Item 18

NHS Board Meeting
31 August 2022

Lanarkshire NHS Board
Kirklands
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SUBJECT: HEALTHCARE ASSOCIATED INFECTION (HCAI) REPORTING TEMPLATE QUARTER 4 (validated data)

1. PURPOSE

This paper is coming to the Board:

For approval	☒	For endorsement	☐	To note	☐

The purpose of this paper is to provide NHSL Board with an update on NHSLs position in regards to the CNO (2019) October 2019: Standards on Healthcare Associated Infection and Indicators for Antibiotic Use.

2. ROUTE TO THE BOARD

Prepared	☒	Reviewed	☒	Endorsed	☐

This paper has been prepared by the Infection Prevention and Control Team and will be ratified by the Infection Control Committee (ICC).

3. SUMMARY OF KEY ISSUES

Please note that performance data contained within the report has been validated nationally by Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland. The 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 took effect retrospectively from April 2019.

IPCT work collaboratively with the Quality Department on the delivery of the Infection Prevention and Control Collaborative.

The paper provides an update on the following areas:

- Quality Improvement
- Annual Operating Plan (AOP) targets for *Staphylococcus aureus* bacteraemia (SAB) and *Clostridioides difficile* Infection (CDI) standards for 2019 to 2023 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.

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

- Annual Operating Plan (AOP) targets for *Staphylococcus aureus* bacteraemia (SAB) and *Clostridioid*es *difficile* Infection (CDI) standards for 2019 to 2023 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.

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

There are currently 5 risks recorded on the Infection Prevention and Control Risk register, which is monitored by the Infection Control Committee (ICC). There is 1 high, 3 medium and 1 low risk as follows:

- IPC staffing - **Medium**
- NHSL electronic surveillance system (NHSL do not have an electronic system) - **Medium**
- IPC Specialist Nursing Support for MRP - **Low**
- COVID-19 Pandemic - **High**
- Decontamination Lead Post Funding not currently accessible - **Medium**

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 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 (ICC) and Sub-groups

12. ACTIONS FOR THE BOARD

The Board is asked to:

Approve	☐	Endorse	☒	Identify further actions	☐
Note	☒	Accept the risk identified	☐	Ask for a further report	☐

1. Note the report and highlight any areas where further clarification or assurance is required.
2. Confirm whether the report provides sufficient assurance around NHSL performance on HCAI, and the arrangements in place for managing and monitoring HCAI.
3. Support the ongoing development of the Lanarkshire Breakthrough Series Collaborative.

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)

INFECTION PREVENTION AND CONTROL

1. Introduction

This report to the Board provides an update on NHSLs current progress against the Annual Operating Plan (AOP) targets for *Staphylococcus aureus* bacteraemia (SAB), *Clostridioides difficile* Infection (CDI) standards for 2019 to 2023 and *Escherichia coli* bacteraemia (ECB) standard for 2019 to 2024 **Appendix 1**

The report also provides the Board with an update on the Key Performance Indicators (KPI) for Meticillin Resistant *Staphylococcus aureus* (MRSA) Clinical Risk Assessment (CRA) and *Carbapenemase*-producing *Enterobacteriaceae* (CPE) CRA compliance.

The routine monitoring of this work is with scrutiny from the Infection Control Committee (ICC) A dashboard is presented on a bi-monthly basis at the beginning of each meeting, presenting all of the data to the Committee and NHSLs progress on meeting the AOPs.

The ICC Committee oversee the Hygiene Groups which include all 3 of the acute sites, Health and Social Care Partnerships North and South, and Allied Health Professional's, a report from all of these groups are submitted and discussed on a bi monthly basis at the ICC. All AOPs, national and local KPIs, outbreaks and incidents and hand hygiene aspects as noted above are incorporated into these reports to provide ICC with an overall assurance.

ICC also oversees the Infection Prevention and Control Annual Work Programme 2022/23, which also incorporates updates from the Antimicrobial Management Team, Property and Support Division (PSSD) and MRP (Monklands Replacement Project).

Eddie Docherty, Executive Director of NMAHPs commissioned a Breakthrough Series Collaborative approach to reducing healthcare and community associated infections and improving hand hygiene compliance in Autumn 2020. Planning for the Collaborative was paused during winter 2020 and resumed in April 2021 with a board wide launch in June 2021. Learning Session 1 (LS1) took place 18 May 2022 to allow participating teams to showcase their work to date and learn from others involved in the collaborative work. LS2 is planned for 23 August 2022 with national keynote speakers invited together with a showcase of local talent and improvement work to date.

Appendix 1

Executive Summary

AOP Standards up to Q1 January to March 2022

- NHSL is below the national comparator for Q1 SAB rates;
- NHSL is below the local AOP Standard rate for Q1 SAB rates; the AOP standard was met for this quarter
- NHSL is above the national comparator for Q1 CDI rates;
- NHSL is above the local AOP Standard rate for Q1 CDI rates; the AOP standard was not met for this quarter
- NHSL is below the national comparator for Q1 ECB rates;
- NHSL is below the local AOP Standard rate for Q1 ECB rates; the AOP standard was met for this quarter.
- MRSA KPI has not been met;
- CPE KPI has not been met;
- Hand Hygiene Local Performance Indicator (IPC QA Audits) has not been met;
  IPCT staff centralised to University Hospital Wishaw for this reporting period due to issues with staff shortages. All hand hygiene quality assurance audits were suspended for March and April 2022. These audits re-commenced in May 2022 when all staff returned to their original sites. Health and Social Care Partnerships did not complete these audits for May 2022 due to the audits being undertaken in Health Centres where hand hygiene audits are not permitted in these environments.

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 (Q1 January -March 2022): HCAI

- NHSL SAB HCAI rate of 14.6 per 100,000 TOBDs; 21 HCAI cases;
- National SAB HCAI rate of 16.3 per 100,000 TOBDs;
- NHSL is below with the national comparator for Q1 SAB rates;
- NHSL is below the local AOP Standard rate of 16.1 for Q1 SAB rates.

***Staphylococcus aureus* bacteraemia (SAB)**

- The AOP target is for HCAI cases only;
- During January to March 2022, there were 35 SAB cases; 21 HCAI cases and 14 community associated infection (CAI) cases;
- This is an decrease of 3 HCAI and a decrease of 3 CAI SAB cases in total from the previous quarter;
- 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 2023. **(ARHAI validated data for April – June 2022 available October 2022)**.

