NHS Board Meeting
31 March 2021

Lanarkshire NHS Board
Kirklands
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SUBJECT: INFECTION PREVENTION AND CONTROL (IPC): PERFORMANCE AGAINST ANNUAL OPERATING PLAN (AOP) STANDARDS

1. PURPOSE

The purpose of this paper is to provide Board Members with an update on NHS Lanarkshire performance against corporate and national AOP standards for SAB, CDI and ECB up to and including February 2021.

For approval	☐	For Assurance	☒	For Information	☒

2. ROUTE TO THE BOARD

This paper has been prepared by Christina Coulombe, Head of IPC

3. SUMMARY OF KEY ISSUES

This paper is in addition to the current governance arrangements whereby the Healthcare Associated Infection Reporting Template (HAIRT) is the contemporary IPC standing agenda item at the board. The HAIRT provides nationally validated data only as per data governance arrangements, whereas this paper will provide up to date locally validated data* (which is subject to change).

Improvement work, both planned and currently underway, will be discussed across all key indicators. Key areas for concern will be highlighted and focussed quality improvement activity discussed.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	☒	AOP	☒	Government policy	☒
Government directive	☒	Statutory requirement	☒	AHF/local policy	☐
Urgent operational issue	☒	Other	☐		

5. CONTRIBUTION TO QUALITY

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

Three Quality Ambitions:

Safe	☒	Effective	☒	Person Centred	☒

Six Quality Outcomes:

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

6. MEASURES FOR IMPROVEMENT

7. FINANCIAL IMPLICATIONS

The organisation carries financial pressures as a direct result of Healthcare Associated Infection (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

Not applicable

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	☒	Effective partnerships	☒	Governance and accountability	☒
Use of resources	☒	Performance Management	☒	Equality	☐
Sustainability Management	☐				

10. EQUALITY IMPACT ASSESSMENT / FAIRER SCOTLAND DUTY

Not Applicable.

11. CONSULTATION AND ENGAGEMENT

Not Applicable.

12. ACTIONS FOR THE BOARD

Approve	☐	Accept the assurance provided	☐	Note the information provided	☒

The 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 associated AOP Standards.

13. FURTHER INFORMATION

For further information about any aspect of 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)

Situation

The Board receives the Healthcare Associated Infection Reporting Template (HAIRT) bi-monthly as an assurance output from the Infection Control Committee (ICC). The Annual Operating Plan (AOP) data presented is nationally validated data which is published quarterly by Antimicrobial Resistance & Healthcare Associated Infection (ARHAI) Scotland, part of National Services Scotland. Due to the time delay in receiving nationally validated reports (3-6 months), there will also consequently be a delay in reporting nationally validated data to the board. Board members therefore require *up to date* data to assure themselves and the community we serve that every effort is being made to understand the data in real time and that this data will be acted upon timeously to improve patient outcomes, patient safety and avoidable harm.

Background

The Scottish Government replaced Local Delivery Plans (LDP) with a more succinct Annual Operational Plan (AOP) in 2018/19. Collection, analysis, interrogation of, as well as distribution of AOP Standards data is a core function of the IPCT.

Assessment

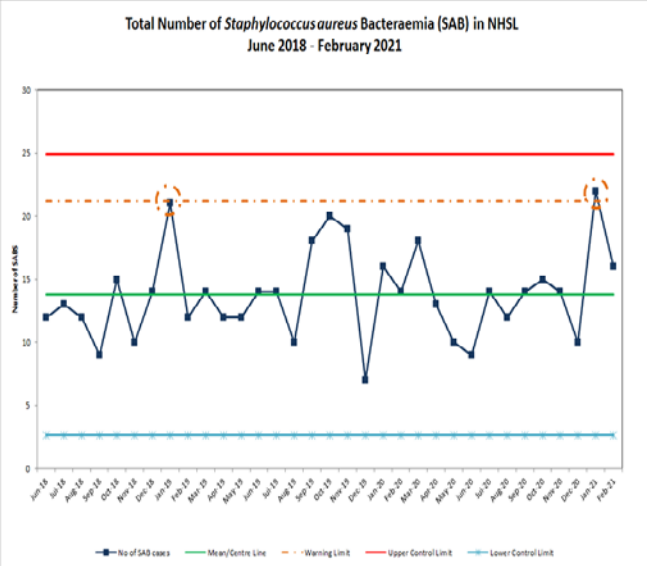
The IPCT generate a number of reports which provide both nationally validated and local level validated data* for SAB, CDI and ECB to key stakeholders within NHS Lanarkshire. These data are distributed to ensure, as an organisation, data is accessible, available in real time and used for oversight, action and improvement. The Board do not currently receive any of the IPC reports generated, with the exception of the HAIRT.

