

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;

- *CNO (2019) October 2019: Standards on Healthcare Associated Infection and Indicators for Antibiotic Use.*

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 in the Executive Summary on pages 4-5. Please note that performance data contained within the report has been validated nationally by Health Protection Scotland (HPS). The new *Standards on Healthcare Associated Infections and Indicators on Antibiotic Use for Scotland* were released on 10 October 2019. NHS Lanarkshire has developed local AOP standards which will take effect retrospectively from April 2019.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate Objectives	<input checked="" type="checkbox"/>	Annual Operating Plan	<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 Infection Prevention and Control (IPC) to be presented to the NHS Board using the Scottish Government Reporting Template (in Appendix 1).

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

- Annual Operating Plan (AOP) targets for *Staphylococcus aureus* bacteraemia (SAB) and *Clostridioides difficile* Infection (CDI) standards for 2019 to 2022 and *Escherichia coli* bacteraemia (ECB) standard for 2019 to 2024.
- Key Performance Indicators (KPI) for Meticillin Resistant *Staphylococcus aureus* (MRSA) Clinical Risk Assessment (CRA) and Carbapenemase-producing *Enterobacteriaceae* (CPE) CRA compliance.
- Local Performance Indicator for Hand Hygiene.

7. FINANCIAL IMPLICATIONS

The organisation carries financial pressures as a direct result of HCAI. The severity of these pressures are dependent on a number of variables including length of stay, associated treatment required etc.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

- MRSA CRA Compliance: To achieve 90% or above.
- CPE CRA Compliance: To achieve 90% or above.
- Hand hygiene: To achieve 95% or above.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision & leadership	<input type="checkbox"/>	Effective partnerships	<input type="checkbox"/>	Governance & 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 (EDIA) 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 EDIA.

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)

- Lanarkshire Infection Control Committee (LICC) 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 around NHSL 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:

- Eddie Docherty, Executive Director of Nursing, Midwifery and Allied Health Professionals (NMAHPs) (Telephone number: 01698 858089)
- Christina Coulombe, Head of Infection Prevention and Control (Telephone number: 01698 366309)

***Presented by Eddie Docherty, Executive Director of NMAHPs
Prepared by Infection Prevention and Control Team***

NHS LANARKSHIRE PERFORMANCE
Healthcare Associated Infection Reporting Template (HAIRT)

Health Protection Scotland (HPS) Validated Data: October to December 2019 Quarter 4 Reporting Period

Please note: Health Protection Scotland provide national validated data for *Staphylococcus aureus* bacteraemia (SAB), *Clostridioides difficile* Infection (CDI), *Escherichia coli* bacteraemia (ECB) and Surgical Site Infection Surveillance (SSI) three months in arrears.

CNO (2019) October 2019: Standards on Healthcare Associated Infection and Indicators for Antibiotic Use

NHS Lanarkshire AOP Standards for HCAI 2019 to 2024

Standards		Benchmarking		2021/2022 Target	2023/2024 Target
		National rate Year-end Mar 2019 (100,000 TOBDs)	NHSL rate Year-end Mar 2019 (100,000 TOBDs)	NHSL rate Year-end Mar 2022 (100,000 TOBDs)	NHSL rate Year end March 2023 (100,000 TOBDs)
Gram-negative bacteraemia standard	Reduction of 50% in healthcare associated <i>E. coli</i> bacteraemia by 2023/24, with an initial reduction of 25% by 2021/22. 2018/19 should be used as the baseline for <i>E. coli</i> bacteraemia reduction	38.4	44.7	33.5	22.4
<i>Staphylococcus aureus</i> bacteraemia (SAB) standard	Reduction of 10% in the national rate of healthcare associated SAB from 2019 to 2022, with 2018/19 used as the baseline for the SAB reduction target	16.8	17.9	16.1	
<i>Clostridioides difficile</i> infection (CDI) standard	Reduction of 10% in the national rate of healthcare associated CDI from 2019 to 2022, with 2018/19 used as the baseline for the CDI reduction target	14.7	16.5	14.8	

***Escherichia coli* bacteraemia (ECB) (Gram-negative bacteraemia Standard)**

Measure & Data: Rate of HCAI ECB per 100,000 total occupied bed days. Data published by Health Protection Scotland quarterly, Standard calculated against quarterly rolling year, three month time lag.

Local Trajectory to achieve national standard of 50% reduction over five years from the NHSL end March 2019 baseline (benchmark)

2019/20	44.7 to reduce to 33.5
2020/21	41.0 to reduce to 33.5
2021/22	to reduce to 33.5 (25% reduction)
2022/23	to reduce to 33.5
2023/24	33.5 to reduce to 22.3 (50% reduction from end March 2019 baseline rate of 44.7)

Staphylococcus aureus bacteraemia (SAB) Standard

Measure & Data: Rate of HCAI SAB per 100,000 total occupied bed days. Data published by Health Protection Scotland quarterly, Standard calculated against quarterly rolling year, three month time lag.

Local Trajectory to achieve national standard of 10% reduction over three years from the NHSL end March 2019 baseline (benchmark)

2019/20	17.9 to reduce to 16.1
2020/21	to reduce to 16.1
2021/22	to reduce to 16.1

Clostridioides difficile Infection (CDI) Standard

Measure & Data: Rate of HCAI CDI per 100,000 total occupied bed days. Data published by Health Protection Scotland quarterly, Standard calculated against quarterly rolling year, three month time lag.

Local Trajectory to achieve national standard of 10% reduction over three years from the NHSL end March 2019 baseline (benchmark)

2019/20	16.5 to reduce to 14.8
2020/21	to reduce to 14.8
2021/22	to reduce to 14.8

NHS Lanarkshire AOP Indicators for Antibiotic Use 2019 to 2022

Indicators		
Antibiotic use	1	A 10% reduction of antibiotic use in Primary Care (excluding dental) by 2022, using 2015/2016 data as the baseline (items/1000/day).
	2	Use of intravenous antibiotics in secondary care defined as DDD/1000 population/day will be no higher in 2022 than it was in 2018
	3	Use of the WHO Access antibiotics (NHSE list) \geq 60% of total antibiotic use in acute hospitals by 2022

Executive Summary Q4 October to December 2019

Escherichia coli Bacteraemia (ECB) Standard

NHSL Performance (Q4 Oct-Dec 2019): HCAI

- NHSL ECB HCAI rate of 52.3 per 100,000 TOBDs; 77 HCAI cases;
- National ECB HCAI rate of 40.8 per 100,000 TOBDs;
- NHSL is above the national comparator for Q4 ECB rates;
- NHSL is above the local AOP Standard rate for Q4 ECB rates.

Staphylococcus aureus Bacteraemia (SAB) Standard

NHSL Performance (Q4 Oct-Dec 2019): HCAI

- NHSL SAB HCAI rate of 20.4 per 100,000 TOBDs; 30 HCAI cases;
- National SAB HCAI rate of 15.2 per 100,000 TOBDs;
- NHSL is above the national comparator for Q4 SAB rates;
- NHSL is above the local AOP Standard rate for Q4 SAB rates.

Clostridioides difficile Infection (CDI) Standard

NHSL Performance (Q4 Oct-Dec 2019): HCAI

- NHSL CDI HCAI rate of 17.0 per 100,000 TOBDs; 25 HCAI cases;
- National CDI HCAI rate of 14.9 per 100,000 TOBDs;
- NHSL is above the national comparator for Q4 CDI rates;
- NHSL is above the local AOP Standard rate for Q4 CDI rates.

Surgical Site Infection

NHSL Performance (Q4 Oct-Dec 2019):

- 5 Caesarean Section (CS) SSIs from 349 procedures (incidence rate of 1.4%);
- National CS SSI incidence rate is 0.9%;
- NHSL is above the national comparator for Q4 CS SSI incidence rate;
- 1 Hip Arthroplasty SSI from 125 procedures (incidence rate of 0.8%).
- National Hip Arthroplasty SSI incidence rate is 0.8%;
- NHSL is in line with the national comparator for Q4 Hip Arthroplasty SSI incidence rate;
- *7 Large Bowel SSIs from 107 procedures (incidence rate of 6.5%).
- National Large Bowel SSI incidence rate is not available from HPS until May 2020.
- *1 Vascular SSIs from 90 procedures (incidence rate of 1.1%).
- National Vascular SSI incidence rate is not available from HPS until May 2020.

*For management purposes only

MRSA & CPE CRA Compliance

Key Performance Indicator (KPI): To achieve 90% compliance or above. Quarterly reports submitted to HPS.

NHSL Performance (Jan - Mar 2020):

- 89% compliance for MRSA acute inpatient admission CRA completion (1.1% increase in compliance from Oct-Dec 2019). (Exclusions: Maternity, Paeds, Mental Health, Psychiatry); For this reporting period; MRSA KPI has **not** been met
- 81% compliance for CPE acute inpatient admission CRA completion (3.7% increase in compliance from Oct-Dec 2019); For this reporting period; CPE KPI has **not** been met

Hand Hygiene

Local Performance Indicator: To achieve 95% compliance or above.

NHSL Performance (Jan-Mar 2020): IPC Quality Assurance HH Audits (10 audits completed)

- 81% compliance achieved (4.7% decrease in compliance from Oct-Dec 2019);
- For this reporting period the Local Performance Indicator has **not** been met.

Outbreaks and Incidents**NHSL Performance (Jan-Mar 2020):**

2 outbreaks reported in January 2020
2 outbreaks reported in February 2020
1 outbreak reported in March 2020

HIIAT/HAIORT Reporting (Incident reporting)

2 HIIAT Red: 2 UHM
4 HIIAT Green: 2 UHM, 0 UHH, 2 UHW

NHSL Performance

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 bloodstream infections.

