

Infection Prevention & Control Team SBAR

Subject:	Update Progress Report on the Infection Prevention and Control Committee meeting 6 May 2020 and response to COVID-19 pandemic
Author(s):	Christina Coulombe Head of Infection Prevention and Control On behalf of Eddie Docherty Executive Lead for Healthcare Associated Infection
Date:	13 May 2020

1.0 PURPOSE

The purpose of the following SBAR is to provide the NHS Lanarkshire board with an update progress report on Infection Prevention and Control for the reporting period Q3 September to December 2019 and Q4 January to March 2020 with additional information on the COVID-19 response to date.

2.0 SITUATION

The Infection Prevention and Control Committee met virtually on 5 May 2020 to present Q3 and Q4 data and any reports by exception.

3.0 BACKGROUND

NHS Lanarkshire board receive the Healthcare Associated Infection (HCAI) Reporting Template (HAIRT) to provide the board members with assurance against NHSL performance on HCAI, and the arrangements in place for managing and monitoring HCAI.

A global pandemic of COVID-19 was declared on 11 March 2020 and additional information on the IPC response and contingency plans are discussed.

4.0 ASSESSMENT

Healthcare Associated Infection (HCAI) Reporting Template: presented to the Lanarkshire Infection Control Committee 6 May 2020

[Validated Data Reporting Period Oct to Dec 2019: National Standards](#)

NHS Lanarkshire is currently above the local AOP standard for Q3;

- HCAI ECB (26 cases above the target)
- HCAI SAB (19 cases above the target)

NHSL is currently below the local AOP standard for;

- HCAI CDI (8 cases below the target)

[National Key Performance Indicators \(KPI\) Reporting Period Jan to March 2020: National Standards](#)

NHSL has not met the national key performance indicator for Multi Drug Resistant Organism (MDRO) Clinical Risk Assessment (CRA) compliance of 90% for Q4.

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KPI of 90% compliance with CRA completion has not been met for;

- MRSA (89% - second highest compliance rate in a two year period)
- CPE (81% highest compliance rate since data collection commenced)

Local Key Performance Indicator Reporting Period Jan to March 2020

NHSL has not met the local key performance indicator of 95% compliance for hand hygiene for Q4;

81% compliance achieved (10 audits)

Agenda Items approved

- Prevention and Control of Infection Work Programme April 2020 to March 2021
- ICC Terms of Reference February 2020 to February 2022

Risks and issues

- ECB and SAB rates above the local AOP for Q3, and will continue to be above the local AOP for Q4 (unvalidated data)

Actions by next reporting period

- IPC to convene a working group to focus on quality improvement for SAB & ECB reduction
- IPC to Approach Excellence in Care to determine organisational approach to MDRO screening and compliance to support local ownership and an increase in compliance
- IPC to complete actions from Internal Audit Report
- Action from ICC April 2019; convene a Hand Hygiene Task and Finish Group led by Anne Armstrong with executive support; IPC to progress with John Keane

Out with reporting period, mentioned by exception for period April to June 2020

- Counts of Legionella species found in the water system at Udston Hospital and Wester Moffat April 2020. All mitigation and remedial action undertaken.

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COVID-19 (SARS-CoV-2) Response March to May 2020 Impact Assessment

Contingency planning during widespread transmission of COVID-19 with high impact on services

Staffing: increase in IPC resource by 4.8 wte from 23 March 2020

- 2.0 wte from the Surveillance Team redirected to IPC
- 1.0 wte from Decontamination redirected to IPC
- 0.6 wte retired senior nurse IPC secured via Bank
- 0.4 wte retired nurse consultant IPC secured via SLA from South Lanarkshire College
- 0.8 wte retired senior IPCN secured via redeployment from Hip Fracture Audit programme

Essential Training for additional IPC resource

- Induction and training provided with ongoing mentoring and supervision for all redeployed, bank, redirected staff

Essential service requirements maintained and developed

- COVID-19 response
- Alert organism/alert condition surveillance
- Multi-drug resistant organism (MDRO) CRA compliance
- Incident and outbreak management

Essential service requirements reduced and/or stopped

- Mandatory Surgical Site Infection (SSI) surveillance for C Section, Hip Arthroplasty, Vascular and Large Bowel temporarily suspended
- Education and Training programme reduced to focus solely on COVID-19
- Clinical Audit temporarily suspended, only undertaken if required as part of a PAG or IMT action
- Temporary suspension of sub groups of the Lanarkshire Infection Control Committee
- Decontamination work programme paused with essential work continuing as required

On call Service

The IPC already delivers a 7 day service with on call support out with office hours provided by the consultant microbiologist. As of 28 March 2020 additional IPCN staff worked at weekends 08.00 to 16.00 hours to further support clinical teams. This was stood down 20 April 2020 due to lack of demand for this service.