Table 1: Data output from IPCT

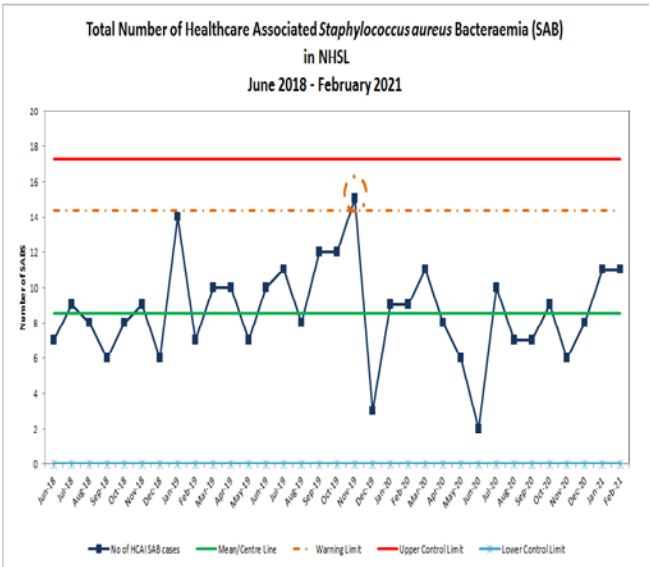
Report	Monthly/ Quarter Reporting	Date reported	ARHAI and local level validated (nationally unvalidated: subject to change)	Audience
IPC Report Cards	Monthly	30th of Month	Validated and locally validated* data	Chief Executive/ Director HSCP/Nurse Directors/Medical Directors/Chief Nurses/ADNs HSCP/Chief Midwife
Site Hospital Hygiene reports	Monthly	Varies per month	Validated and locally validated* data	Triumvirates and Maternity Services Directors HSCPs
Quarterly ARHAI Validated Data Flash Report	Quarterly	10th of Month	Validated data	Chief Executive/ Directors HSCP/Nurse Directors/Medical Directors
HAIRT	Quarterly	Varies per month	Validated data	Board members Members of ICC
Infection Control Committee	bi-monthly	Varies per month	Validated and locally validated* data	Members of ICC
IPC Dashboard	bi-monthly	Varies per month	Validated and locally validated* data	Members of ICC

Locally validated* data up to February 2021 (This will form part of the HAIRT Supplement going forward)

Graph 1: NHS Board Level –IPC Report Cards Total SAB



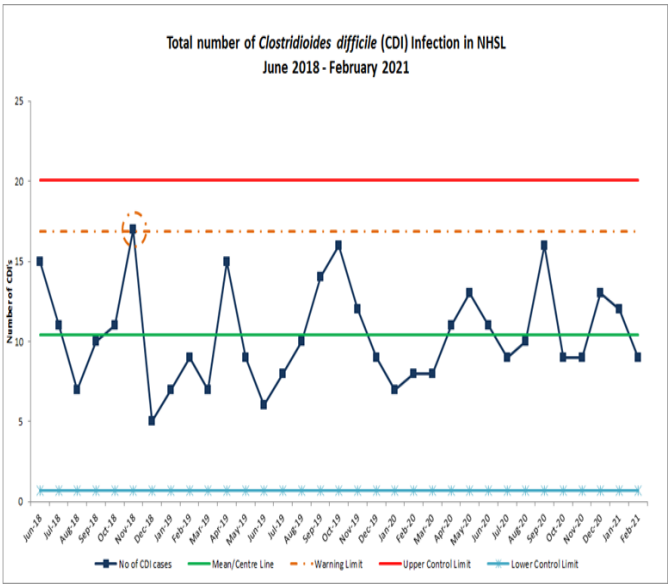
Graph 2: NHS Board Level –IPC Report Cards HCAI SAB