Staphylococcus aureus Bacteraemia (SAB) Standard

NHSL Performance (Q4 Oct-Dec 2020): HCAI

- NHSL SAB HCAI rate of 20.4 per 100,000 TOBDs; 30 HCAI cases;
- National SAB HCAI rate of 15.2 per 100,000 TOBDs;
- NHSL is above the national comparator for Q4 SAB rates;
- NHSL is above the local AOP Standard rate for Q4 SAB rates.

Staphylococcus aureus bacteraemia (SAB)

- During October to December 2019, there were 46 SAB cases; 30 HCAI cases and 16 community associated infection (CAI) cases;
- This is an increase of 3 SAB cases in total from the previous quarter;
- The new AOP target is for HCAI cases only;
- NHSL will be expected to achieve a target of <=91 HCAI SAB cases (a rate of 16.1 per 100,000 TOBDs by end of March 2022.
- NHSL will be expected to achieve a target of <=68 HCAI SAB cases by Q4 Oct-Dec 2020, NHSL currently have 87 cases, 19 cases above the target.

Chart 1 – HCAI SAB cases (July 2017 – December 2019)

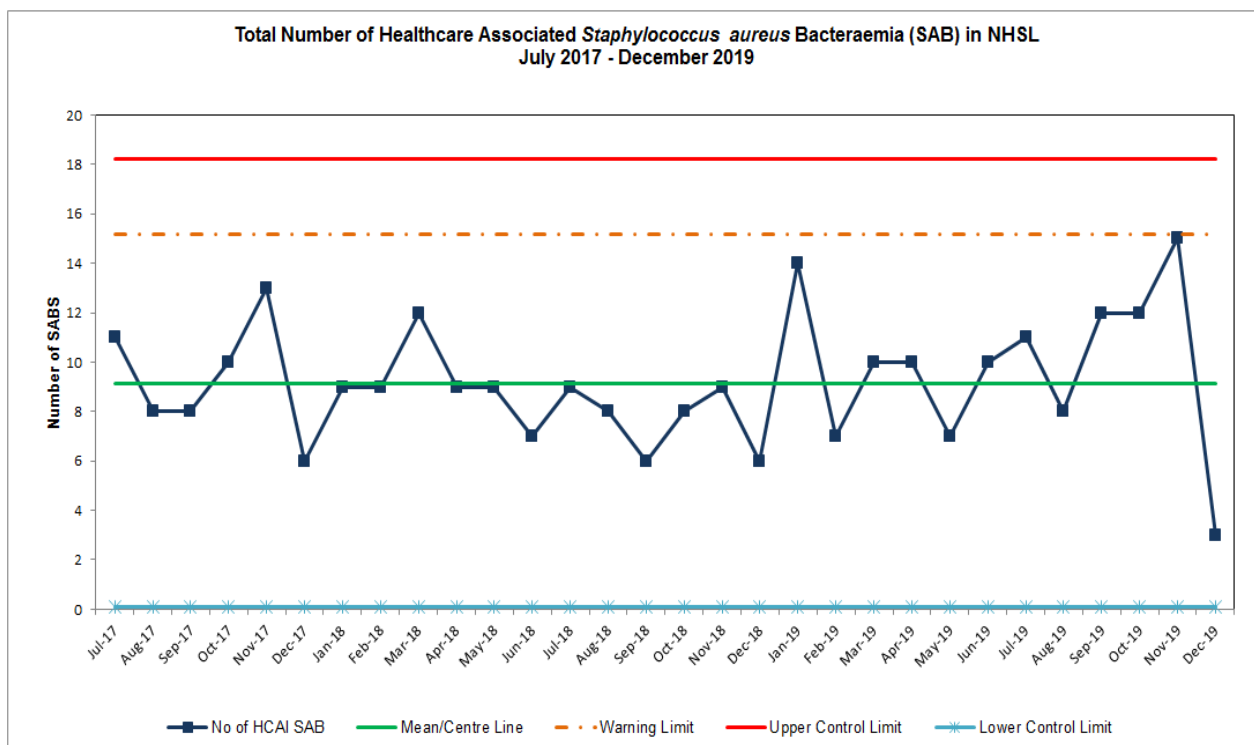
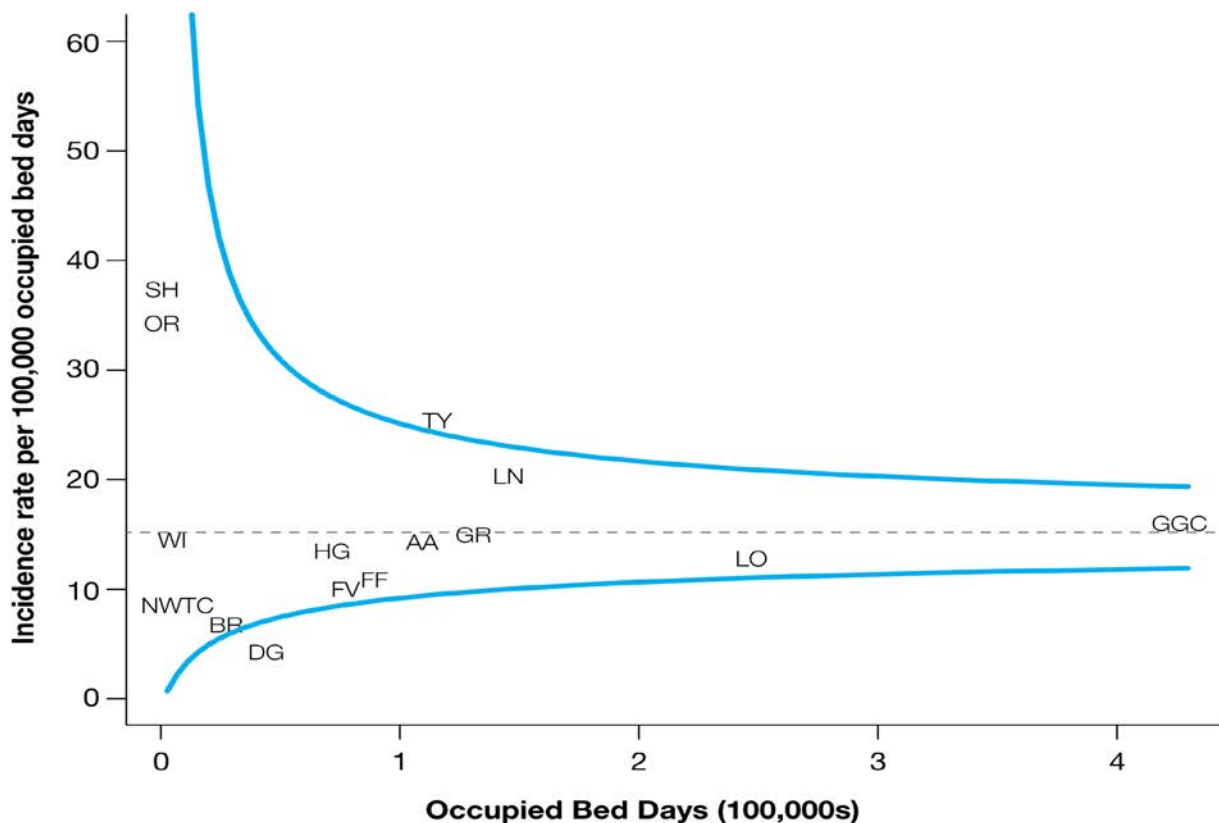


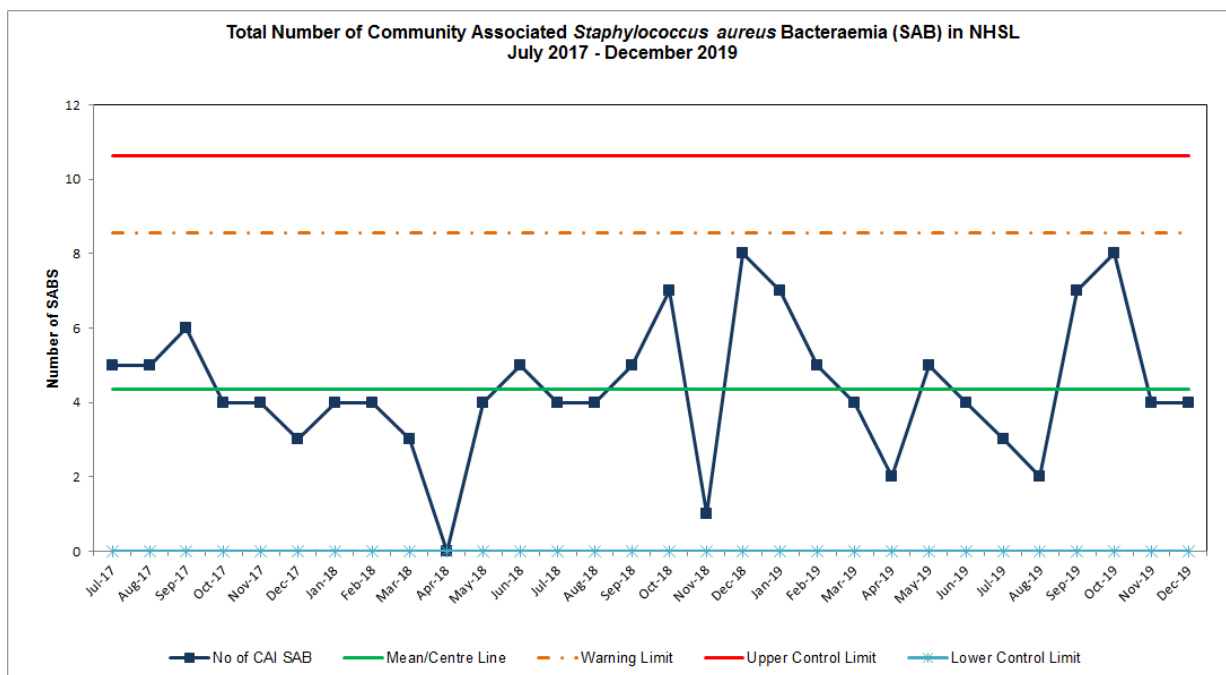
Chart 1 shows that NHS Lanarkshire has witnessed a significant reduction in the number of cases of SAB from November to December 2019. As is expected during this period, activity across the board was substantial and patient acuity high. Even with this lower incidence in December, the overall quarterly number of cases remains above the target. Common themes are skin and soft tissue infections and device related SABs. Over this quarter there has been ten device related infections; four PVC, three PICC, two dialysis line infections and one related to a urinary catheter.