Chart 1 – HCAI SAB cases (December 19 – March 2022)

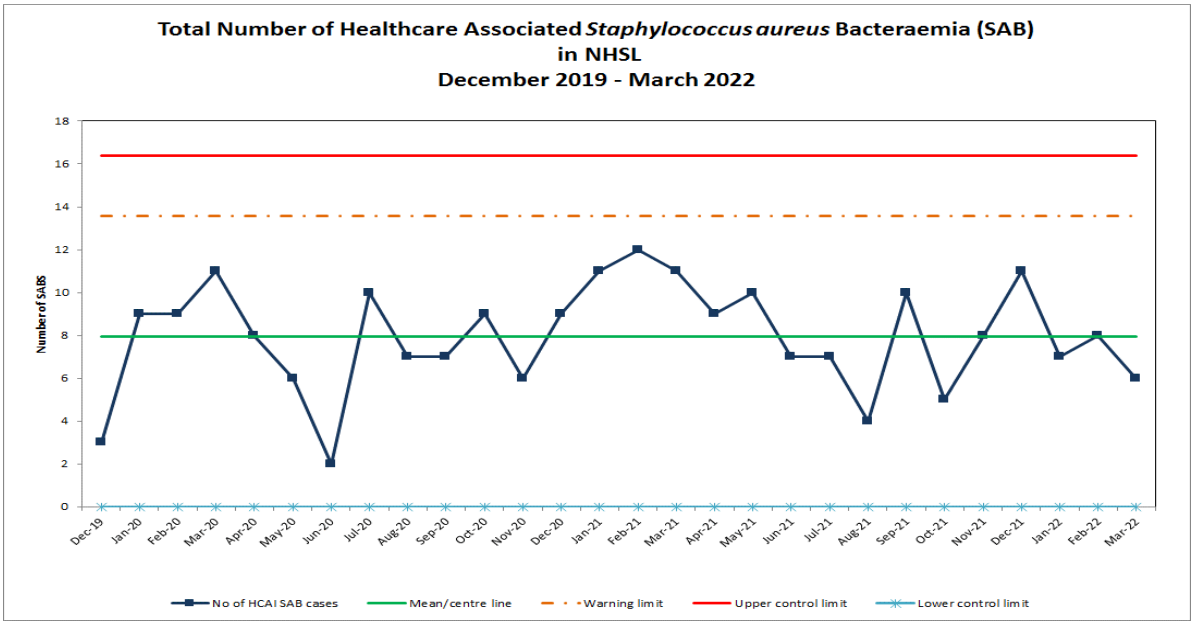


Chart 1 show that NHS Lanarkshire has witnessed a decrease in the number of overall SAB cases from January to March 2022. Over this quarter there has been **10** device related infections; 5 PVC infections; 2 CVC non tunnelled infections; 2 Dialysis line infection and 1 PICC/Midline infection. In summary almost a half of all healthcare associated SAB are device related infections. Local teams are provided with this data on a monthly basis and also at Hygiene Groups for discussion. Improvement strategies are being progressed via the Breakthrough Series Collaborative and local improvement groups with support from IPC. More work needs to be done to assure HQAIC that improvements are being made in relation to the insertion and management of lines. This is substantial risk which must be monitored and managed.

Figure 1: Funnel plot of SAB incidence rates (per 100,000 TOBD) in healthcare associated infection cases for all NHS boards in Scotland in (Q1) January – March 2022.

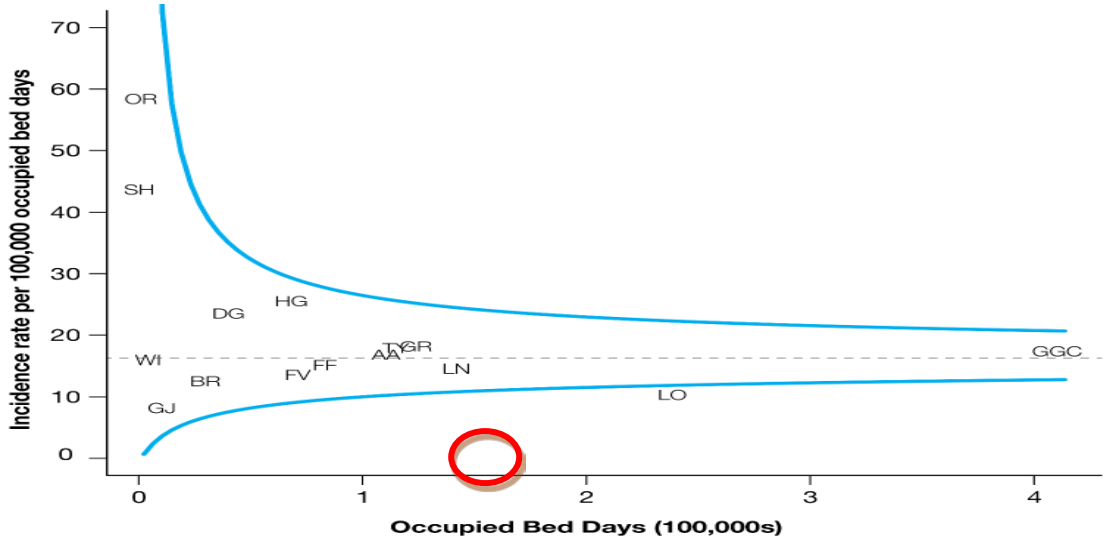
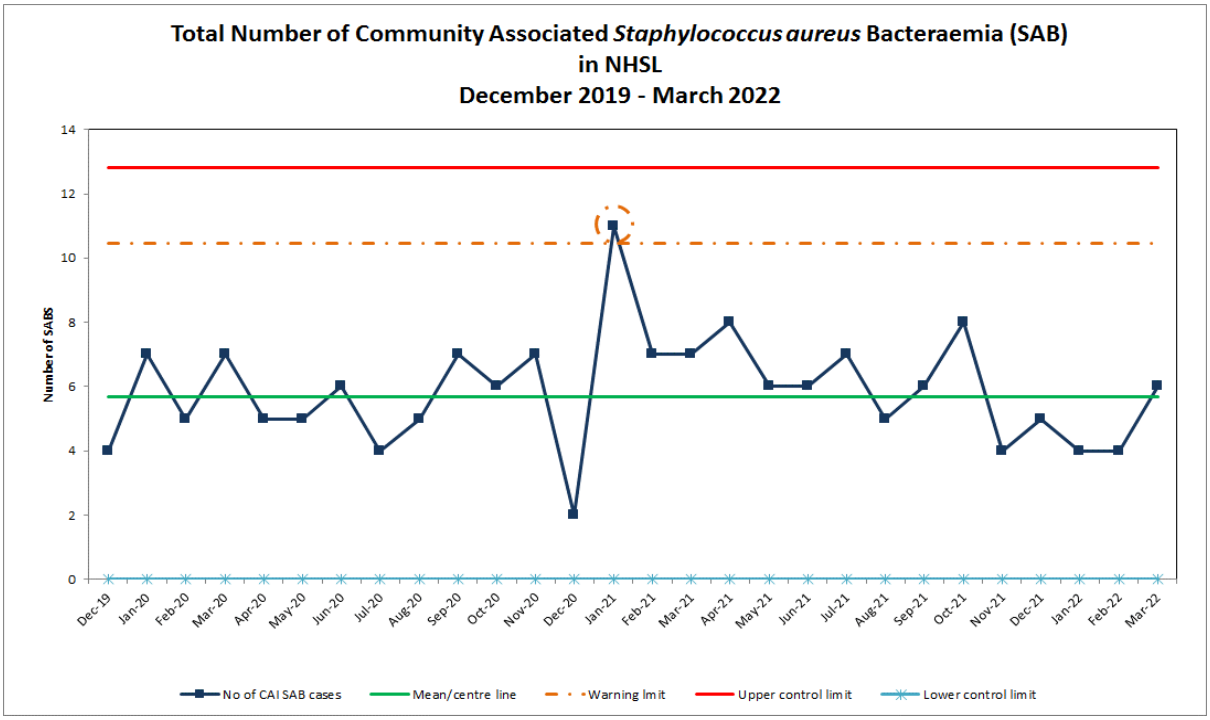


Figure 1 demonstrates that NHSL (LN) remains within the 95% confidence interval upper limit for incidence rate for Q1 2022.

Chart 2 – CAI SAB cases (December 2019 – March 2022)



This chart is in statistical control.

