

NHS Board Meeting
26 May 2021

Lanarkshire NHS Board
Kirklands
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SUBJECT: INFECTION PREVENTION AND CONTROL UPDATE MAY 2021

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 April 2021.

For approval	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>	For Noting	<input checked="" type="checkbox"/>
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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).

Key Summary:

SAB, CDI and ECB cases have stabilised.

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	<input checked="" type="checkbox"/>	AOP	<input checked="" type="checkbox"/>	Government policy	<input checked="" type="checkbox"/>
Government directive	<input checked="" type="checkbox"/>	Statutory requirement	<input checked="" type="checkbox"/>	AHF/local policy	<input type="checkbox"/>
Urgent operational issue	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>		

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 type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input 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

These are set out in the attached report.

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

10. EQUALITY IMPACT ASSESSMENT / FAIRER SCOTLAND DUTY

Not Applicable.

11. CONSULTATION AND ENGAGEMENT

Not Applicable.

12. ACTIONS FOR THE BOARD

Approve	<input type="checkbox"/>	Accept the assurance provided	<input checked="" type="checkbox"/>	Note the information provided	<input checked="" type="checkbox"/>
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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.

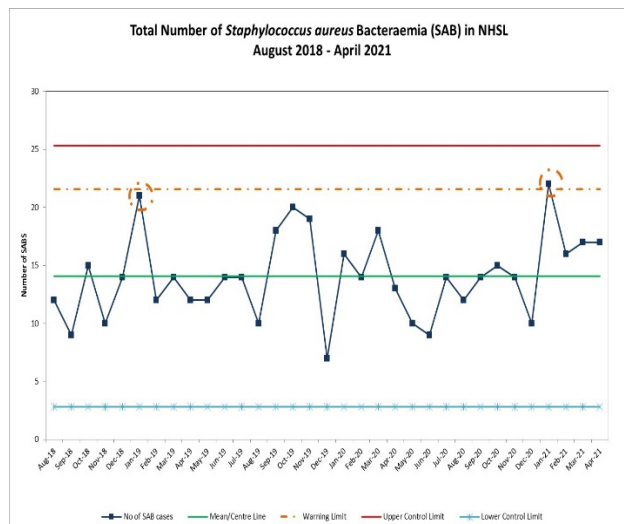
Table 1: Data output from IPCT

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	Quarterly	10th of Month	Validated data	Chief Executive/ Directors HSCP/Nurse

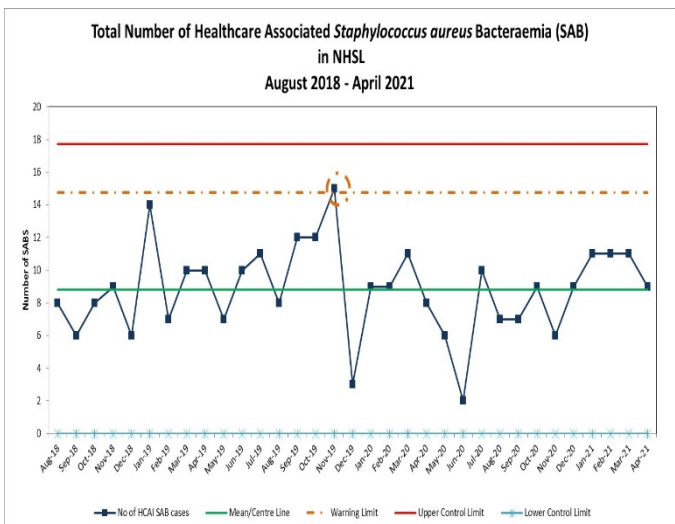
Flash Report				Directors/Medical Directors
HAIRT	Quarterly	Varies per month	Validated data	Board members Members of ICC
Infection Control Committee	bi-monthly	Varies per month	Validated and locally validated* data	Members of ICC
IPC Dashboard	bi-monthly	Varies per month	Validated and locally validated* data	Members of ICC

Locally validated* AOP data up to April 2021

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



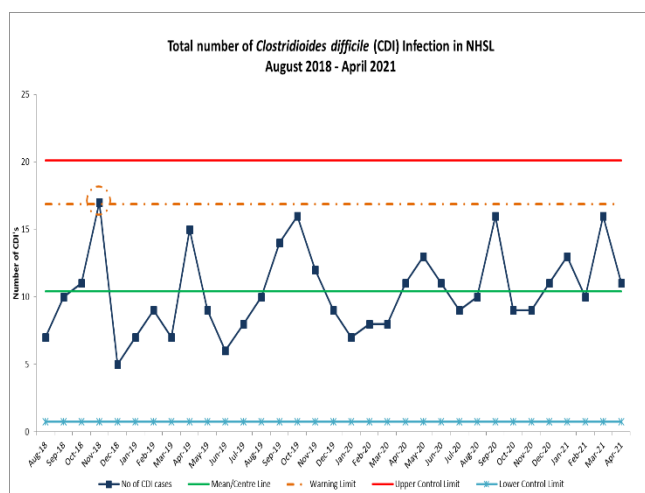
Graph 2: NHS Board Level –IPC Report Cards HCAI SAB