Figure 1: Funnel plot of SAB incidence rates (per 100,000 TOBD) in healthcare associated infection cases for all NHS boards in Scotland in (Q4) Oct- Dec 2019.



Even though NHS Lanarshire is above the expected standard for HCAI SAB for Q4 as detailed in Chart 1, Figure 1 demonstrates that NHSL remains within the 95% confidence interval for incidence rates for Q4.

Chart 2 – CAI SAB cases (July 2017 – December 2019)



As demonstrated in Chart 2, community associated SAB remain in control and the chart shows random variation.

Quality improvement and interventions in place to reduce SAB: Oct – Dec 2019

- Work continues to progress on the NHSL Safety Manual for Invasive Devices following a consultation process during this activity period. Plan for rollout has been postponed due to COVID-19.
- SAB rates and sources are discussed at Hygiene and Clinical Governance meetings with clinical staff.

Risk Management: Oct-Dec 2019

- There was one SAB death review meeting during this activity quarter. The patient died within 30 days of *Staphylococcus aureus* being isolated from the blood sample and a SAB was recorded on the patients' death certificate.
- As per local policy, a multi-disciplinary review was held to discuss the management of the patient's case and ensure learning points and action plans are actioned and shared at Hygiene meetings.

***Clostridioides difficile* Infection (CDI)**

CDI can be a severe and life-threatening infection which causes diarrhoea. Prevention of CDI is therefore essential and an important patient safety issue.

Clostridioides difficile Infection (CDI) Standard

NHSL Performance (Q4 Oct-Dec 2019): HCAI

- NHSL CDI HCAI rate of 17.0 per 100,000 TOBDs; 25 HCAI cases;
- National CDI HCAI rate of 14.9 per 100,000 TOBDs;
- NHSL is above the national comparator for Q4 CDI rates;
- NHSL is above the local AOP Standard rate for Q4 CDI rates.

***Clostridioides difficile* Infection (CDI)**

- During Oct –December 2019, there were 37 CDI cases; 25 HCAI cases and 12 CAI cases.
- NHSL will be expected to achieve a target of <=91 HCAI CDI cases (a rate of 14.8 per 100,000 TOBDs by end of March 2022).
- NHSL will be expected to achieve a target of <=73 HCAI CDI cases by Q4 Oct-Dec 2020, NHSL currently have 65 cases, 8 cases below the target.

Chart 3 – HCAI CDI cases (July 2017 – December 2019)

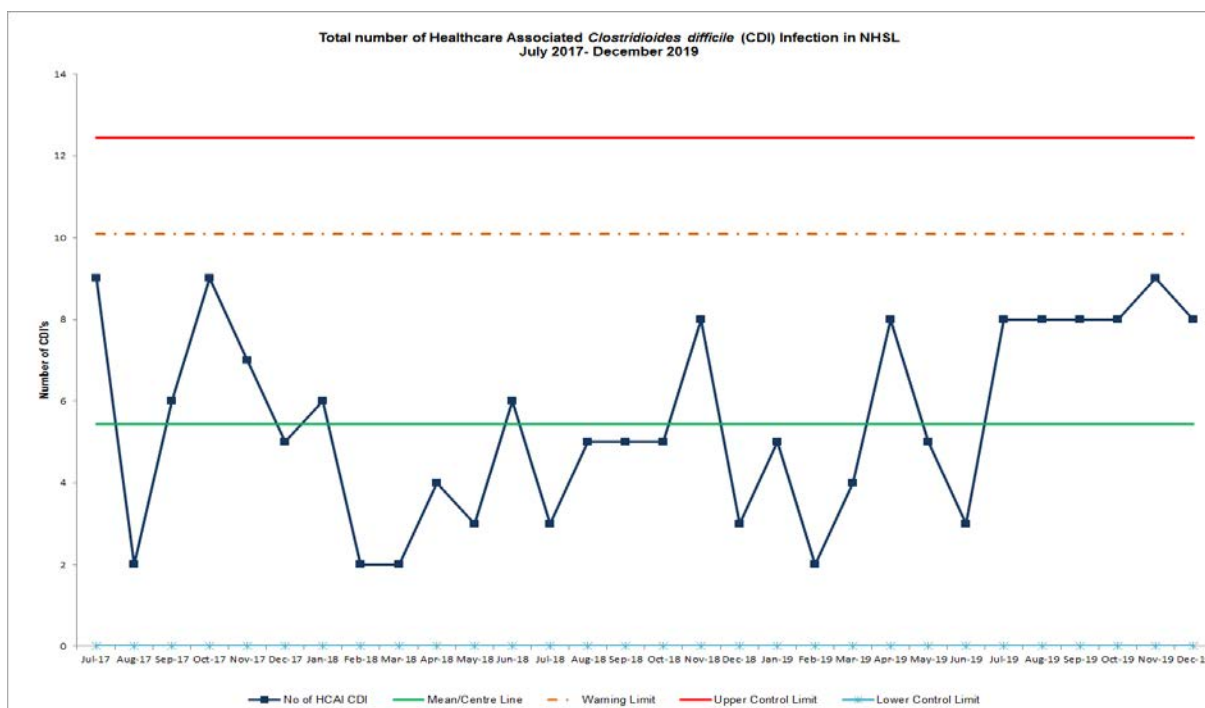


Chart 3 shows that HCAI CDI remains elevated since July 2019. There are now six data points above the centre line indicating a system change. This will be investigated and fed back to the LICC in June 2020.

Figure 2: Funnel plot of CDI incidence rates (per 100,000 TOBD) in healthcare associated infection cases for all NHS boards in Scotland in (Q4) Oct- Dec 2019.

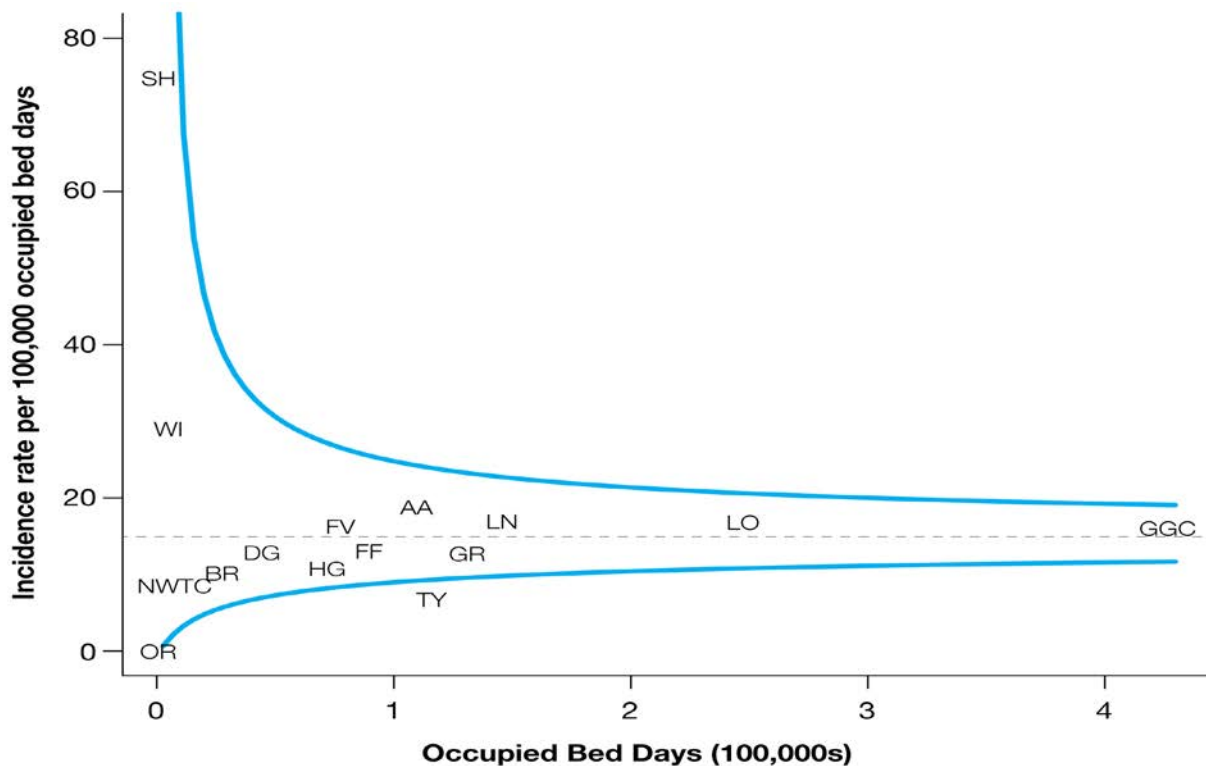


Figure 2 indicates that NHSL remains within the 95% confidence interval for incidence rates for Q4.