Gains/Challenges

- Releasing capacity to focus on COVID-19 across all of health to provide sustained and coordinated action
- Other existing systems used to monitor SSI
- Escalations from sub-groups of ICC encouraged where required

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Outbreak and Incident Overview

When the pandemic was announced on 11 March 2020, NHSL continued to follow the national standardised approach for reporting incidents and outbreaks as detailed in the National Support Framework 2017. As of 30 March 2020, a new surveillance system for *nosocomial* outbreak reporting was put in place by HPS as a temporary substitute for the HIIAT and HIIORT reporting. Consequently, there is no longer a requirement to HIIAT assess as all incidents are now communicated directly to HCAI Policy Unit at the Scottish Government.

As a note of caution, there is no national definition for a healthcare associated case of COVID-19 i.e. *nosocomial* transmission. As standard, the IPC have taken the approach to identify and investigate all clusters of inpatient cases which are identified in non-COVID pathways (Green) and unusual/unexpected clusters in the designated COVID pathways (Red) taking into consideration the *up to fourteen day* incubation period for the disease.

Table 1 provides details on all the clusters of inpatient cases investigated. Nationally, it has been reported boards are not routinely convening formalised Problem Assessment Groups (PAGs) to investigate similar type clusters. The IPC took the decision, prior to the command and control structure being in place, to convene a PAG and ongoing IMT if there was sufficient concern for patient and staff safety. To date, the IPC have investigated ten clusters and are currently investigating a further two, one in Ward 1 in UHM and one in Avon Ward Udston Hospital. All cluster investigations are reported to HPS and the HCAI Policy Unit, and circulated widely internally.

Staff clusters of cases are becoming an area of increased concern. The Occupational Health Service is reviewing available information and are provided with data collated by IPC.

Table 1

NHSL COVID 19 Clusters (nosocomial clusters in non-COVID pathways)

Hospital	Speciality	Date of first report	Date ward closed	Date ward opened	Patients confirmed	Staff confirmed	Deaths	Incident closed
University Hospital Hairmyres	Stroke	23/03/20	24/03/20	03/04/20	13	0	3	03/04/20
University Hospital Hairmyres	Care of the elderly	02/04/20	N/A	N/A	12	1	2	20/04/20
University Hospital Monklands	Care of the elderly	02/04/20	N/A	N/A	5	2	2	20/04/20
Kilsyth Victoria Cottage Hospital	Care of the elderly	03/04/20	03/04/20	30/04/20	12	12	8	30/04/20

