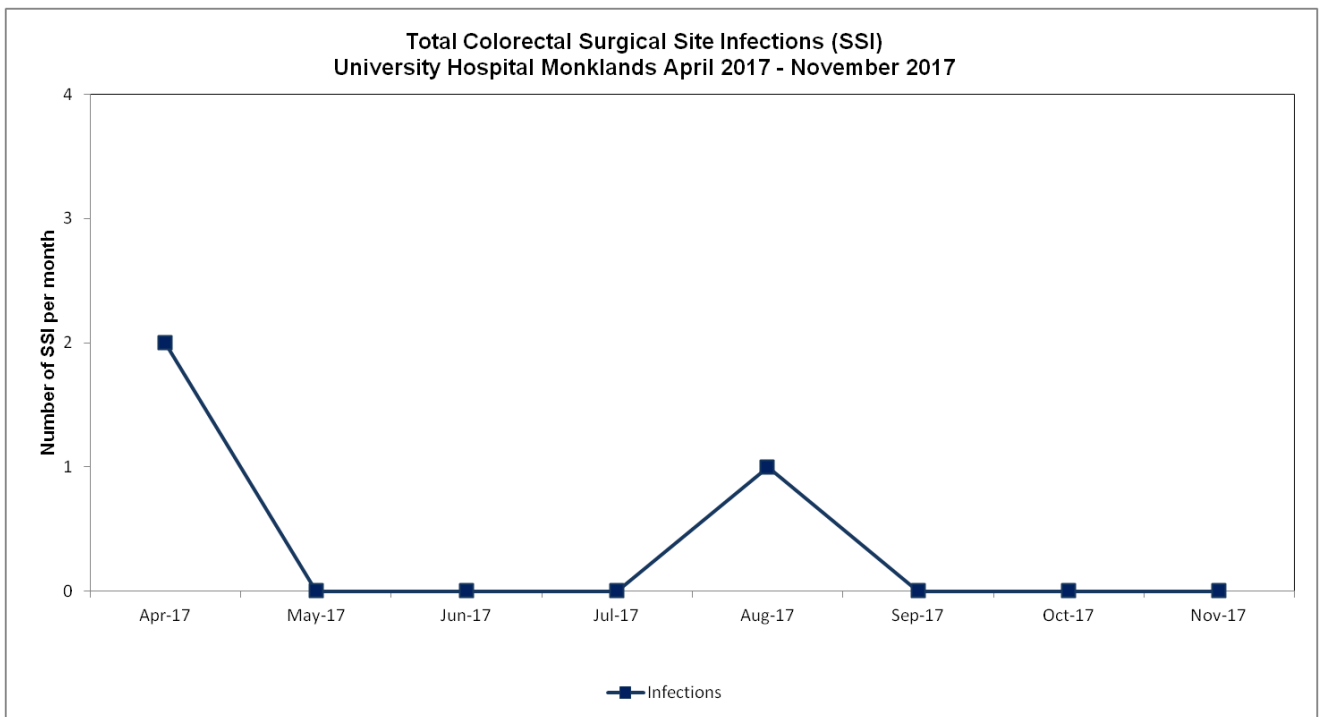


Chart 5 – Colorectal SSI (April 2017 to November 2017)