Chart 4 – CAI CDI cases (July 2017 – December 2019)

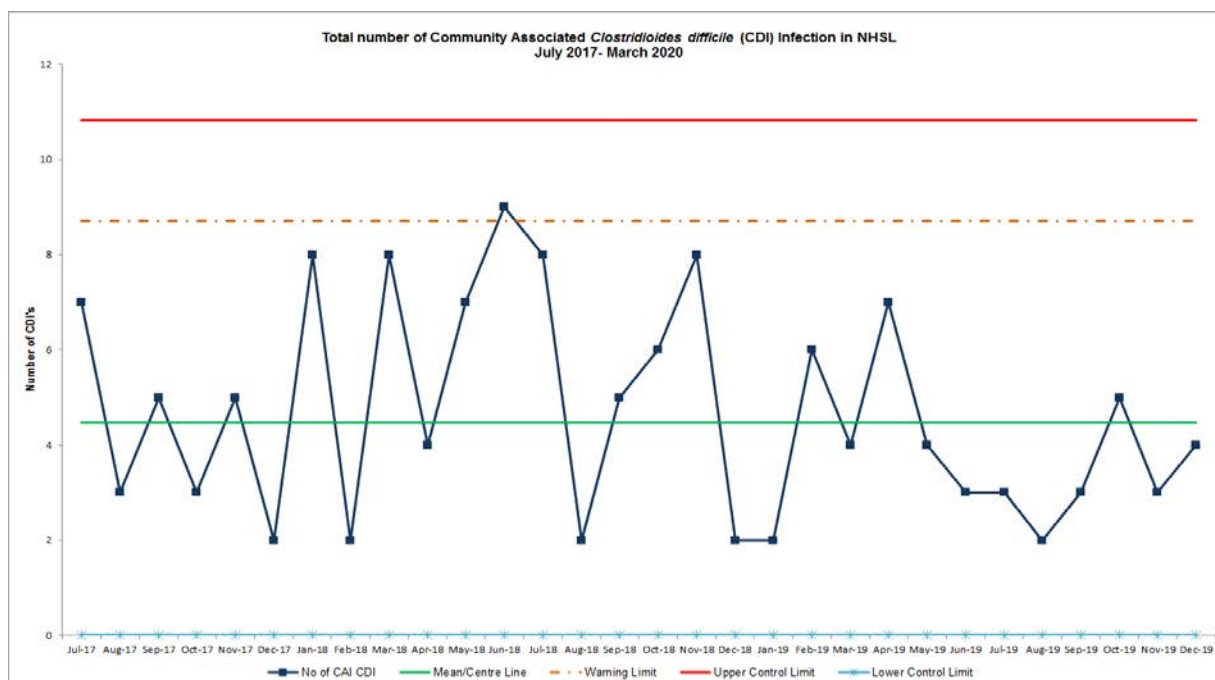


Chart 4 shows that CAI CDI is in statistical control and continues to show random variation.

Quality improvement and interventions in place to reduce CDI: Jan – Mar 2020

- Antimicrobial stewardship continues to be a priority in the management of CDI patients. IPCT and the antimicrobial team work closely during severe CDI multidisciplinary case reviews.
- Information is given to wards to advise of requirement for prompt and clear identification of patients with loose stools and appropriate action to be taken.

Risk Management: Oct-Dec 2019

- There were seven cases of severe CDI during the activity quarter. As per local policy, a multi-disciplinary review was held to discuss the management of each patient's case and ensure learning points and action plans are completed and shared at the hygiene meeting.

Escherichia coli Bacteraemia (ECB)

Escherichia coli Bacteraemia (ECB) Standard

Escherichia coli (*E. coli*) is a bacterium that forms part of the normal gut flora that helps human digestion. Although most types of *E. coli* live harmlessly in your gut, some types can make you unwell.

When it gets into your blood stream, *E. coli* can cause a bacteraemia. This can be as a result of an infection such as:

- urinary tract
- surgery
- inappropriate use of medical devices

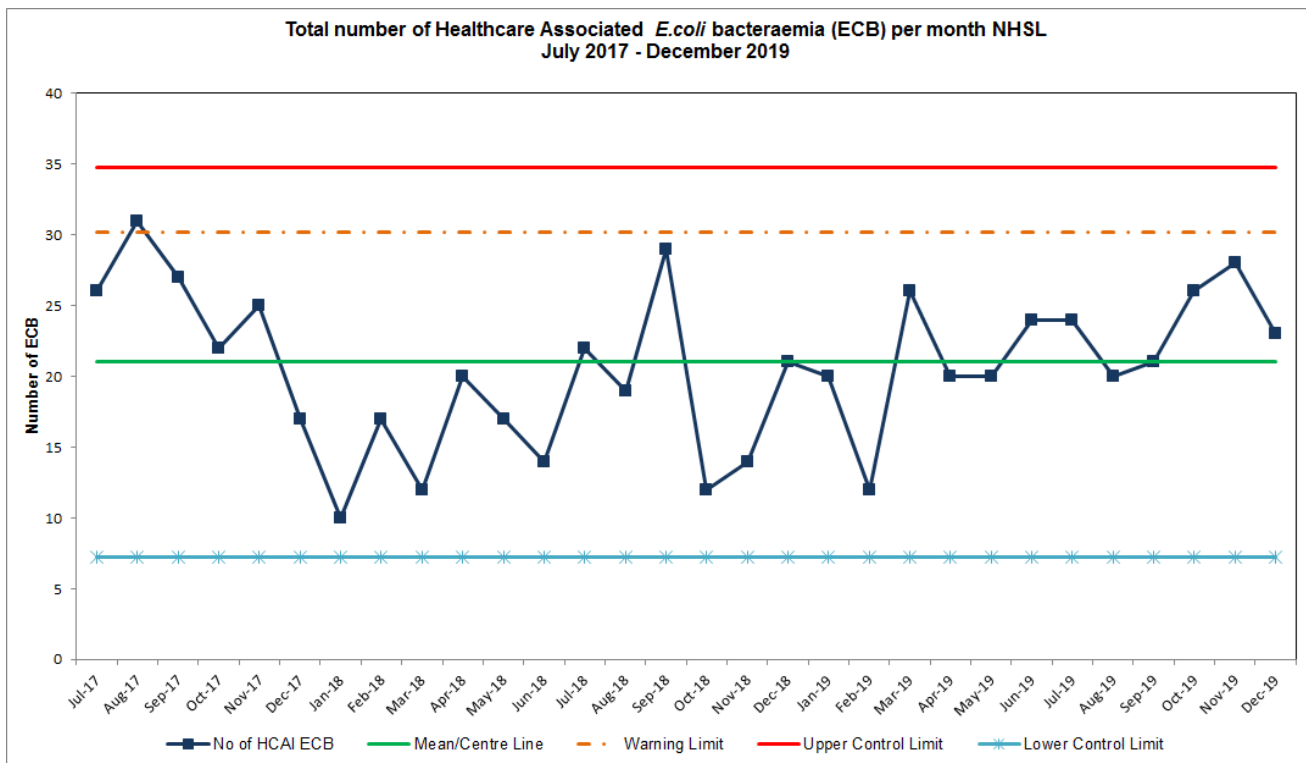
NHSL Performance (Q4 Oct-Dec 2019): HCAI

- NHSL ECB HCAI rate of 52.3 per 100,000 BDs; 77 HCAI cases;
- National ECB HCAI rate of 40.8 per 100,000 TOBDs;
- NHSL is above the national comparator for Q4 ECB rates;
- NHSL is above the local AOP Standard rate for Q4 ECB rates.

Escherichia coli Bacteraemia (ECB)

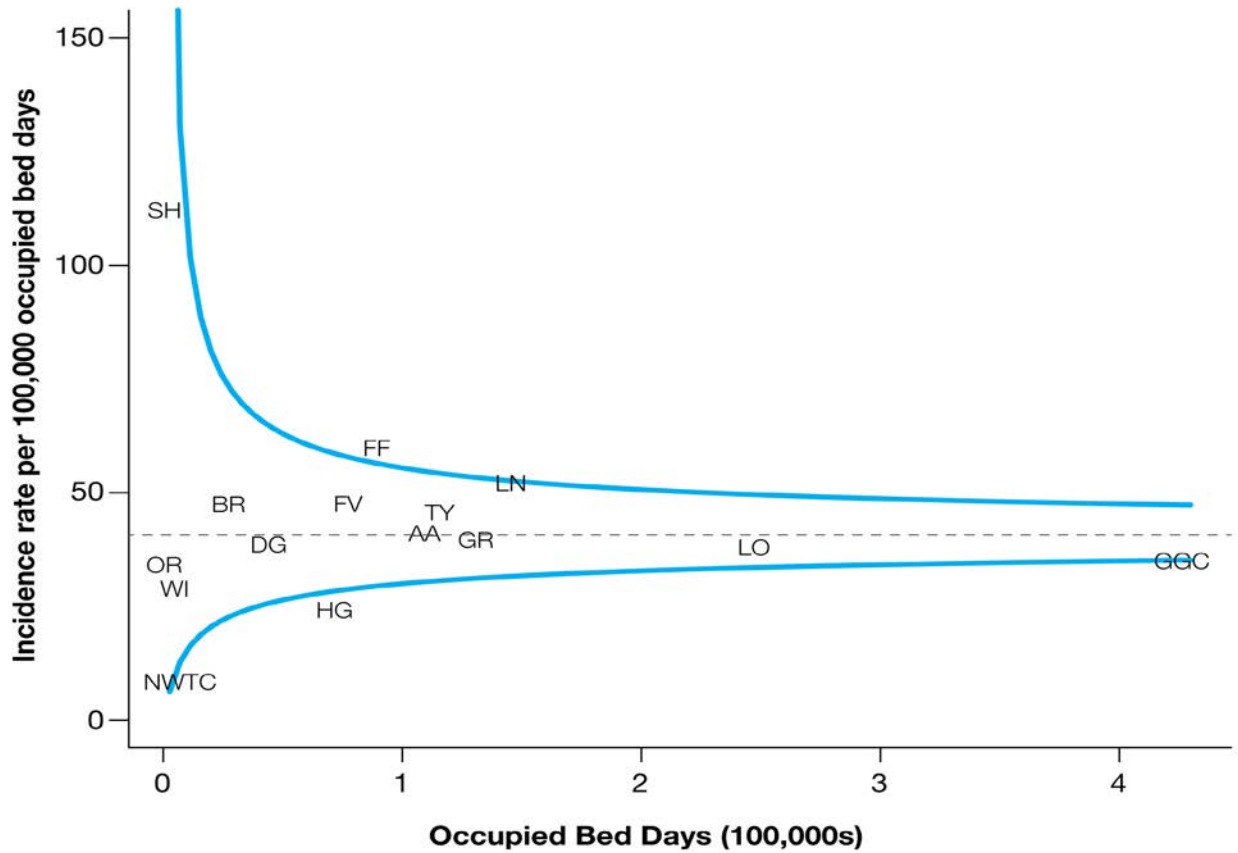
- During Oct –December 2019, there were 150 cases; 77 HCAI cases and 73 CAI cases.
- NHSL will be expected to achieve a target of <=236 HCAI ECB cases (a rate of 33.5 per 100,000 TOBDs by end of March 2022).
- NHSL will be expected to achieve a target of <=180 HCAI ECB cases by Q4 Oct-Dec 2020, NHSL currently have 206 cases, 26 cases above the target.