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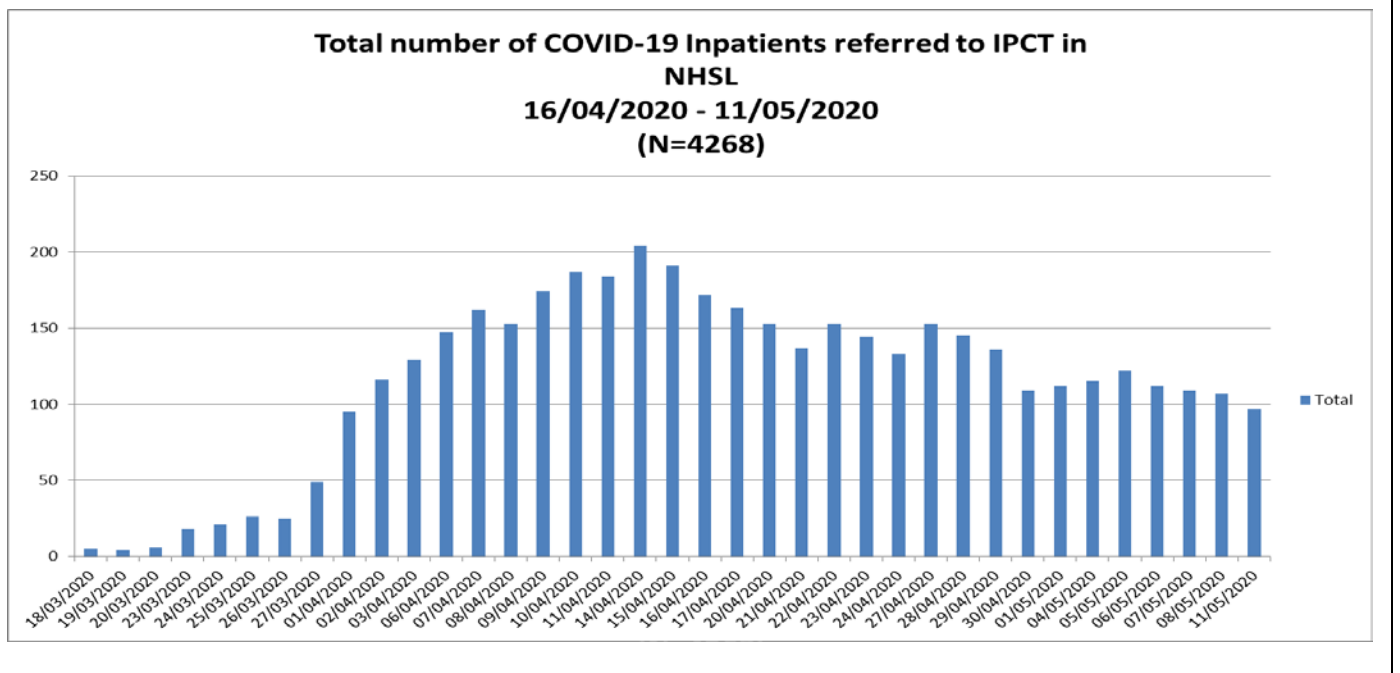
Wester Moffat Hospital	Care of the elderly	10/04/20	10/04/20	04/05/20	7	2	3	06/05/20
Coathill	Care of the elderly	10/04/20	N/A	N/A	2	0	2	20/04/20
University Hospital Hairmyres	Orthopaedic	20/04/20	N/A	N/A	2	0	0	21/04/20
University Hospital Monklands	Surgical	04/05/20	N/A	N/A	2	1	0	04/05/20
University Hospital Monklands	Renal	04/05/20	N/A	N/A	3	1	0	10/05/20
Kello	Care of the elderly	04/05/20	04/05/20	N/A	6	11	1	ongoing

Clinical Overview

The IPC increased capacity to accommodate the increasing level of support required across all of health. The crude data presented below (Figure 1-5) demonstrates the epicurves for referrals and caseload to date. The team are also involved in all aspects of education, training, communications and reconfiguration and recovery work streams. This is an ever increasing workload with resumption of business as usual adding to the current demands.