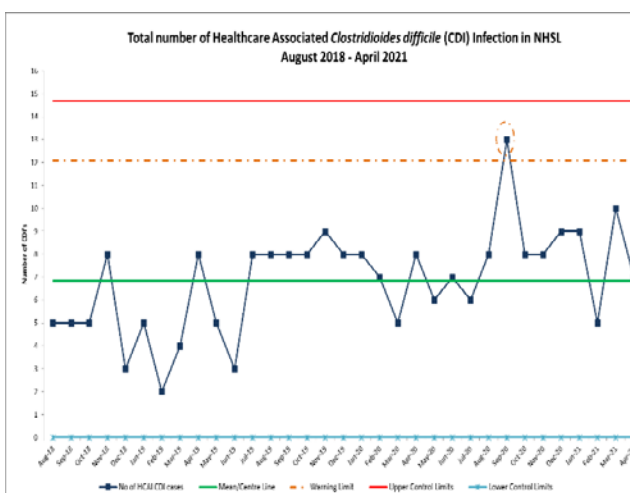
Graph 1: There were 17 SAB cases in April 2021; 6 Hospital Acquired Infection (HAI); 3 Healthcare (HCAI); 8 Community Associated Infection (CAI); similar to the number of cases reported in March 2021 indicating there may be some stability in incidence reemerging following the breach in January 2021. 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/entry point. 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. Additionally, The ICC have commissioned a further piece of work to determine the outcome of all Datixed SAB and CDI which will be reported via, and discussed at, the ICC. It is critically important that the source of infection is identified and learning shared across the system to facilitate change and improve patient outcomes. Colleagues in the HSCP, with the guidance of the IPCT, commenced a full review of all SAB associated to their areas of responsibility. There is a real ambition to understand, interrogate and learn from these episodes of infection and as such the review is now well underway. Mock reviews of investigations have taken place which has provided key information on partners in care in relation to SAB notification and investigation. Further meetings are now arranged to streamline the process as well as identify relevant educational opportunities for both internal and external joint partners in care.

Graph 2: There were 9 (HCAI) SAB cases in April 2021, a reduction of 2 from 11 (HCAI) in March 2021. Device related infection continues to be an area of concern. 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



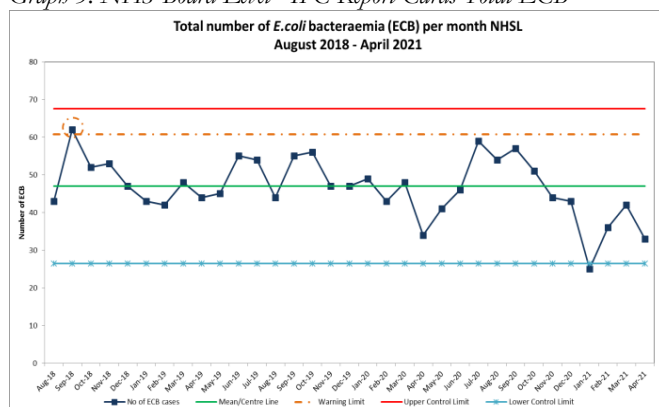
Graph 4: NHS Board Level –IPC Report Cards HCAI CDI



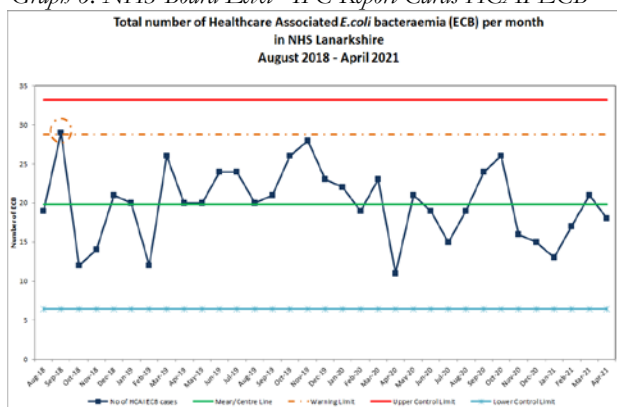
Graph 3: There was 11 CDI cases in April 2021; 6 (HCAI); 4 (CAI); 1 (unknown); a reduction of 5 CDI cases from the increase to 16 cases in March 2021 from 9 cases in February 2021. NHS Lanarkshire have consistently achieved the LDP standard and more recently the AOP standard for end of March 2021. Performance for 2021-2022 will be available by September 2021. 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. The important piece of work commenced by IPC to identify CDI by GP practice is now complete. Reports are now being formulated for both North and South partnerships. It is hoped that this will engender greater ownership of the data as well as greater GP involvement with the clinical services.