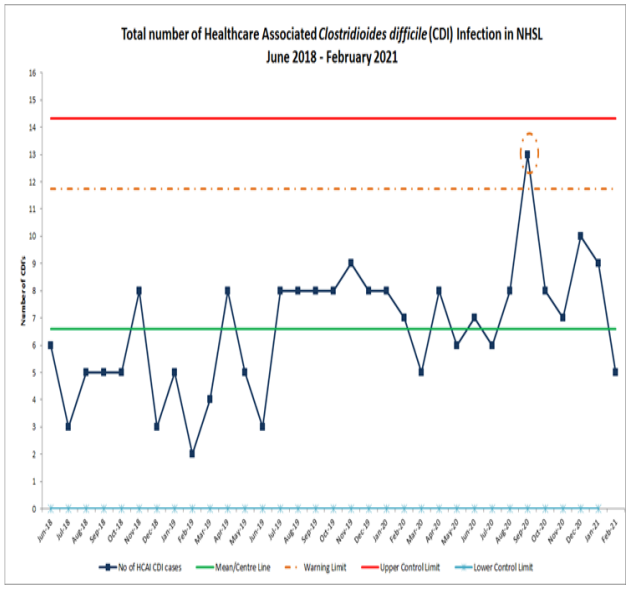
Graph 1: There were 16 SAB cases in February 2021; 8 Hospital Acquired Infection (HAI); 3 Healthcare (HCAI); 5 Community Associated Infection (CAI). The warning limit for total number of SAB was breached in January 2021. This was when the community prevalence of SARS-CoV2 was high and acuity and occupancy levels were at peak. Numbers have stabilised in February 2021. A comprehensive review of all SAB is undertaken by the IPCNs and discussed with the clinical teams and consultant microbiologists. Every effort is made to determine the source of infection. All SAB related deaths or harm caused by invasive devices is Datixed and clinical teams are required to carry out a full review of the case. Where Category 1 harm is identified, a SAER may be commissioned. Learning from all cases of SAB is discussed at Hygiene Groups on a monthly basis. Colleagues in the HSCP, with the guidance of the IPCT, has commissioned a full review of all SAB associated to their areas of responsibility. HSCP did not receive Community Associated SAB data from IPC until December 2019, therefore a real ambition to understand, interrogate and learn from these episodes of infection is underway.

Graph 2: There were 11 (HCAI) SAB cases in February 2021. This is the highest number of HCAI SAB since March 2020. This may in part be due to the impact and reduction in total occupied bed days during the first wave of the pandemic. Bed occupancy remained high during the second wave and cases increased significantly in January 2021, at the peak of the second/third wave. Auditing of PVC and CVC insertion and maintenance compliance is undertaken by the clinical teams and reported via LanQIP. Compliance with all Standard Infection Prevention and Control measures are also monitored locally and reported via the Hygiene Groups monthly. A full overview of LanQIP, data collection and reporting of SICPs, including Hand Hygiene, SAB contributory factors and linked improvement plans is currently underway. This whole systems approach to prevention will support local initiatives to improve exceptions in the data and patient outcomes. All SAB improvement work is monitored locally, via Hygiene Groups, the ICC and going forward at HQAIC.

Graph 3: NHS Board Level –IPC Report Cards Total CDI



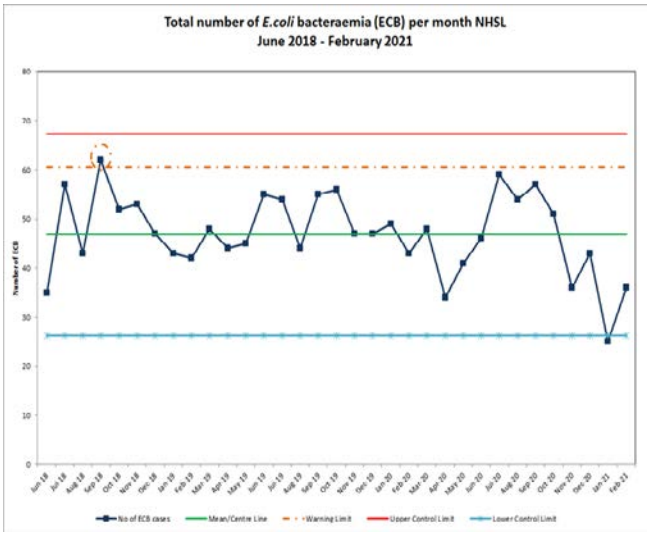
Graph 4: NHS Board Level –IPC Report Cards HCAI CDI