Figure 1

NHSL COVID 19 Inpatients referred to IPCT



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Figure 2

UNIVERSITY HOSPITAL WISHAW COVID 19 Inpatients referred to IPCT

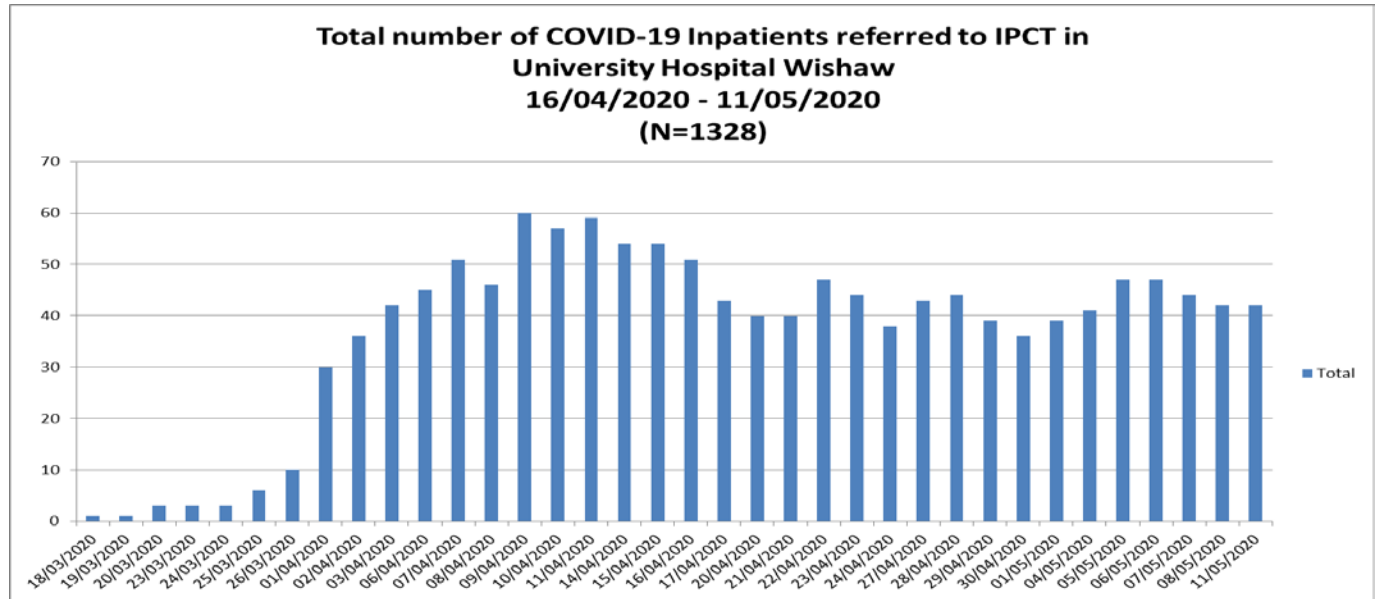
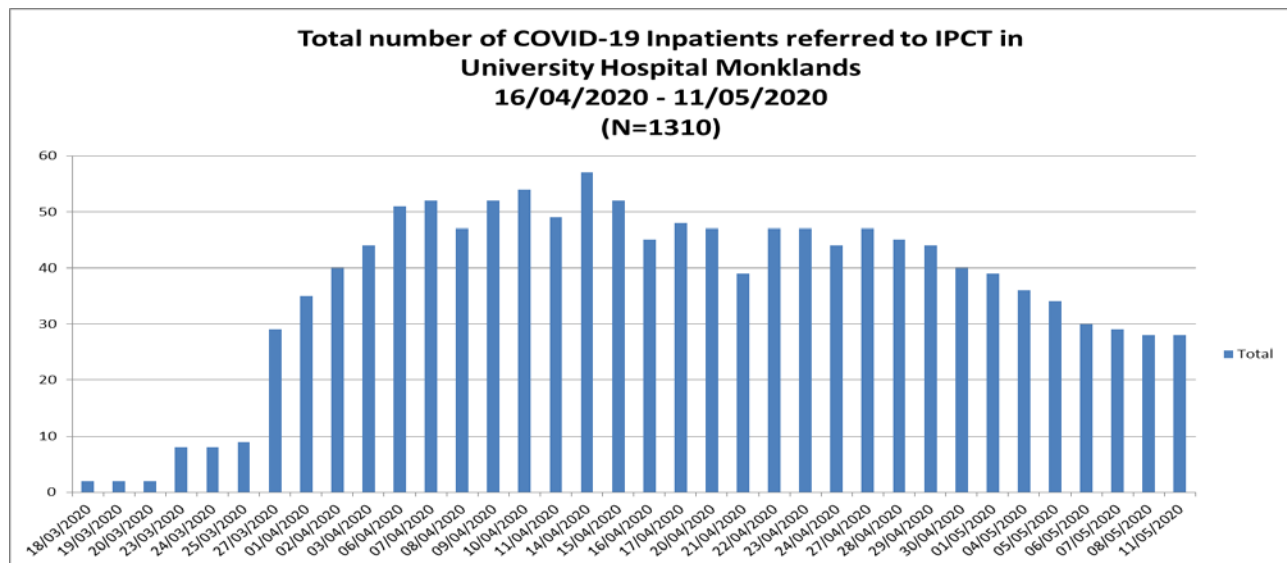