Quality improvement and interventions in place to reduce SAB:

- Standard Operating Procedure (SOP) Manual for Invasive Devices Chapter 1 – Peripheral Venous Cannula (PVC) and associated practices: Chapter 1 contains research based guidance on the insertion, care and maintenance of Peripheral Vascular Cannulae (PVC). This resource will be promoted during the IPC Breakthrough Series Collaborative work streams;
- SAB rates and sources are discussed at Hygiene and Clinical Governance meetings with clinical staff; all Chiefs and Associate Nurse Directors. Improvement work is reported to the Infection Control Committee via the hygiene reports.
- The Virtual Breakthrough Series Collaborative will continue to champion work related to device insertion and management.

Risk Management:
There was one related SAB death between January and March 2022. System wide learning is to be communicated via existing governance groups.

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

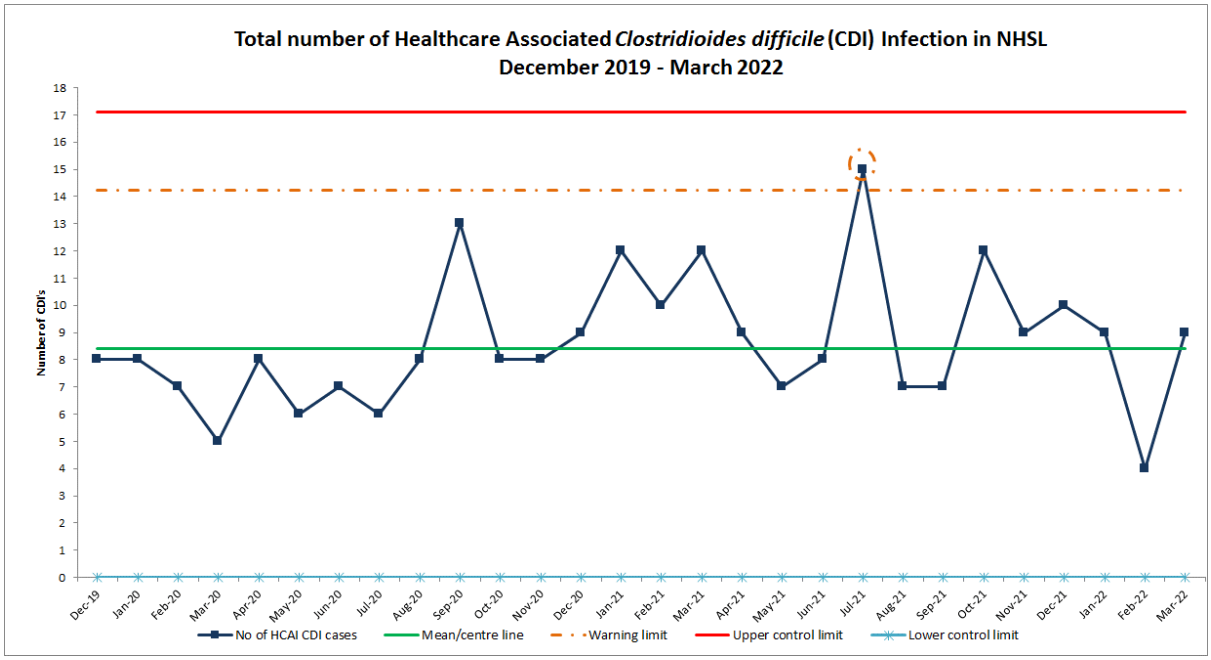
NHSL Performance (Q1 January – March 2022): HCAI

- NHSL CDI HCAI rate of 15.3 per 100,000 TOBDs; 22 HCAI cases;
- National CDI HCAI rate of 12.6 per 100,000 TOBDs;
- NHSL is above the national comparator for Q1 CDI rates;
- NHSL is above the local AOP Standard rate of 14.8 for Q1 CDI rates.

Clostridioides difficile Infection (CDI)

- During January – March 2022, there were 29 CDI cases; 22 HCAI cases and 7 CAI cases;
- This is an decrease of 9 HCAI and a decrease of 2 CAI CDI cases in total from the previous quarter.
- NHSL will be expected to achieve a target of <=84 HCAI CDI cases (a rate of 14.8 per 100,000 TOBDs by end of March 2023 **(ARHAI validated data for April-June 2022 available October 2022).**

Chart 4 – HCAI CDI cases (December 2019 – March 2022)



This chart is in statistical control.

Figure 2: Funnel plot of CDI incidence rates (per 100,000 TOBD) in healthcare associated infection cases for all NHS boards in Scotland in (Q1) January - March 2022.

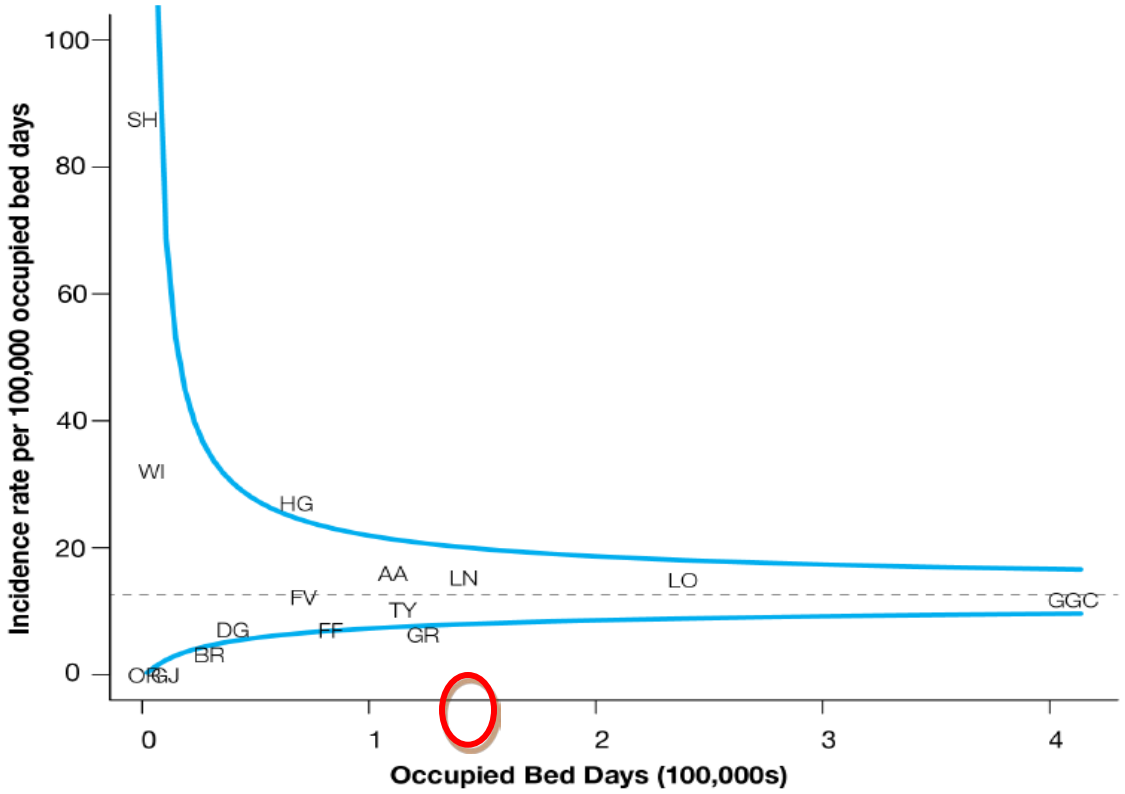
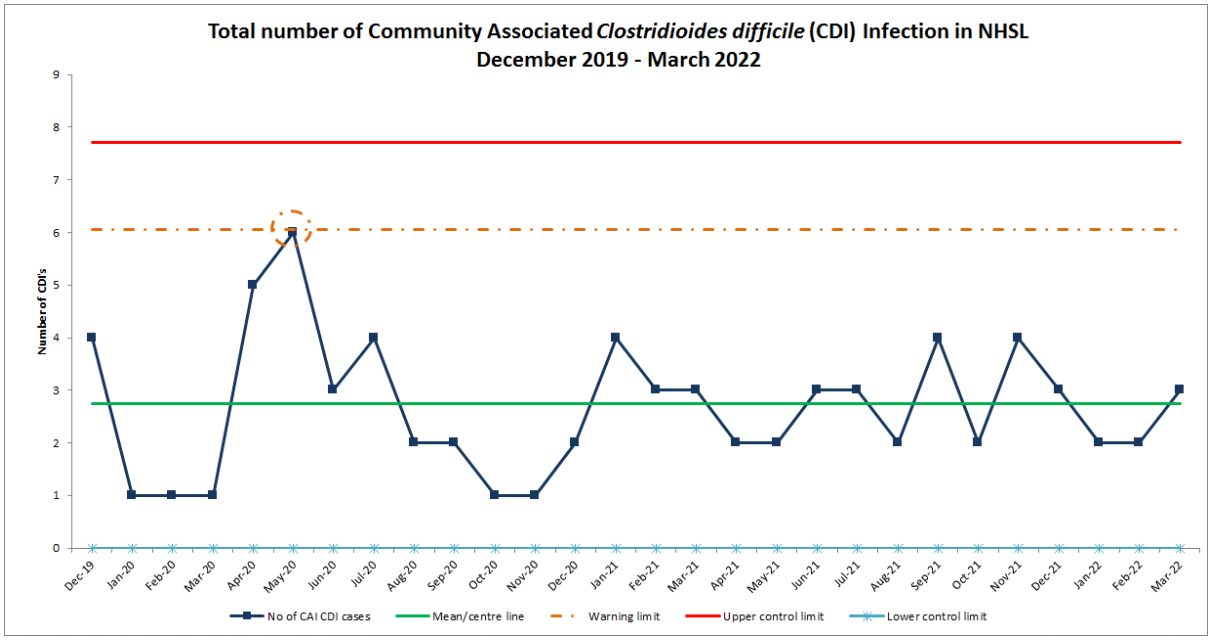