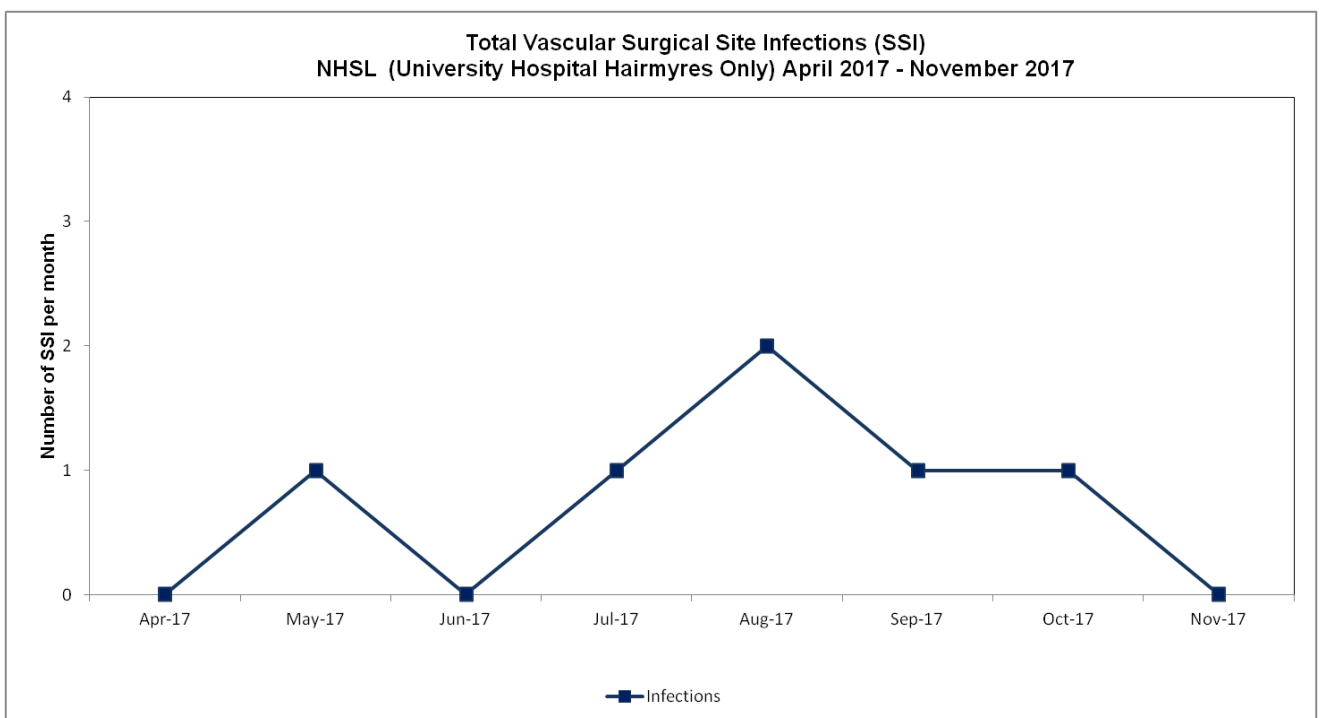


Chart 6 – Vascular SSI (April 2017 to November 2017)

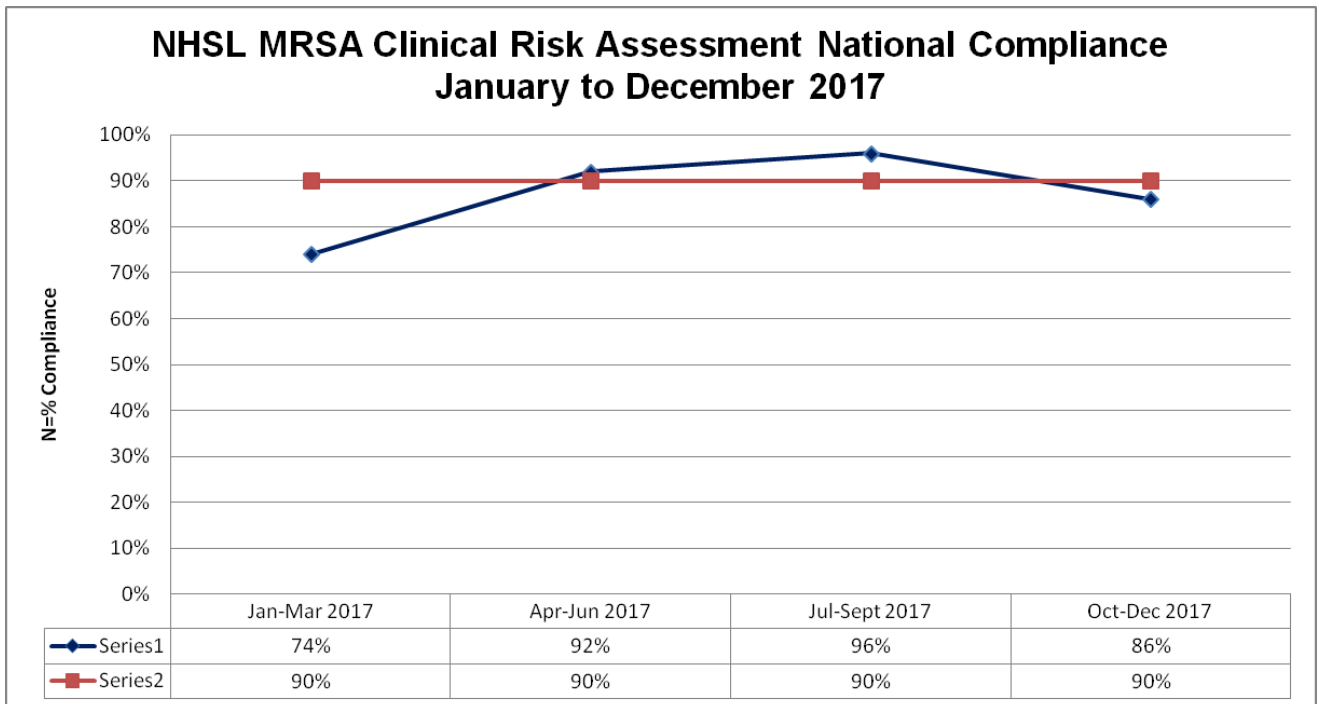


Chart 7 – MRSA Screening (January 2017 to December 2017)