Chart 5- HCAI ECB cases (July 2017 – December 2019)



As demonstrated in Chart 5, HCAI ECB cases remain in control and the chart shows random variation. This must be interpreted with caution as cases are well above the national average and local AOP standard.

Figure 3: Funnel plot of ECB incidence rates (per 100,000 TOBD) in healthcare associated infection cases for all NHS boards in Scotland in (Q4) Oct- Dec 2019.



Even though NHS Lanarshire is above the expected standard for HCAI ECB for Q4, Figure 3 demonstrates that NHSL remains within the 95% confidence interval for incidence rates for Q4.

Surgical Site Infection Surveillance

Surgical Site Infection

NHSL Performance (Q4 Oct -Dec 2019):

- 5 Caesarean Section (CS) SSIs from 349 procedures (incidence rate of 1.4%);
 - National CS SSI incidence rate is 0.9%;
 - NHSL is above the national comparator for Q4 CS SSI incidence rate;
 - 1 Hip Arthroplasty SSI from 125 procedures (incidence rate of 0.8%).
 - National Hip Arthroplasty SSI incidence rate is 0.8%;
 - NHSL is in line with the national comparator for Q4 Hip Arthroplasty SSI incidence rate;
 - *7 Large Bowel SSIs from 107 procedures (incidence rate of 6.5%).
 - National Large Bowel SSI incidence rate is not available from HPS until May 2020.
 - *1 Vascular SSIs from 90 procedures (incidence rate of 1.1%).
 - National Vascular SSI incidence rate is not available from HPS until May 2020.
- *For management purposes only

SSI is one of the most common HCAs 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. Quarterly exception reports are issued to boards by HPS where the incidence of SSI is higher than expected based on the national data. NHSL has not received an exception report for this time period.

The data below is inclusive of Quarter 4 nationally validated data: October to December 2019.

Chart 7 – C-Section Surgical Site Infection (January 2016 to December 2019)

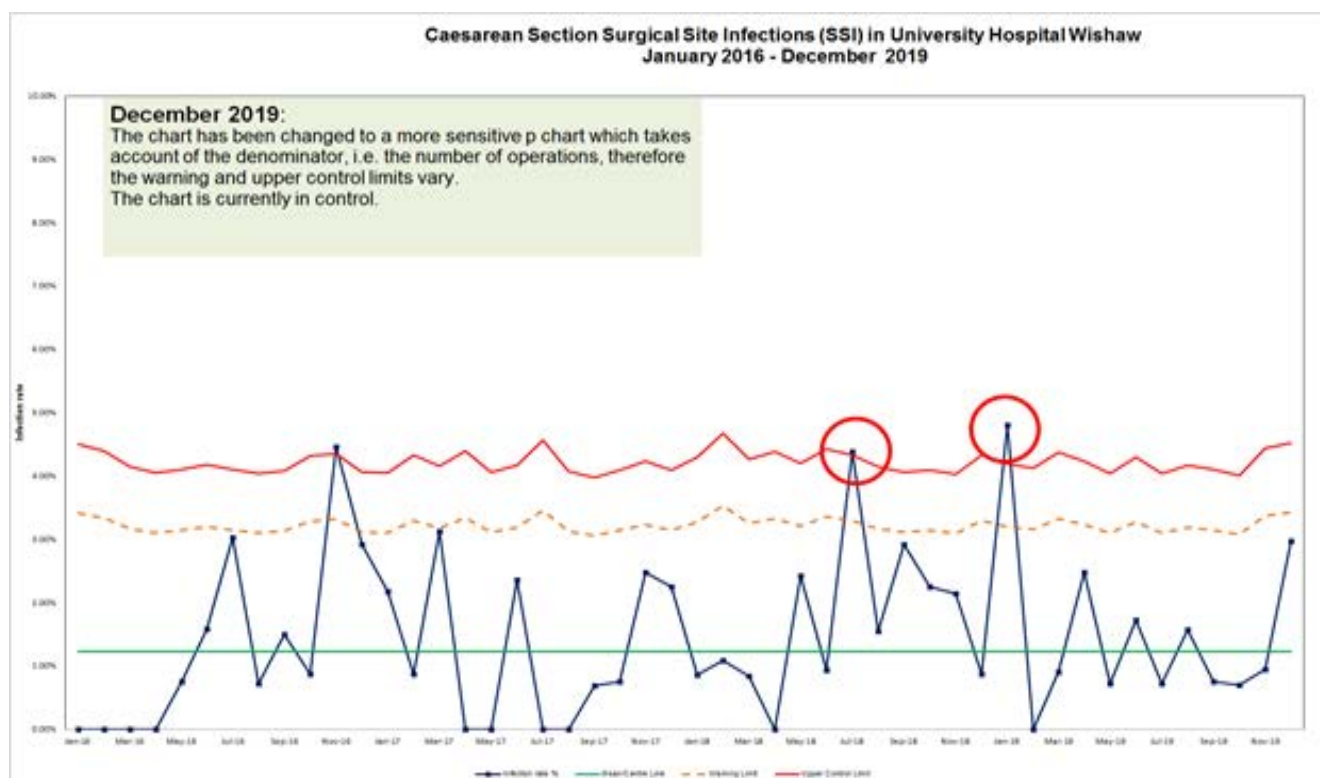


Chart 7 is currently in statistical control.

Figure 4: Funnel plot of caesarean section SSI incidence (per 100 procedures) in inpatients and PDS to day 10 for all NHS boards in Scotland in (Q4) Oct - Dec 2019.

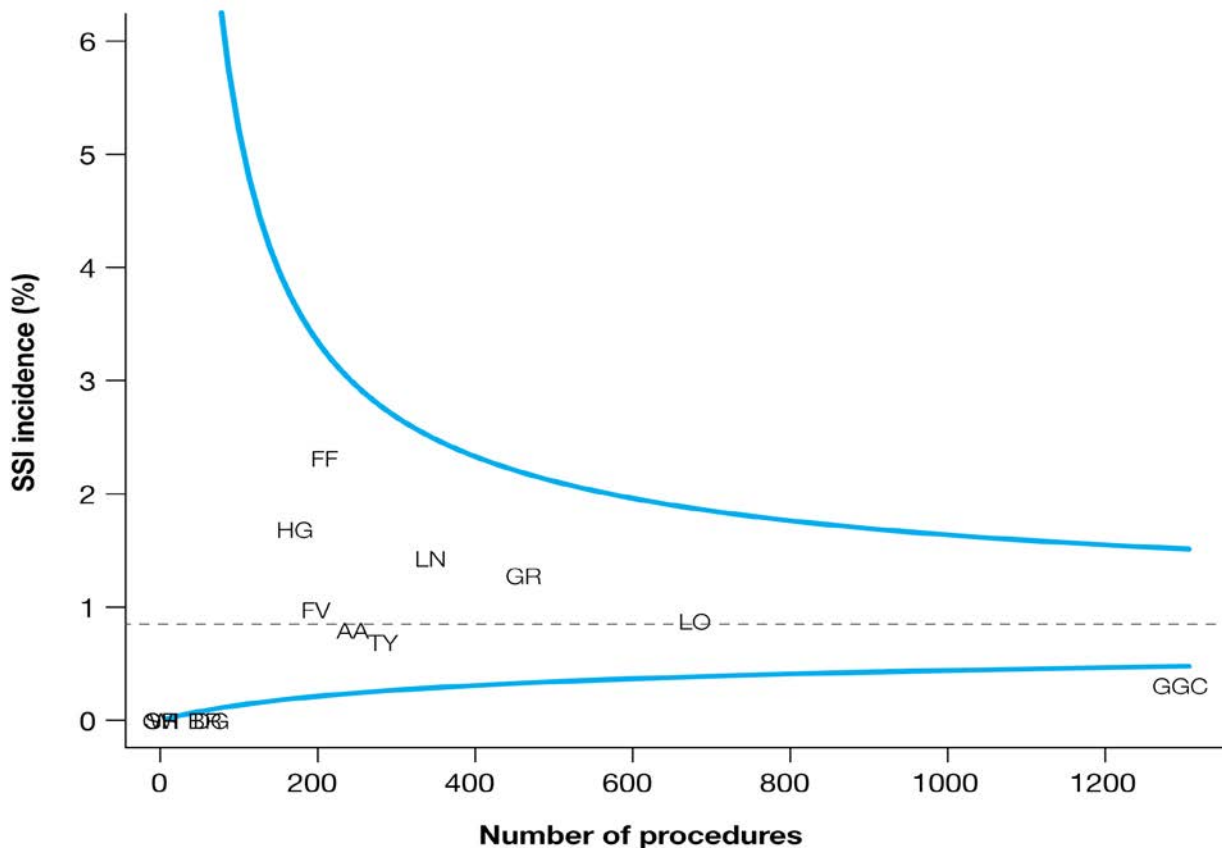


Figure 4 demonstrates that NHSL remains within the 95% confidence interval for incidence rates for Q4.