Figure 2 demonstrates that NHSL (LN) remains within the 95% confidence interval upper limit incidence rate for Q1 2022.

Chart 5 – CAI CDI cases (December 2019 – March 2022)



This chart is in statistical control.

Quality improvement and interventions in place to reduce CDI:

- Antimicrobial stewardship continues to be a priority in the management of CDI service users;
- All Chiefs and Associate Nurse Directors provide an update on improvement work via their ICC hygiene report;
- Information is provided to wards to advise of the requirement for prompt and clear identification of patients with loose stools and appropriate action to be taken;
- Support with data analysis and interpretation has been requested from ARHAI Scotland to determine the impact of the pandemic has had on AOP Standard rates; and
- The Vale of Leven improvement plan has been resurrected and reviewed and an update on all areas where there was no assurance of compliance has been requested from Chief Medics, IPCT and Chief Nurses. Updates will be monitored through ICC.

Risk Management:

There was one related CDI death between January and March 2022. Awaiting decision regarding SAER. System wide learning is to be communicated via existing governance groups.

Escherichia coli Bacteraemia (ECB)

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; and
- inappropriate use of medical devices.

Escherichia coli Bacteraemia (ECB) Standard

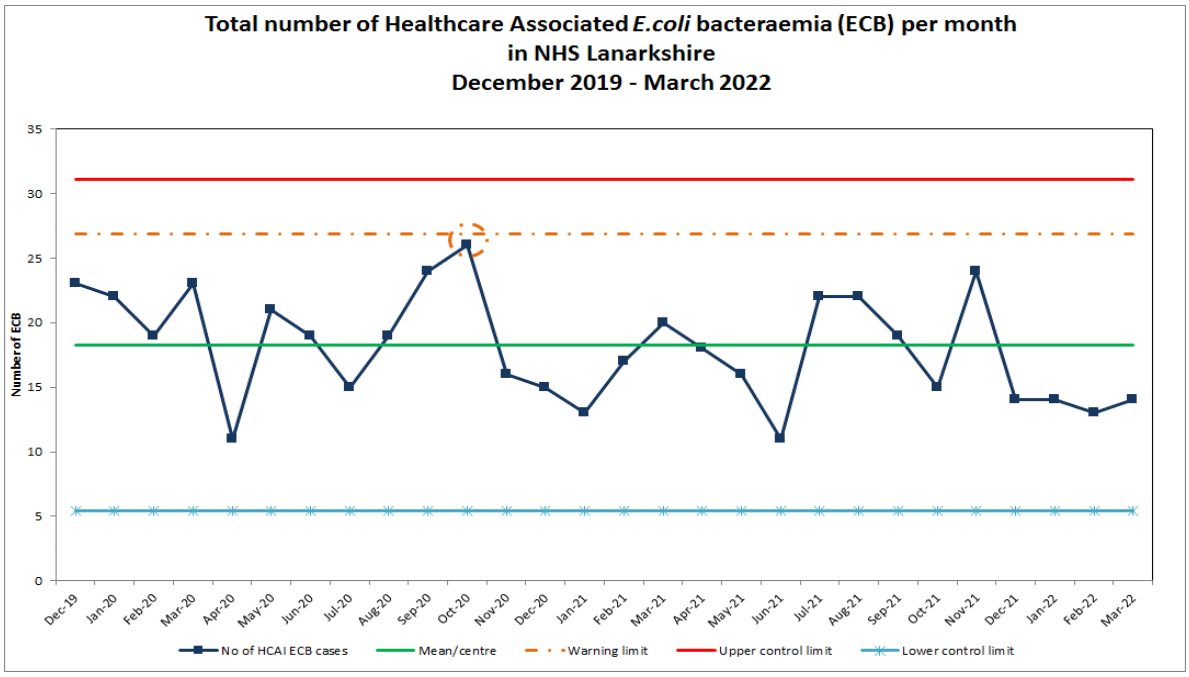
NHSL Performance (Q1 January - March 2022): HCAI

- NHSL ECB HCAI rate of 28.5 per 100,000 BDs; 41 HCAI cases;
- National ECB HCAI rate of 30.5 per 100,000 TOBDs;
- NHSL is below the national comparator for Q1 ECB rates;
- NHSL is above the below AOP Standard rate of 33.5 for Q1 ECB rates.

Escherichia coli Bacteraemia (ECB)

- During January – March 2022, there were 124 cases; 41 HCAI cases and 83 CAI cases.
- This is an decrease of 12 HCAI and a decrease of 7 CAI CDI cases in total from the previous quarter.
- NHSL will be expected to achieve a target of <=189 HCAI ECB cases (a rate of 33.5 per 100,000 TOBDs by end of March 2023 **(ARHAI validated data for April - June 2022 available October 2022).**

Chart 6 – HCAI ECB cases (December 2019 – March 2022)



This chart is in statistical control.