Figure 3

UNIVERSITY HOSPITAL MONKLANDS COVID 19 Inpatients referred to IPCT



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Figure 4

UNIVERSITY HOSPITAL HAIRMYRES COVID 19 Inpatients referred to IPCT

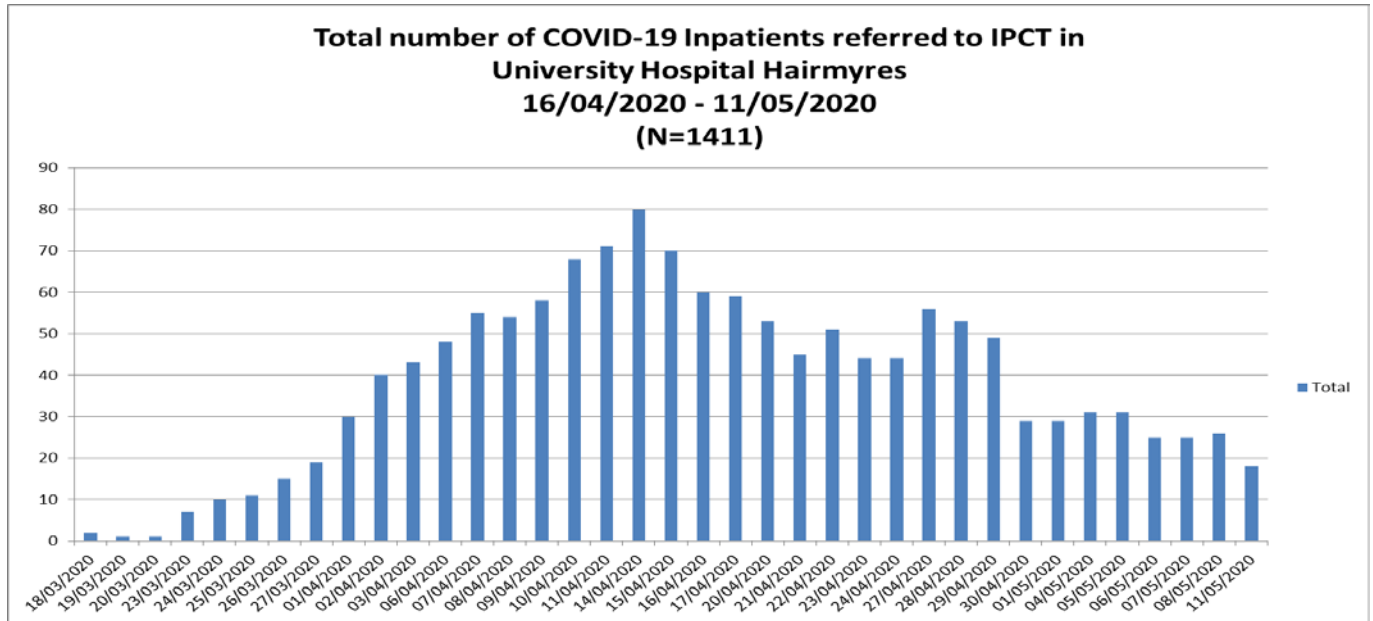
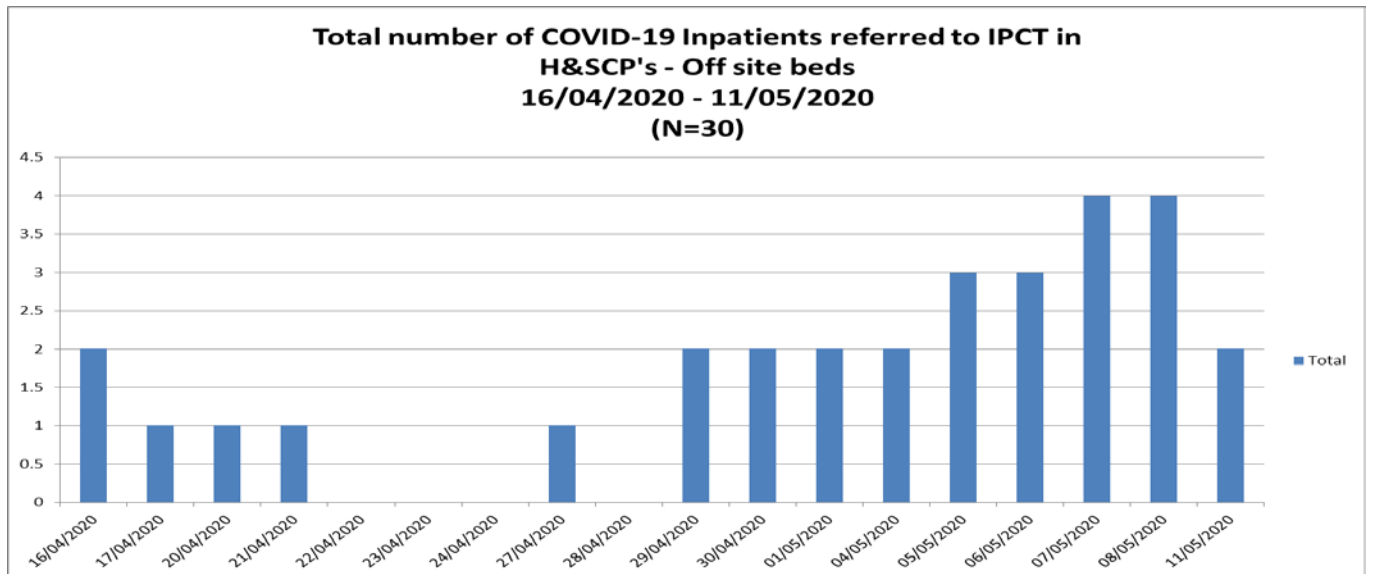