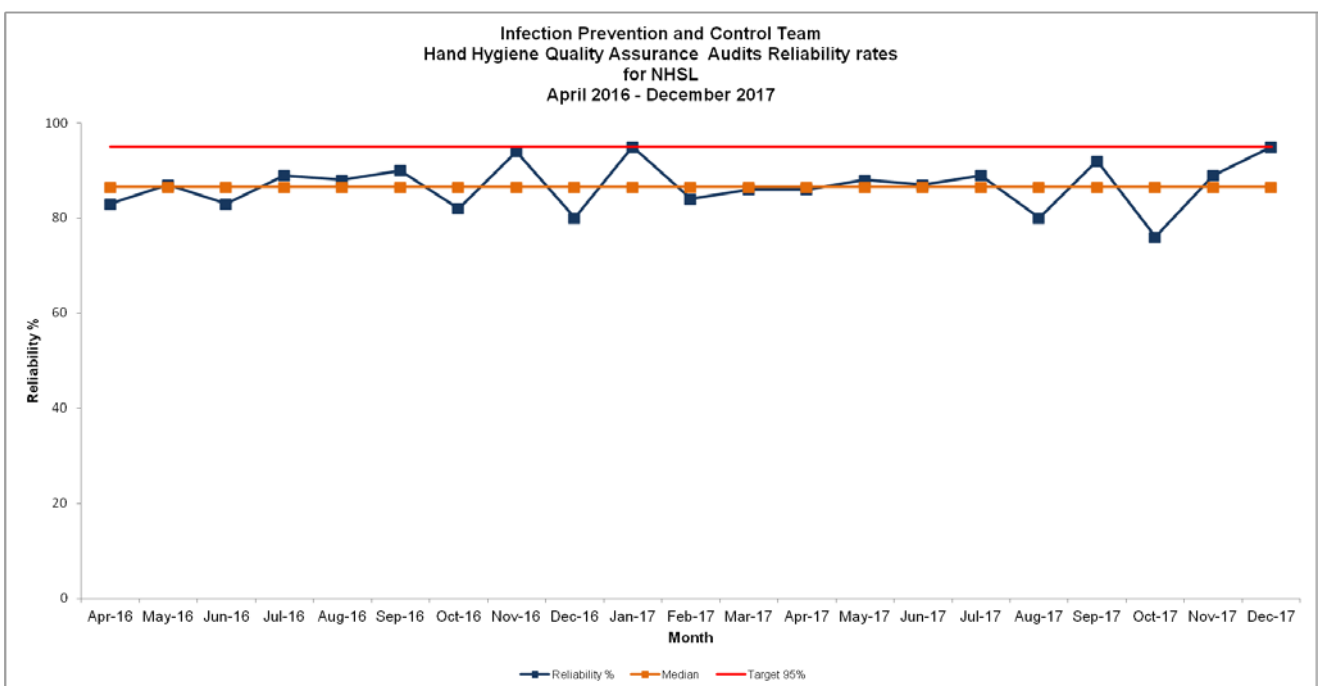


Chart 8 – Hand Hygiene (April 2016 to December 2017)

Appendix 2 - National Mandatory Reporting Requirement

It is a national mandatory requirement to include this HAI reporting template in NHS Board reports by the Scottish Government.

NHS Lanarkshire Board Report

This report includes all CDI episodes including GP samples with no other exclusions and SAB episodes with no exclusions.

SAB monthly case numbers

	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17
MRSA	0	1	1	1	0	0	0	1	1	0	0	0
MSSA	19	11	17	15	9	11	16	12	13	14	17	9
TOTAL	19	12	18	16	9	11	16	13	14	14	17	9

CDI monthly case numbers

	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17
Age 15-64	9	2	3	3	1	3	9	3	2	1	4	1
Ages 65+	3	6	10	4	4	9	7	2	10	12	10	6
Ages 15+	6	8	13	7	5	12	16	5	12	13	14	7

Hand Hygiene Monitoring Compliance (n= %)

	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17
AHP	96	87	95	88	90	93	88	92	93	94	93	96
Ancillary	89	85	90	90	90	86	91	88	88	83	86	88
Medical	84	86	87	88	87	83	87	89	88	86	87	89
Nurse	98	94	95	95	95	95	95	95	95	95	94	95

Cleaning compliance (n= %)

	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17
Board	95	95	95	95	96	93	96	96	96	96	96	96

Estates Monitoring Compliance (n= %)

	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17
Board	98	99	99	99	99	99	98	98	98	98	98	98

Hairmyres Hospital Report Card

This report identifies all healthcare associated and unknown CDI episodes for Hairmyres Hospital and all hospital associated SAB episodes