Figure 3: Funnel plot of ECB incidence rates (per 100,000 TOBD) in healthcare associated infection cases for all NHS boards in Scotland in (Q1) January – March 2022.

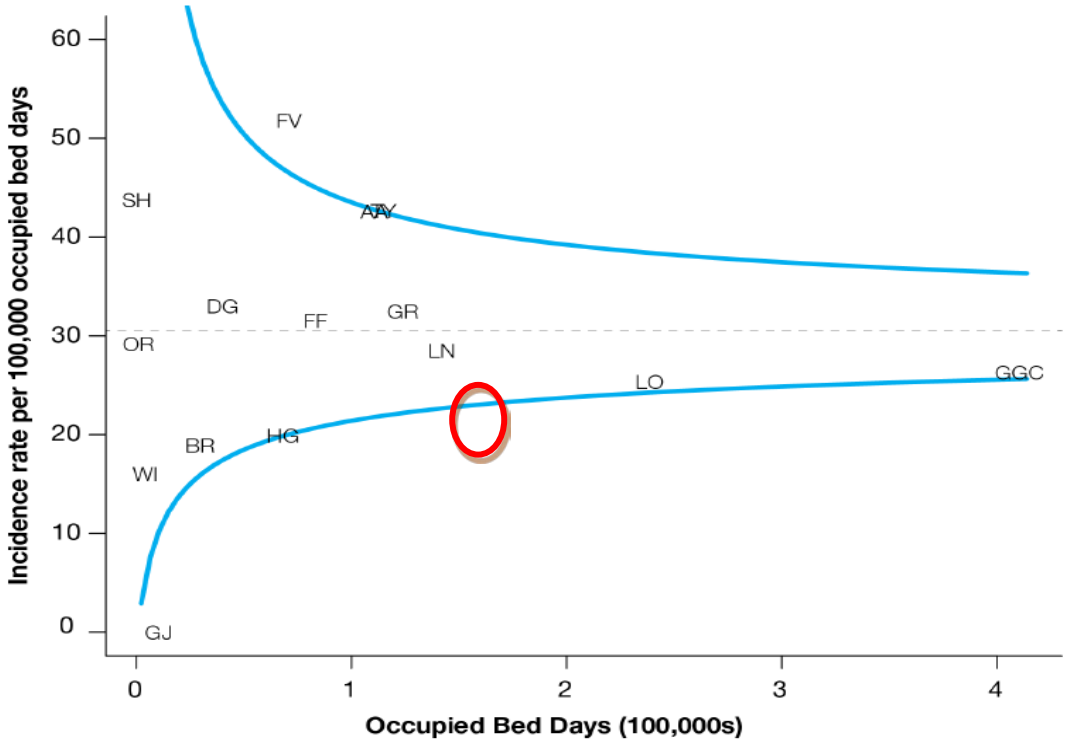


Figure 3 demonstrates that NHSL (LN) remains within the 95% confidence interval upper limit incidence rate for Q1 2022.

Surgical Site Infection Surveillance

Epidemiological data for SSI are not included for this quarter due to the pausing of national surveillance to support the COVID-19 response.

MRSA & CPE CRA Compliance

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

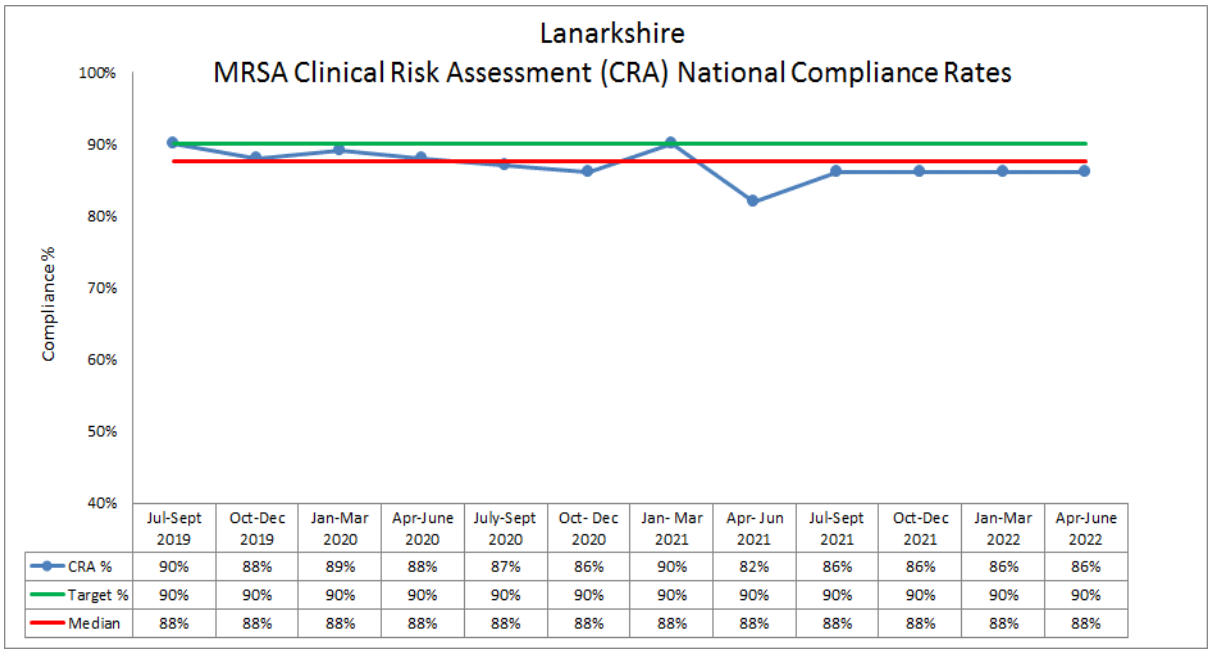
NHSL Performance (April – June 2022):

- 86% compliance for MRSA acute inpatient admission CRA completion. (Exclusions: Maternity, Paeds, Mental Health, Psychiatry);
  For this reporting period; MRSA KPI has **not** been met.
- 66% compliance for CPE acute inpatient admission CRA completion
  (For this reporting period; CPE KPI has **not** been met

NHS Scotland (Apr-June 2022):