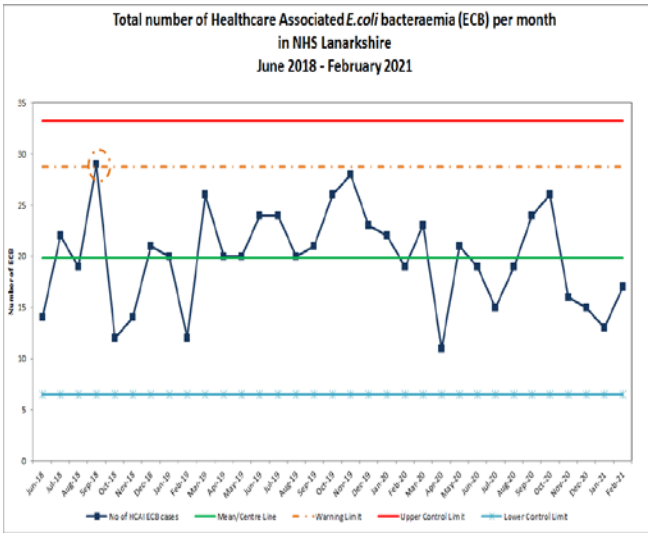
Graph 3: There was 9 CDI cases in February 2021; 4 (HCAI); 4 (CAI); 1 (unknown); a reduction from December 2020 and January 2021. NHS Lanarkshire have consistently achieved the LDP and recent AOP standard for end of March 2020. CDI rates tend to remain stable with intermittent peaks in cases caused by seasonality and at times greater prevalence in the under 65 year's category. CDI cases are reviewed daily by the IPCNs until stable. Once stable weekly review can be undertaken until 30 days. If the patient is discharged home IPCT check weekly up until the 30 day period to identify whether the patient has been readmitted or not. HSCP did not receive Community Associated CDI data from IPC until December 2019. There is an important piece of work underway by IPC to identify CDI by GP practice. This will enable the local teams to liaise with key partners in care to identify if there are any areas for improvement or further consideration. This work will be supplemented by the work led by the Antimicrobial Pharmacist (AMP) who collates and reports on Antimicrobial Prescribing in the partnership. Strong professional relationships are already in place with GPs and AMPs therefore building on this existing relationship will ensure collaboration and appropriate engagement continues and is expanded.

Graph 4: There were 5 (HCAI) CDI cases in February 2021. Please note unknown cases are included in Healthcare numbers (HCAI). As demonstrated in September 2020 there was a breach of the warning limit for HCAI CDI total cases. A full case note review of all cases was undertaken as well as a multi-disciplinary consultative review of practice and antimicrobial prescribing. No tangible causal factors were identified and this breach was explained as being associated with random fluctuation. Local teams have been commissioned with providing the ICC with assurance that all key measures to prevent CDI and monitor infection is well embedded and used for improvement when gaps are identified. The ICC continues to monitor this data closely via the Hygiene Groups and ICC and will be reported to HQAIC for assurance.

Graph 5: NHS Board Level –IPC Report Cards Total ECB



Graph 6: NHS Board Level –IPC Report Cards HCAI ECB



Graph 5 & 6: There are 4 months in a row below the mean/centre line, it this trend continues the mean/centre line will be lowered. There were 36 ECB cases in February 2021; 10 (HAI); 7 (HCAI); 19 (CAI), There were 17 ECB cases associated to healthcare in February 2021. NHS Lanarkshire witnessed a reduction in overall cases of ECB during the first wave of the pandemic. Cases began to climb as the first wave declined and hospital admission and care in the community increased via remobilisation and recovery strategies. Total cases have again declined during the second/third wave.

ECB data collection commenced as per CNO mandate in April 2016 and an AOP standard for reduction in cases was also mandated as of October 2019, effective retrospectively from April 2019. Clinical teams did not receive ECB data from IPC until December 2019. Therefore, engagement has begun to determine local understanding of ECB and significance to specific patient populations. A recent engagement event was hosted by IPC and attended by clinical teams from acute and HSCP to discuss education, data collection, data interpretation and areas for improvement. A decision has been made to expand the current ECB surveillance data set and include the collection of practice related data. A test of change will be undertaken by IPC commencing 1 April 2021 and reviewed mid-May 2021 by the members of the group to determine if the data set is appropriate and meaningful. Further tests of change may be required thereafter. Case note review may be undertaken to establish any recurrent practice related themes and any areas of concern. Gaining an understanding of the system will take up to 4-6 data sets and will inform where and if concerns are to be addressed and care improved. It is anticipated that this work will involve multiple cohorts, both NHS, second and third sector partners.

Recommendations

Much work is being undertaken to focus on achieving improvements in SAB, CDI and ECB AOP performance. A whole systems approach to prevention and has been remobilized taking cognisance of the adverse impact COVID-19 has potentially had on national and local AOP standards and indicators. Implications and repositioning will be reported through the ICC and HQAIC.
Exec Sponsor: Eddie Docherty

A Breakthrough Series Collaborative was established in September 2020 to focus on improving the AOP Standards to within the nationally set targets. The Steering Group has met a number of times to develop the purpose and key aims of the project. This is now moving at pace to secure specific core groups to progress work on priority areas such as SAB, CDI, ECB, Hand Hygiene and SICPs. Progress will be reported through the ICC and HQAIC.
Exec Sponsor: Eddie Docherty

The Board will now receive up to date locally validated* corporate and national AOP indicator data in addition to the nationally validated data provided in the HAIRT. A HAIRT Supplement containing the IPC Dashboard will be provided to Board Members. This will support strong oversight of real time accessible and transparent reporting.
Exec Sponsor: Eddie Docherty

*Subject to change