SABs monthly case numbers

	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17
MRSA	0	1	0	1	0	0	0	0	0	0	0	0
MSSA	2	0	2	3	1	2	6	1	3	4	2	2
TOTAL	2	1	2	4	1	2	6	1	3	4	2	2

CDI monthly case numbers

	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17
Age 15-64	0	0	0	2	0	0	0	0	1	0	0	0
Ages 65+	0	1	3	1	0	1	0	0	2	5	1	3
Ages 15+	0	1	3	3	0	1	0	0	3	5	1	3

Hand Hygiene Monitoring Compliance (n= %)

	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17
AHP	100	62	92	92	88	100	83	94	84	91	94	96
Ancillary	-	75	70	100	87	89	83	62	69	79	72	89
Medical	93	80	82	90	87	86	91	93	87	89	89	90
Nurse	99	95	92	95	97	96	97	93	96	95	95	95

Cleaning compliance (n= %)

	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17
Board	94	94	94	94	95	94	95	95	95	94	95	95

Estates Monitoring Compliance (n= %)

	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17
Board	99	99	99	100	99	99	99	99	99	97	99	99

Monklands District General Hospital Report Card

This report identifies all healthcare associated and unknown CDI episodes for Monklands Hospital and all hospital associated SAB episodes

SABs monthly case numbers

	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17
MRSA	0	0	1	0	0	0	0	0	0	0	0	0
MSSA	6	4	6	4	2	1	3	6	3	8	8	3
TOTAL	6	4	7	4	2	1	3	6	3	8	8	3

CDI monthly case numbers

	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17
Age 15-64	1	0	0	0	0	1	2	1	1	0	1	0
Ages 65+	1	0	2	1	0	0	2	0	3	0	0	0
Ages 15+	2	0	2	1	0	1	4	1	4	0	1	0

Hand Hygiene Monitoring Compliance (n= %)

	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17
AHP	100	100	100	88	95	95	88	88	93	97	93	100
Ancillary	100	75	50	79	90	84	95	79	88	93	89	82
Medical	75	91	93	96	91	84	91	88	86	86	87	88
Nurse	97	92	99	96	95	96	95	98	96	93	95	96

Cleaning compliance (n= %)

	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17
Board	95	95	95	95	95	95	95	95	96	96	95	95

Estates Monitoring Compliance (n= %)

	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17
Board	97	97	98	98	97	98	97	96	96	96	97	96

Wishaw General Hospital Report Card

This report identifies all healthcare associated and unknown CDI episodes for Wishaw General Hospital and all hospital associated SAB episodes

SABs monthly case numbers

	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	5	1	8	5	3	4	2	1	2	1	7	3
TOTAL	5	1	8	5	3	4	2	1	2	1	7	3

CDI monthly case numbers

	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17
Age 15-64	1	1	0	0	0	1	3	0	0	1	1	1
Ages 65+	1	2	1	0	0	2	1	1	3	7	1	3
Ages 15+	2	3	1	0	0	3	4	1	3	8	2	4

Hand Hygiene Monitoring Compliance (n= %)

	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17
AHP	95	95	94	82	86	87	89	97	100	96	92	98
Ancillary	75	83	100	89	92	84	96	93	94	79	90	92
Medical	81	84	86	79	82	79	80	86	92	83	84	89
Nurse	97	92	96	92	92	91	93	94	94	93	91	94

Cleaning compliance (n= %)

	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17
Board	96	96	96	96	96	92	97	97	97	96	96	97

Estates Monitoring Compliance (n= %)

	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17
Board	98	99	99	100	99	99	99	99	99	99	99	99

Out of Hospital Report Card

This report identifies all community associated CDI episodes including GP samples and all SAB episodes associated with the community such as nursing homes and community sources such as GP surgeries.

SAB monthly case numbers

	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17
MRSA	0	0	1	0	0	0	0	0	0	0	0	0
MSSA	4	3	6	3	3	4	5	4	5	4	4	3
TOTAL	4	3	7	3	3	4	5	4	5	4	4	3

CDI monthly case numbers

	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17
Age 15-64	4	4	2	0	0	0	4	2	2	0	0	0
Ages 65+	1	4	4	2	1	5	4	1	1	4	0	2
Ages 15+	5	0	6	2	1	5	8	3	3	4	0	2

Community Hospital Report Card

This report identifies all healthcare associated CDI episodes and all SAB episodes associated to the community hospitals listed below:

- Cleland
- Coathill
- Kello
- Kilsyth
- Kirklands
- Lockhart
- Udston
- Wester Moffat

SAB monthly case numbers

	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0

CDI monthly case numbers

	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17
Age 15-64	0	0	0	0	0	0	0	0	0	0	0	0
Ages 65+	0	0	0	0	0	0	0	0	1	0	0	0
Ages 15+	0	0	0	0	0	0	0	0	1	0	0	0