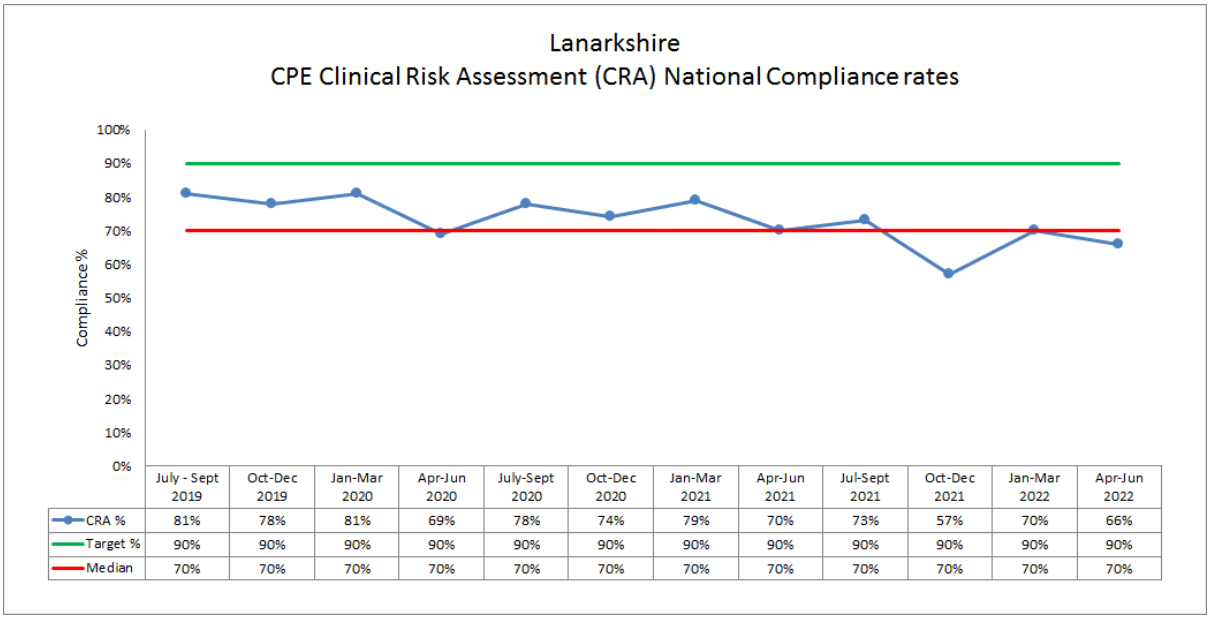
- 80% compliance MRSA Screening CRA uptake
- 79% compliance CPE Screening CRA uptake

Chart 7 – NHSL MRSA Screening CRA uptake (July 2019 – June 2022)



	Jul-Sept 2019	Oct-Dec 2019	Jan-Mar 2020	Apr-June 2020	July-Sept 2020	Oct- Dec 2020	Jan- Mar 2021	Apr- Jun 2021	Jul-Sept 2021	Oct-Dec 2021	Jan-Mar 2022	Apr-June 2022
CRA %	90%	88%	89%	88%	87%	86%	90%	82%	86%	86%	86%	86%
Target %	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Median	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%

Chart 8 – NHSL CPE Screening CRA uptake (July 2019 – June 2022)



	July - Sept 2019	Oct-Dec 2019	Jan-Mar 2020	Apr-Jun 2020	July-Sept 2020	Oct-Dec 2020	Jan-Mar 2021	Apr-Jun 2021	Jul-Sept 2021	Oct-Dec 2021	Jan-Mar 2022	Apr-Jun 2022
CRA %	81%	78%	81%	69%	78%	74%	79%	70%	73%	57%	70%	66%
Target %	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Median	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%

National MRSA Screening Clinical Risk Assessment uptake in comparison with Lanarkshire

An uptake of **90%** with application of the MRSA Screening Clinical Risk Assessment is necessary in order to ensure that the national policy for MRSA screening is as effective as universal screening.

Below is the 4 most recent quarters within NHSL, and for Scotland received from ARHAI Scotland. Q2 (April - June 2022).

As previously reported, there has been a shift, nationally, in monthly CPE screening uptake monitoring data that is below the median which serves as a historical baseline. This is an indication that CPE screening uptake has decreased during the COVID-19 pandemic. Continuing to undertake and monitor MDRO screening remains critically important to reduce the risk from MDRO.

National MRSA Screening Clinical Risk Assesment uptake in comparison with Lanarkshire
April - June 2022 (Q2)

MRSA Uptake	2021 Q3	2021 Q4	2021 Q1	2022 Q2
Lanarkshire	86%	86%	86%	**86%**
Scotland	81%	82%	81%	80%

National CPE Screening Clinical Risk Assessment uptake in comparison with Lanarkshire.

CPE Uptake	2021 Q3	2021 Q4	2021 Q1	2022 Q2
Lanarkshire	73%	57%	70%	**66%**
Scotland	82%	80%	80%	79%

Red indicates a decrease from the previous quarter; green indicates an increase; black indicates no change. NB this does not indicate statistically significant change.

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 (April - June 2022): IPC Quality Assurance HH Audits. (13 audits completed; 0 audits in April; 6 in May and 7 audits carried out by IPCT in June 2022.

- 67% compliance achieved.
- For this reporting period the Local Performance Indicator has **not** been met.

IPCT Quality Assurance Hand Hygiene Audits University Hospital Monklands April - June 2022

There were **0** IPCT Hand hygiene audits carried out for April 2022; **2** for May 2022 (55%) and **2** IPCT Hand hygiene audits carried out for June 2022 (80%).

IPCT Quality Assurance Hand Hygiene Audits University Hospital Wishaw April - June 2022

There were **0** IPCT Hand hygiene audits carried out for April 2022; **2** for May 2022 (68%) and **2** IPCT Hand hygiene audits carried out for June 2022 (75%).

IPCT Quality Assurance Hand Hygiene Audits University Hospital Hairmyres April - June 2022

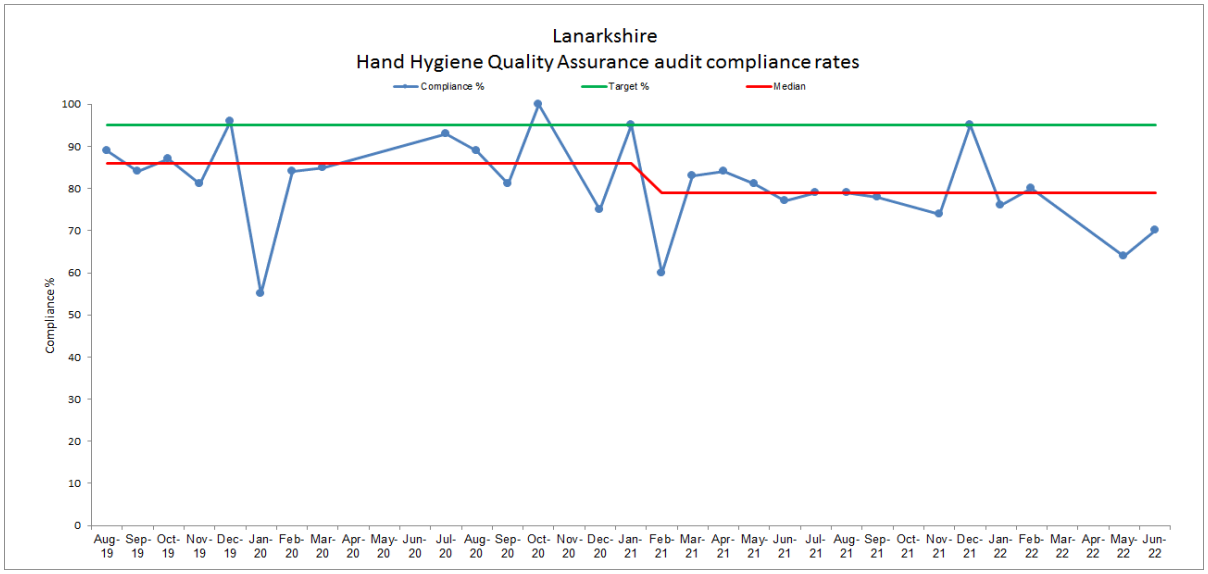
There were **0** IPCT Hand hygiene audits carried out for April 2022; **2** for May 2022 (70%) and **1** IPCT Hand hygiene audits carried out for June 2022 (55%).