Chart 8 – Hip Arthroplasty SSI (April 2017 to December 2019)

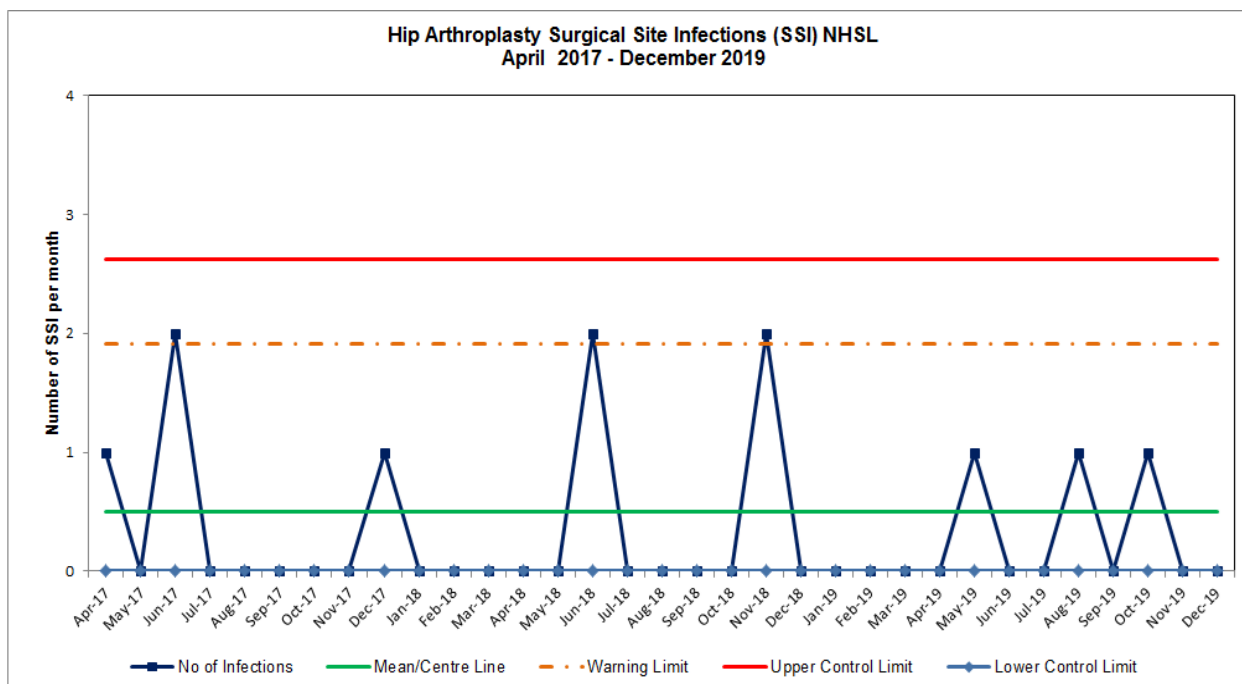


Chart 8 is currently in statistical control.

Figure 5: Funnel plot of hip arthroplasty SSI incidence (per 100 procedures) in inpatients and on readmission to day 30 for all NHS boards in Scotland in (Q4) Oct - Dec 2019.

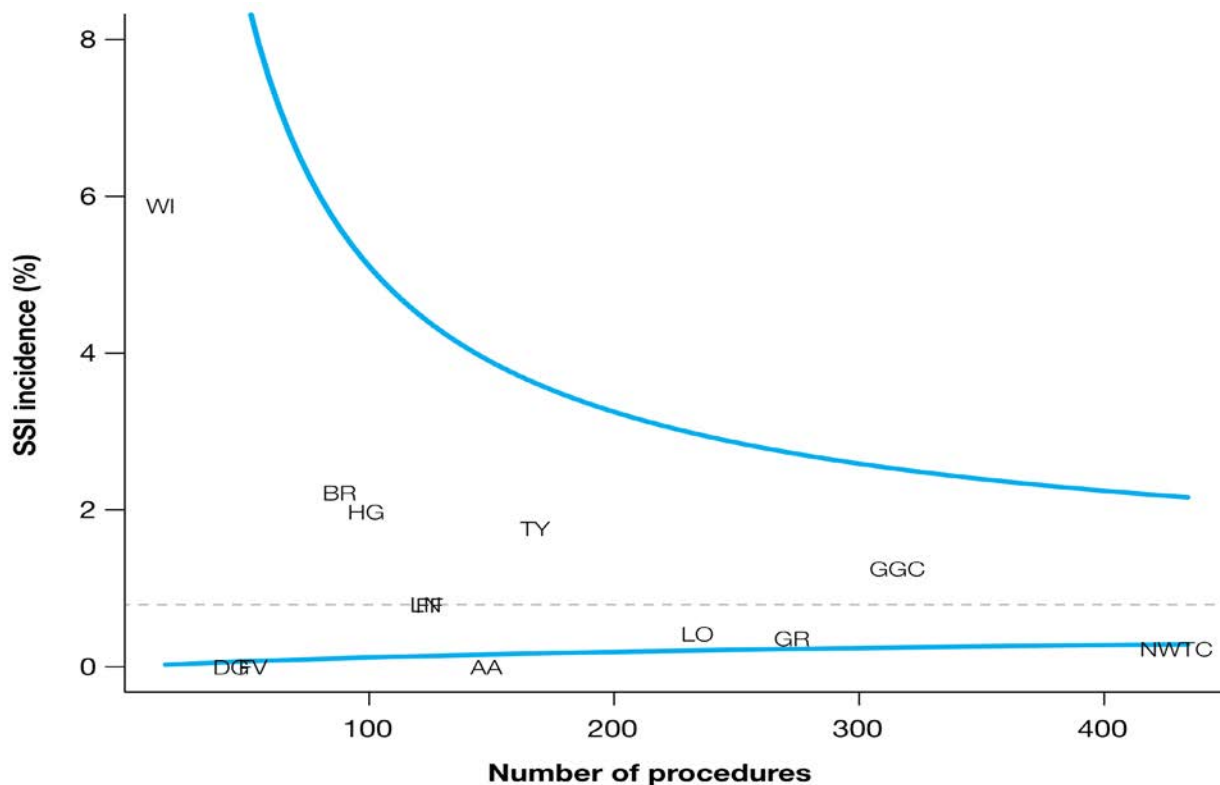


Figure 5 demonstrates that NHSL remains within the 95% confidence interval for incidence rates for Q4.

Chart 9 – Large Bowel SSI (April 2017 to December 2019)

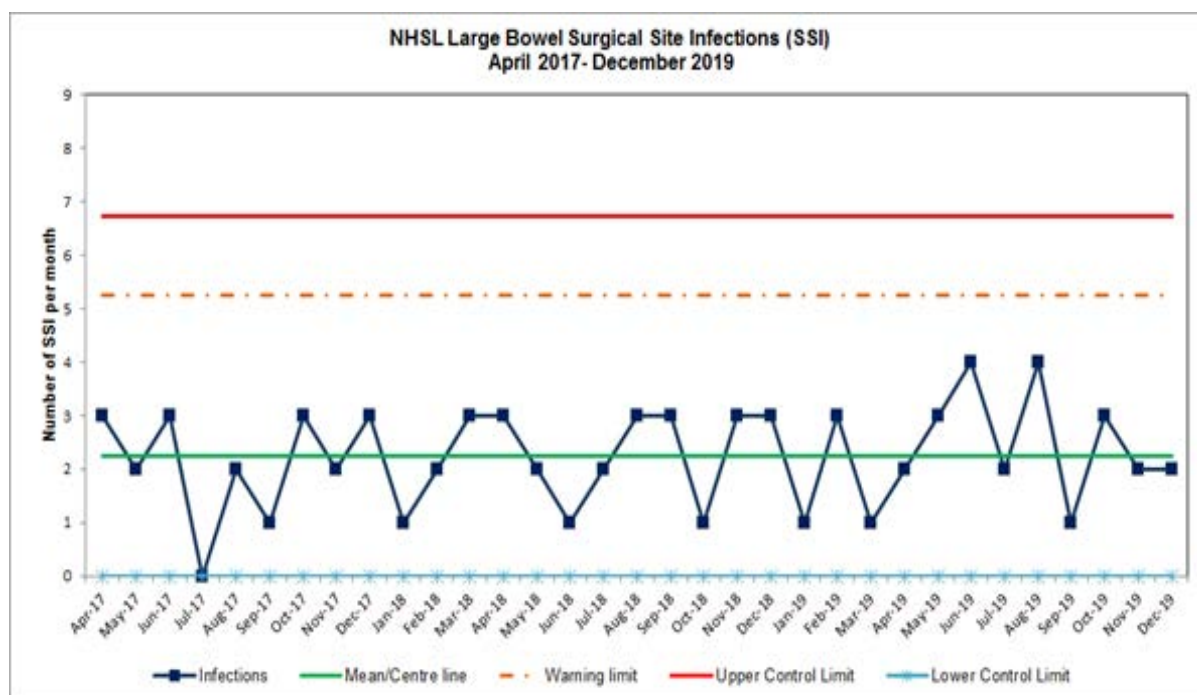


Chart 9 is currently in statistical control.