Graph 4: There were 7 (HCAI) CDI cases in April 2021, 1 of them unknown. This demonstrates a reduction from 10 cases in March 2021. 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: There are 6 months in a row below the mean/centre line, if this trend continues the mean/centre line will be lowered. There were 33 ECB cases in April 2021; 11 (HAI); 7 (HCAI); 15 (CAI).

Graph 6: There were 21 ECB cases associated to healthcare in March 2021 and a small gain in reduction demonstrated in April.

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 continues to determine local understanding of ECB and significance to specific patient populations. Another engagement event was hosted by IPC and attended by clinical teams from acute to discuss education, data collection, data interpretation and areas for improvement. A decision was made to expand the current ECB surveillance data set and include the collection of practice related data. A test of change was undertaken by IPC commencing 1 April 2021 and subsequently reviewed mid-May 2021 by the members of the group to determine if the data set was adequate. A further test of change was commissioned continuing into May 2021 due to the number of cases in April only reaching 32. More data was required to enable a greater

understanding of the key themes. Again, case note review may still 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.

NHSL Outbreaks/Clusters- March /April 2021

Hospital	Ward	Ward closed/ Restrictions/Cluster/Single cases	Patients	Staff	Organism/ confirmed/unconfirmed	Highest HIIAT
Beckford Street	Kyle Park	19-02-2021 until 15-03-2021 (closed)	7	20	COVID-19 (confirmed)	AMBER
University Hospital Monklands	6	22-02-2021 until 15-03-2021 (cluster)	3	0	COVID-19 (confirmed)	GREEN
University Hospital Monklands	6	18-02-2021 until 08-03-2021 (cluster)	4	0	COVID-19 (confirmed)	GREEN
University Hospital Wishaw	14	16-02-2021 until 02-03-2021 (single)	1	0	COVID-19 (confirmed)	GREEN
University Hospital Wishaw	4	16-02-2021 until 02-03-2021 (single)	1	0	COVID-19 (confirmed)	GREEN
Udston	Brandon	15-03-2021 until 09-03-2021 (closed)	6	1	COVID-19 (confirmed)	RED
Udston	Clyde Ward	02-03-2021- (restrictions)	1	0	COVID-19 (confirmed)	NA
University Hospital Monklands	12,23,26	25-02-2021-11-03- 2021 (cluster)	3	0	COVID-19 (confirmed)	GREEN
University Hospital Monklands	20	10-03-2021 until 23-03-2021 (closed)	6	0	COVID-19 (confirmed)	RED

Hospital	Ward	Ward closed/ Restrictions/Cluster/Single cases	Patients	Staff	Organism/ confirmed/unconfirmed	Highest HIIAT
University Hospital Monklands	21	17-03-2021 until 09-04-2021 (closed)	4	0	COVID-19 (confirmed)	RED
University Hospital Monklands	21	09-04-2021 until 29-04-2021 (closed)	4	0	COVID-19 (confirmed)	AMBER
University Hospital Monklands	26	N/A	6	0	<i>Enterococcus faecium</i>	RED
University Hospital Monklands	4	N/A	1	0	<i>Klebsiella pneumoniae</i>	GREEN
University Hospital Monklands	ACCU	N/A	1	0	Carbapenemase Producing Enterobacteriaceae (CPE)	GREEN
University Hospital Wishaw	Ward 10	N/A	2	0	COVID-19 (confirmed)	GREEN
University Hospital Wishaw	ECU	N/A	3	0	COVID-19 (confirmed)	RED

University Hospital Monklands.

There was 2 Red HIIATs, 1 Amber HIIAT and 3 Green HIIATs as noted above reported to ARHAI Scotland for this reporting period.

University Hospital Wishaw

There was 1 Red HIIAT, 0 Amber HIIAT and 3 Green HIIATs as noted above reported to ARHAI Scotland for this reporting period.

University Hospital Hairmyres

There were 0 HIIATs reported to ARHAI Scotland for this reporting period.

Health and Social Care Partnerships (North)

There was 1 Red HIIAT, 1 Amber HIIAT and 0 Green HIIATs as above reported to ARHAI Scotland for this reporting period.

Health and Social Care Partnerships (South)

There was 0 HIIATs reported to ARHAI for this reporting period.

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.

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. A launch event will take place on 2 June 2021 with keynote speakers including Amanda Croft, Chief Nursing Officer for Scotland and Professor Jason Leitch, Senior Clinical Advisor at the Scottish Government. Progress will be reported through the ICC and HQAIC.

Exec Sponsor: Eddie Docherty