IPCT Quality Assurance Hand Hygiene Audits Health and Social Care Partnerships (North and South) April - June 2022

There were **0** IPCT Hand hygiene audits carried out for April 2022; **0** for May 2022 and **2** IPCT Hand hygiene audits carried out for June 2022 (33%) in H&SCPs North.
There were **0** Hand hygiene audits carried out for this period in H&SCPs South.

Chart 9 – Hand Hygiene IPC Quality Assurance audits compliance rate August 2019 to June 2022

Lanarkshire is showing random variation. Lanarkshire is showing 67% compliance; down 10% from Jan-Mar 2022.

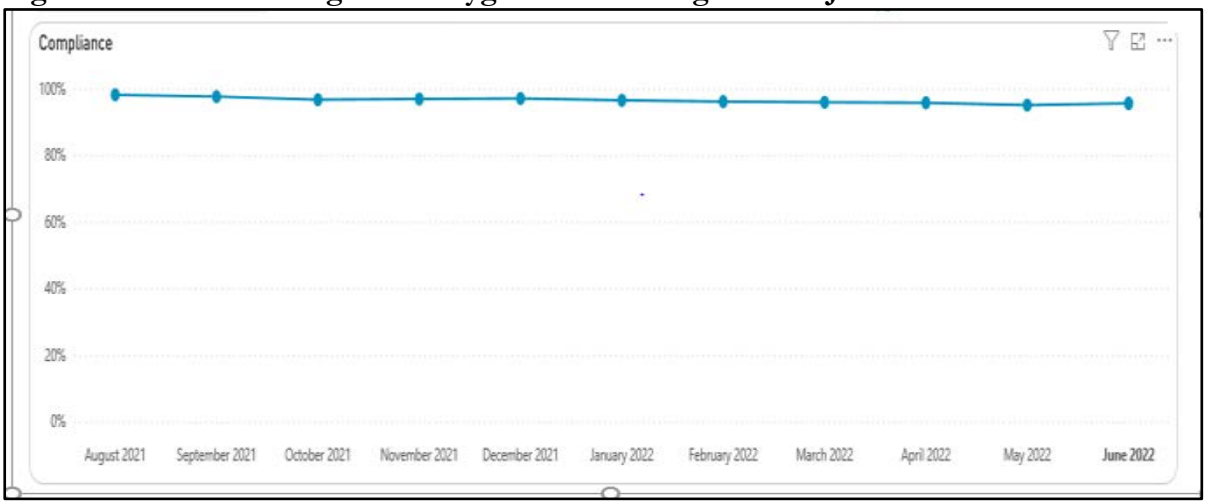


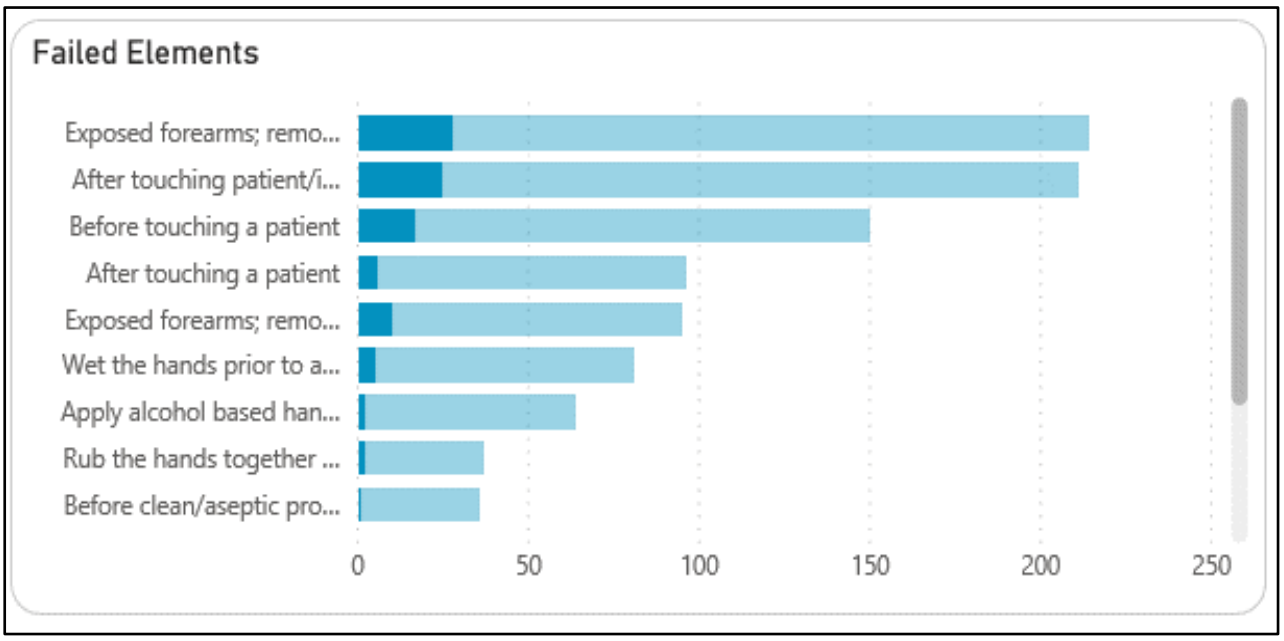
Staff Group Compliance: April - June 2022

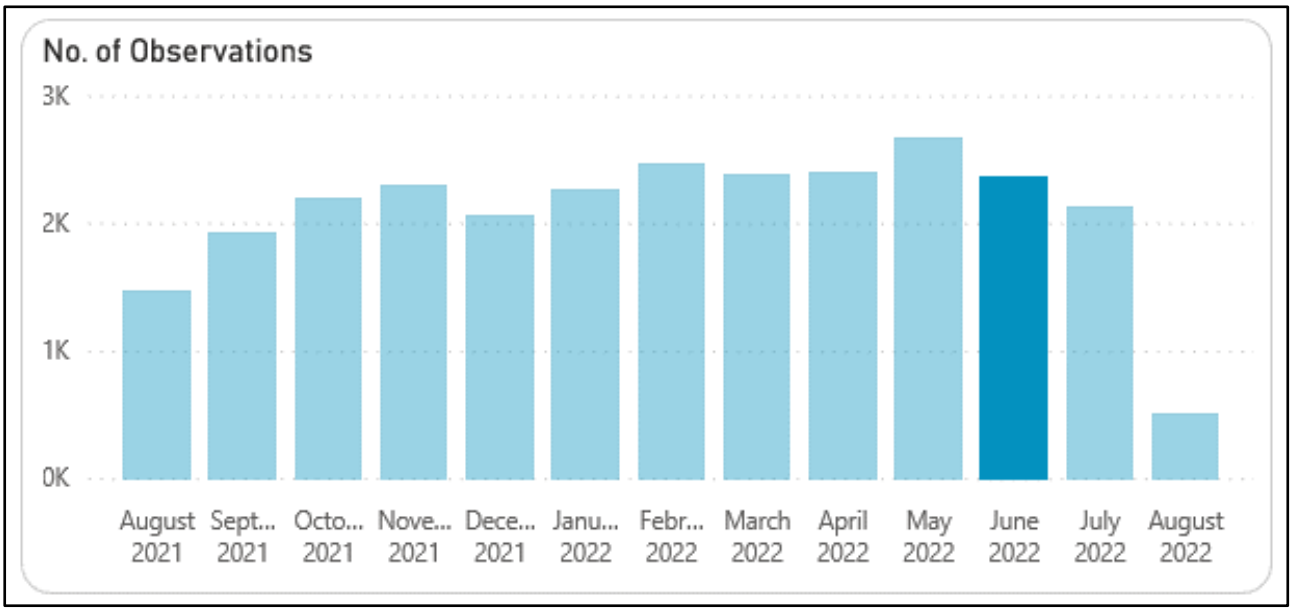
A breakdown of the staff group compliance levels from IPCT audits completed during April to June 2022 is:

Nursing: 100 nursing staff compliant from 149 observations (67%)
Doctors: 19 medical staff compliant from 32 observations (59%)
Midwifery: 9 midwifery staff compliant from 12 observations (75%)
Pharmacist: 1 pharmacist staff compliant from 1 observation (100%)
Ancillary/Other: 4 ancillary/other staff compliant from 8 observations (50%)
Allied Health Professionals (AHPs): 16 AHPs compliant from 20 observations (80%) (5 of 6 Occupational Therapists (83%) were compliant; 1 of 1 Podiatrist was compliant (100%); 12 of 15 Physiotherapists were compliant. (80%) and 2 of 4 Orthotics were compliant (50%)

Figure 4: NHSL Nursing Hand Hygiene audits August 2021-June 2022







Outbreaks and Incidents

University Hospital Monklands (UHM)

There were **0** outbreaks in University Hospital Monklands (UHM) for April 2022.
There were **0** outbreaks in University Hospital Monklands (UHM) for May 2022.
There was **1** outbreak in University Hospital Monklands (UHM) offsite beds at Wester Moffat for June 2022.

- Wester Moffat, Heather ward closed for 14 days, 8 patients and 0 staff were confirmed with COVID-19.

University Hospital Hairmyres (UHH)

There were **0** outbreaks reported for University Hospital Hairmyres (UHH) for April 2022
There were **0** outbreaks reported for University Hospital Hairmyres (UHH) for May 2022
There were **0** outbreaks reported for University Hospital Hairmyres (UHH) for June 2022

University Hospital Wishaw (UHW)

There was **1** outbreak in University Hospital Wishaw (UHW) for April 2022.

- Ward 4, University Hospital Wishaw, ward closed for 14 days, 17 patients and 0 staff were confirmed with COVID-19.

There were **0** outbreaks reported for University Hospital Wishaw (UHW) for May 2022.
There were **0** outbreaks reported for University Hospital Wishaw (UHW) for June 2022

Health and Social Care Partnerships (H&SCPs) (South)

There were **0** outbreaks reported for Health and Social Care Partnerships H&SCPs (South) for April 2022.
There were **0** outbreaks reported for Health and Social Care Partnerships H&SCPs (South) for May 2022.
There was **1** outbreak reported for Health and Social Care Partnerships H&SCPs (South) for June 2022.

- Kello Hospital, ward closed for 11 days, 9 patients and 3 staff were confirmed with COVID-19.

Health and Social Care Partnerships H&SCPs (North)

There were **0** outbreaks reported for Health and Social Care Partnerships H&SCPs (North) for April 2022.
There were **0** outbreaks reported for Health and Social Care Partnerships H&SCPs (North) for May 2022.
There were **2** outbreaks reported for Health and Social Care Partnerships H&SCPs (North) for June 2022.

- University Hospital Wishaw, Ward 1 closed for 16 days, 7 patients and 2 staff were confirmed with COVID-19.
- Udston Hospital, Brandon ward, closed for 21 days, 3 patients and 3 staff were confirmed with COVID-19.

Adverse Events & Datix

The tables below, show the DATIX and SAERs recorded by IPCT for the reporting period April – June 2022

CDI'S

Date	Reason for Datix	Site	SAER completed
08/04/2022	CDI Death	UHM	Not required
03/05/2022	CDI Severe case	UHW	Confirmation awaited
12/05/2022	CDI Severe case	UHW	Confirmation awaited

SAB's

Date	Reason for Datix	Site	SAER
26/04/2022	SAB – Surgical Site Infection	UHW	Not required
07/04/2022	SAB Device – Dialysis line	UHM	Not required
23/05/2022	SAB Device – Dialysis line tunnelled	UHM	Confirmation awaited
25/05/2022	SAB Device - PVC	UHM	Confirmation awaited
26/05/2022	SAB Device – PVC	UHM	Confirmation awaited
30/05/2022	SAB Device – Dialysis line tunnelled	UHM	Confirmation awaited
30/05/2022	SAB Device – Dialysis line tunnelled	UHM	Confirmation awaited

23/05/2022	SAB Device – PICC	UHH	SAER required
17/05/2022	SAB Death	UHH	SAER required
01/06/2022	SAB Death	UHM	Not required
13/06/2022	SAB Device -	UHM	Not required

Complaints

All complaints regarding infection prevention and control practices are managed through the Patient Affairs department. There have been **no** complaints for June 2022.

Evidence for Quality

Policies/Guidelines/ Standard Operating Procedures (SOPS) Update for Board Report May/June 2022

The Infection Prevention and Control Team are currently reviewing utilising the national policies/guidelines and Standard Operating Procedures for most of the Infection Control documents. All current documents are reviewed in line with the Vale of Leven Requirements (2 yearly). The process is as follows; prior to the renewal date (usually 6 months before) the guidelines and SOPs would be sent to the ICC for comment, all comments are then collated. The Governance Review Group (GRG) in conjunction with the key stakeholders meet, review and agree content. The final documents are then sent to ICC for ratification, uploaded onto Firstport and staff are informed via the Safety Brief.

All guidelines and SOPs remain within the review timescales with the exception of the following 3, which ICC granted an extension to the review date:

- Guideline on the Viral haemorrhagic fever management & control (expiry date December 2021). The Health Protection Team requested that a further extension until October 2022 be granted to allow the team time to review further.
- The Management of Occupational and non-occupational Exposures to Blood Borne Viruses including Needlestick injuries and Sexual Exposures guideline (expiry date April 2020). Occupational Health and Safety have requested that ICC extend further to December 2022.
- Guideline for Variant Creutzfeldt-Jakob disease. The guideline will be updated in line with national guidance of which the final document is awaited. ICC will be asked to grant an extension until October 2022

- The Governance Review Group (GRG) met 03 August 2022 and the following guidelines and SOP were reviewed and will be on the agenda of the ICC meeting 17 August 2022 for ratification.
  - Control of Communicable Disease in NHS Lanarkshire (guideline)
  - Routine investigation of food borne infections (guideline)
  - Control of Invasive Haemophilus influenza (Hib) disease (guideline and SOP)

Please note the above guidelines were presented to the Governance Review Group within the reporting period however, the group was not quorate and had to be rescheduled to the date noted above.

There are 5 IPC/PSSD policies hosted on the Corporate website and the process utilised by the Corporate Policies department is followed for informing that these documents are up for renewal, and the process noted above is also utilised. The 5 policies are:

- Hand Hygiene
- Face Mask Policy for the wider use of Face Masks and Face Coverings in Health and Social Care and Care Homes
- Decontamination and Disinfection of Equipment and Environment Policy (review date extended)
- Water Management Policy (PSSD) (updated new review date June 2024)
- Drinking Water and Ice Machines Policy (PSSD)

The link to the National Infection Prevention and Control Manual has been incorporated into the front page of the IPC First port page. Chapter 4: Infection Control in the Built Environment and Decontamination has now been incorporated into the NIPCM