Chart 10 – Vascular SSI (April 2017 to December 2020)

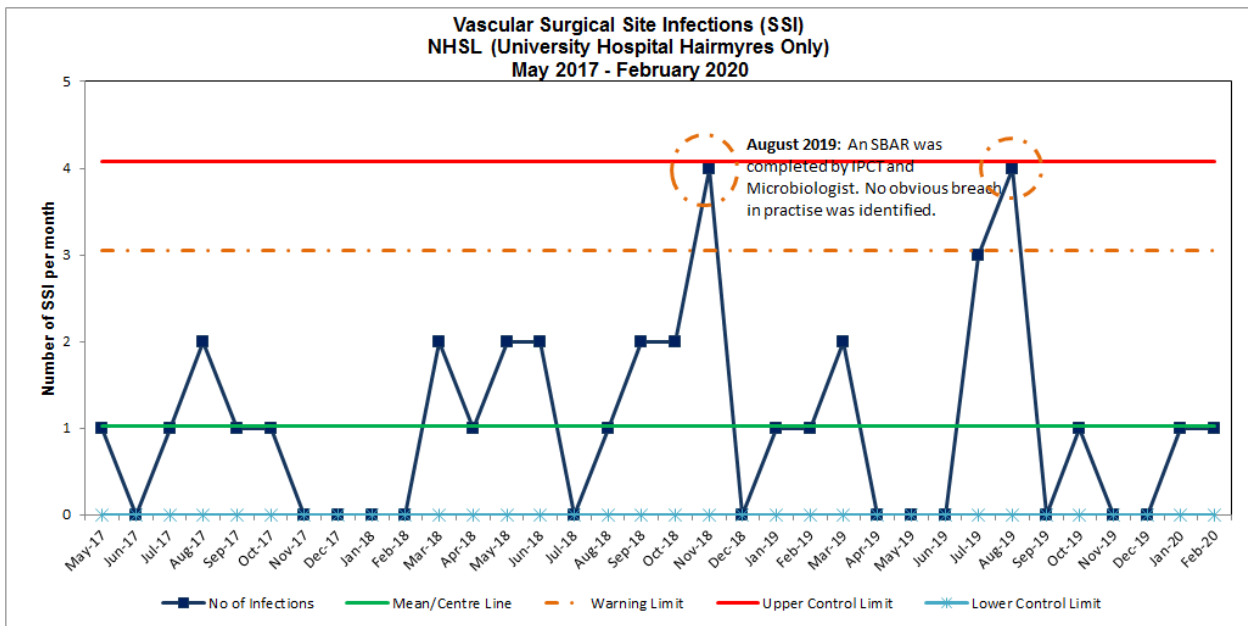


Chart 10 is currently in statistical control.

Meticillin resistant *Staphylococcus aureus* (MRSA) National Inpatient Admission CRA Compliance

MRSA CRA Compliance

Key Performance Indicator (KPI): To achieve 90% compliance or above. Quarterly reports submitted to HPS.

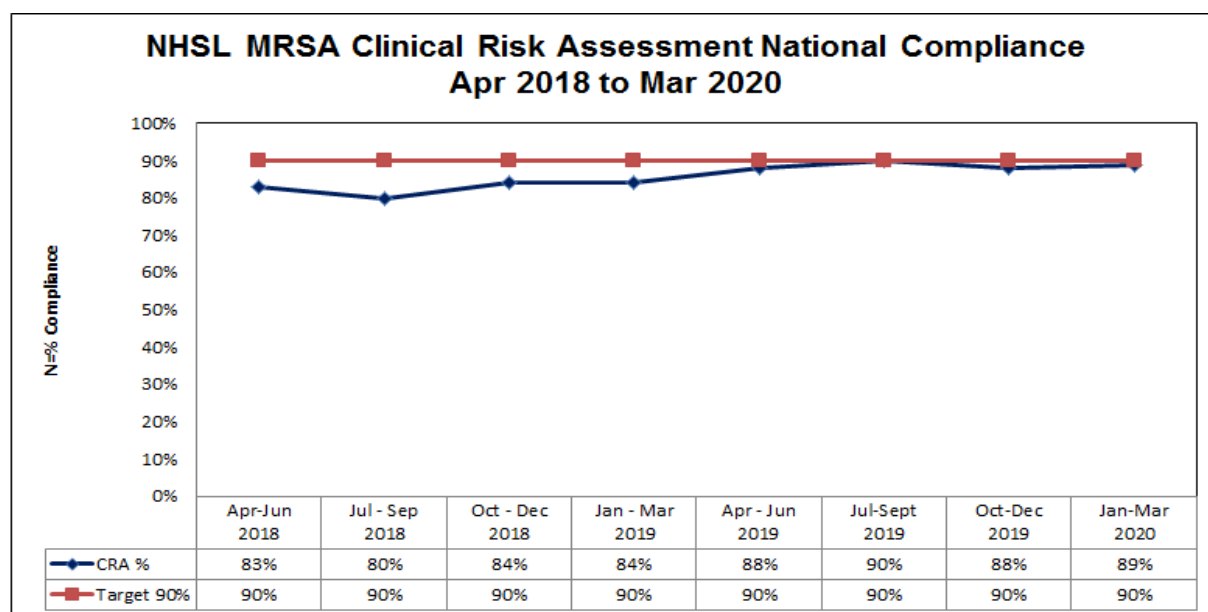
NHSL Performance (Jan-Mar 2020):

- 89% compliance for MRSA acute inpatient admission CRA completion (1.1% increase in compliance from Oct-Dec 2019). (Exclusions: Maternity, Paeds, Mental Health, Psychiatry);
- For this reporting period; MRSA KPI has **not** been met

Meticillin resistant *Staphylococcus aureus* (MRSA)

- There is a national requirement for NHS Boards to ensure that all acute inpatient admissions have a clinical risk assessment (CRA) completed (exclusions: Maternity. Obstetrics, Paediatrics, Mental Health and Psychiatry).
- NHSL are required to review a minimum of 80 patient records to ascertain whether a CRA has been completed on admission or as part of the pre-operative assessment route.
- The national target is to achieve 90% or above compliance with CRA completion.
- During January- March 2020, NHSL achieved 89% compliance.

Chart 11 - MRSA CRA Compliance (July 2018 to Mar 2020)



Carbapenemase Producing *Enterobacteriaceae* (CPE) National Inpatient Admission CRA Compliance

CPE CRA Compliance

Key Performance Indicator (KPI): To achieve 90% compliance or above. Quarterly reports submitted to HPS.

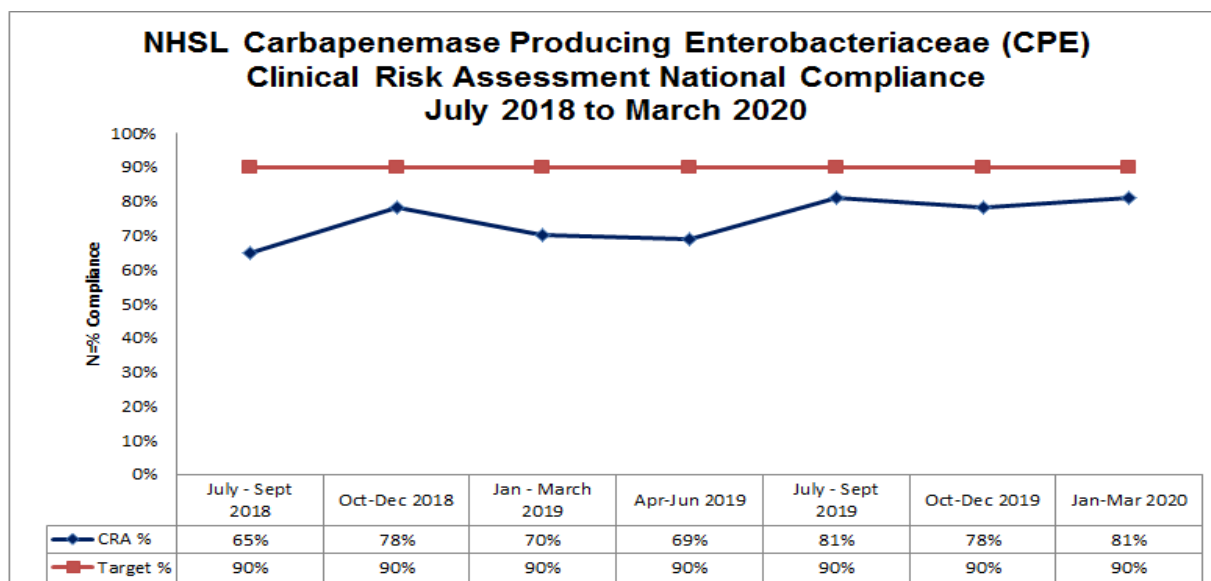
NHSL Performance (Jan-Mar 2020):

- 81% compliance for CPE acute inpatient admission CRA completion (3.7% increase in compliance from Oct-Dec 2019);
- For this reporting period; CPE KPI has **not** been met

Carbapenemase Producing *Enterobacteriaceae* (CPE)

- There is a national requirement for NHS Boards to ensure that all acute inpatient admissions have a CRA completed.
- NHSL are required to review a minimum of 80 patient records to ascertain whether a CRA has been completed on admission or as part of the pre-operative assessment route.
- The national target is to achieve 90% or above compliance with CRA completion.
- During January- March 2020, NHSL achieved 81% compliance.

Chart 12 – CPE Screening (July 2018 to March 2020)



Quality improvement and interventions in place to improve compliance with MRSA and CPE CRA: Jan-Mar 2020

- Performance is discussed at the local Hospital Hygiene meetings.
- The MRSA/CPE screening module on LearnPro is promoted with staff at the hygiene meetings.
- Education sessions on CPE screening and management of patients was carried out for this reporting period.

Hand Hygiene

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. Hand Hygiene is recognised as being the single most important factor in the prevention of infection wherever care is delivered.

Local Performance Indicator: To achieve 95% compliance or above.