Figure 5

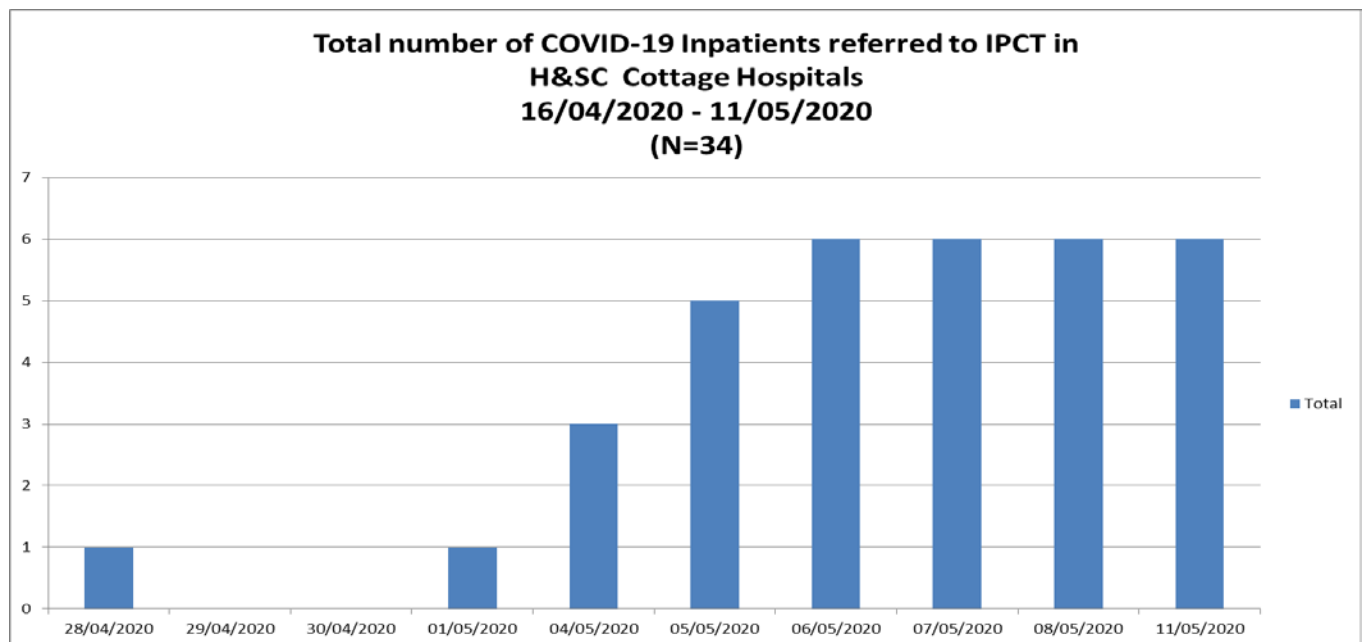
NHSL Health and Social Care Partnerships Offsite beds COVID- 19 Inpatients referred to IPCT



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Figure 6

NHSL Health and Social Care Partnerships Cottage Hospitals COVID- 19 Inpatients referred to IPCT



While technical support to the acute division is decreasing slightly the demand for similar support in the community is continuing to increase. This may be due to the demographic, the fragility of the population and the likely atypical presentation of the disease in the older adult and the ongoing concerns for our most vulnerable populations.

[Care Home Review](#)

The IPC are currently supporting the Care Home review led by the Health Protection Team and Director of Public Health. This work is in the early stages and will require a considerable IPC resource going forward. At present this work requires 2.0 wte IPCNs and senior support at 0.4 wte.

[Actions by next reporting period](#)

- Further Update on COVID-19 response and lessons learnt

5.0 RECOMMENDATION

- NHSL Board to note report

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