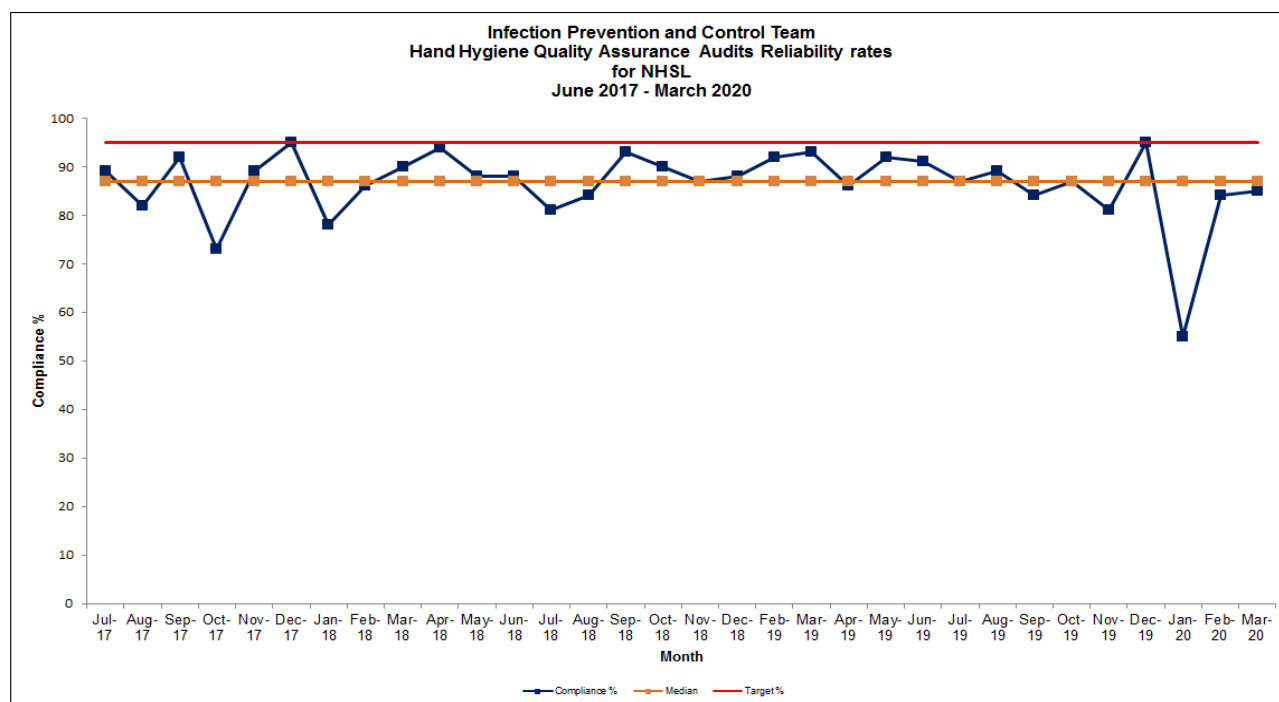
NHSL Performance (Jan-Mar 2020): IPC Quality Assurance HH Audits (10 audits completed)

- 81% compliance achieved (4.7% decrease in compliance from Oct-Dec 2019);
- For this reporting period the Local Performance Indicator has **not** been met.

Hand Hygiene

- There is a national recommendation for NHS Boards to achieve a rate of 95% or above for Hand Hygiene compliance. NHSL achieved a compliance rate of 81% from Jan – Mar 2020 which is a decrease of 4.7% from last quarter.
- The IPCT have a rolling quality assurance audit programme that is carried out on a monthly basis in areas across both the acute and health and social care partnership locations. The compliance data is drawn from this audit programme.

Chart 13 – Hand Hygiene Reliability Rate July 2017 to Mar 2020



Staff Group Compliance: Jan-March 2020

A breakdown of the staff group compliance levels from IPCT audits completed during January to March 2020 are:

Nursing: 110 nursing staff compliant from 135 observations (81%)

Doctors: 26 medical staff compliant from 36 observations (72%)

Ancillary/Other: 7 ancillary/other staff compliant from 8 observations (88%)

Allied Health Professionals (AHPs): 19 AHPs compliant from 21 observations (90%)

Quality improvement and interventions in place or planned to improve compliance with Hand Hygiene: Jan-Mar 2020

- A newly formed Hand Hygiene Task and Finish Group has been established to refocus attention on compliance across all of Lanarkshire. This group will meet in and forge a multi-modal strategy for improvement driven by the executive team and front-line staff. This meeting has been postponed.
- Hand hygiene training carried out to coincide with the newly launched hand hygiene products.
- Hand hygiene has been promoted at the planned winter road shows in the acute and H&SCP sites.



Outbreak Management: Jan - Mar 2020

Outbreaks and Incidents

NHSL Performance (Jan-Mar 2020):

2 outbreaks reported in January 2020
 2 outbreaks reported in February 2020
 1 outbreak reported in March 2020

HIIAT/HAIORT Reporting (Incident reporting)

2 HIIAT Red: 2 UHM
 4 HIIAT Green: 2 UHM, 2 UHW



0 University Hospital Hairmyres



4 University Hospital Monklands



2 University Hospital Wishaw



0 North H&SCPs



0 South H&SCPs



15 bed closures due to restrictions or ward closures



12 patients affected



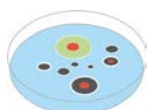
2 staff affected



3 Wards Closed to new admissions (Range: closed 3-5 days)



5 Room Restrictions (Range: restrictions from 1 days to 8 days)



Reasons for Closures

- Diarrhoea and Vomiting

Interventions to support outbreak management:

- IPC Safety Brief
- National Infection Prevention and Control Manual
- NHS Lanarkshire Infection Prevention and Control Manual

Appendix 1 - 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 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19
MRSA	0	2	1	0	1	0	1	0	2	0	3	0
MSSA	21	10	13	12	11	13	13	10	16	18	15	5
TOTAL	21	12	14	12	12	13	14	10	18	18	18	5

CDI monthly case numbers

	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec-19
Age15-64	2	5	5	6	3	2	6	1	4	6	4	1
Ages 65+	5	4	3	8	7	4	3	9	9	8	8	8
Ages 15+	7	9	8	14	10	6	9	10	13	14	12	9

Hand Hygiene Monitoring Compliance (n= %)

	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19
AHP	-	86	88	93	100	100	89	86	83	93	75	-
Ancillary	-	91	88	73	92	64	100	100	100	76	82	100
Medical	-	97	89	74	83	87	67	80	85	93	86	86
Nurse	-	89	91	91	90	94	87	91	81	87	80	100

Cleaning compliance (n= %)

	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19
Board	96	96	96	96	96	96	96	96	97	96	96	96

Estates Monitoring Compliance (n= %)

	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19
Board	99	99	98	98	99	99	99	99	99	98	97	97

University Hospital Hairmyres Report Card

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

SABs monthly case numbers

	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19
MRSA	0	0	0	1	0	0	0	0	1	0	0	0
MSSA	2	2	2	0	2	1	2	1	2	2	2	0
TOTAL	1	0	2	1	2	1	2	1	3	2	2	0

CDI monthly case numbers

	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19
Age 15-64	1	0	1	0	0	0	0	0	2	1	0	0
Ages 65+	1	0	0	1	1	1	0	0	3	2	3	2
Ages 15+	2	0	1	1	1	1	0	0	5	3	3	2

Hand Hygiene Monitoring Compliance (n= %)

	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19
AHP	-	100	-	-	-	-	100	100	80	0	75	-
Ancillary	-	100	0	67	-	67	0	100	100	89	100	-
Medical	-	92	71	60	100	75	0	100	0	100	83	-
Nurse	-	81	100	100	100	97	94	100	86	81	89	-

Cleaning compliance (n= %)

	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19
Board	95	95	95	95	96	96	96	96	95	96	95	95

Estates Monitoring Compliance (n= %)

	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19
Board	99	99	95	99	100	100	100	99	99	100	99	100

University Hospital Monklands Report Card

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

SABs monthly case numbers

	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19
MRSA	0	0	0	0	1	0	0	0	0	0	0	0
MSSA	7	3	2	5	4	1	0	2	3	6	3	1
TOTAL	7	3	2	5	5	1	0	2	3	6	3	1

CDI monthly case numbers

	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19
Age 15-64	1	1	1	3	0	0	1	0	0	0	0	0
Ages 65+	1	0	0	3	0	0	2	1	1	1	2	2
Ages 15+	2	1	1	5	0	0	3	1	1	1	2	2

Hand Hygiene Monitoring Compliance (n= %)

	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19
AHP	-	86	-	100	-	-	33	67	0	86	100	-
Ancillary	-	94	100	80	56	33	100	100	100	100	50	100
Medical	-	100	100	85	67	80	67	75	67	86	88	86
Nurse	-	90	76	89	82	86	78	85	74	80	67	100

Cleaning compliance (n= %)

	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19
Board	95	95	95	95	95	95	95	94	95	96	96	95

Estates Monitoring Compliance (n= %)

	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19
Board	98	97	97	97	96	97	97	98	98	90	87	86

University Hospital Wishaw Report Card

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

SABs monthly case numbers

	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19
MRSA	0	1	0	0	0	0	0	0	0	0	0	0
MSSA	3	1	2	2	0	4	0	2	2	0	2	0
TOTAL	3	2	2	2	0	4	0	2	2	0	2	0

CDI monthly case numbers

	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19
Age 15-64	0	2	1	1	1	0	1	0	1	0	1	0
Ages 65+	1	0	1	1	3	0	1	2	0	1	1	1
Ages 15+	1	0	2	2	4	0	2	2	1	1	2	1

Hand Hygiene Monitoring Compliance (n= %)

	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19
AHP	-	50	88	80	100	100	100	50	0	86	50	-
Ancillary	-	80	100	75	100	33	100	100	100	100	100	-
Medical	-	100	100	82	100	80	0	25	67	86	100	-
Nurse	-	100	100	88	100	86	89	91	100	80	81	-

Cleaning compliance (n= %)

	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19
Board	96	96	97	96	96	96	97	96	96	96	97	97

Estates Monitoring Compliance (n= %)

	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19
Board	100	100	99	99	99	99	99	99	99	100	99	100

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 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19
MRSA	0	0	0	0	0	0	0	0	0	0	00	0
MSSA	0	0	0	3	1	0	0	2	1	0	0	0
TOTAL	0	0	0	3	1	0	0	2	1	0	0	0

CDI monthly case numbers

	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19
Age 15-64	0	0	0	2	2	2	4	1	0	5	1	1
Ages 65+	0	0	0	4	2	3	0	4	4	4	2	1
Ages 15+	0	0	0	6	4	5	4	5	4	9	3	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
- Udston
- Wester Moffat

SAB monthly case numbers

	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19
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 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19
Age 15-64	0	0	0	0	0	0	0	0	0	0	0	0
Ages 65+	0	0	0	0	0	0	0	1	1	0	0	0
Ages 15+	0	0	0	0	0	0	0	1	1	0	0	0