Integration Joint Board
Clinical and Care Governance Committee

2nd May 2019

This Report relates to
Item 5 on the Agenda

Healthcare Associated Infection report

Paper presented by Elaine Ross

For Noting

Approved for Submission by	Eddie Docherty NMAP Executive Director
Author	Elaine Ross, Infection Control Manager
List of Background Papers	None
Appendices	None

Direction Required to Council, Health Board or Both	**Direction to:**	
	1. No Direction Required	*X*
	2. Dumfries and Galloway Council	
	3. NHS Dumfries and Galloway	
	4. Dumfries and Galloway Council and NHS Dumfries and Galloway	

SECTION 1: REPORT CONTENT

Title/Subject: Healthcare Associated Infection report

Meeting: IJB Clinical and Care Governance Committee

Date: 2nd May 2019

Submitted By: Elaine Ross, Infection Control Manager

Action: For Noting

1. Introduction

This Healthcare Associated Infection surveillance and harm reduction activity report supports the implementation of the Healthcare Quality Strategy.

2. Recommendations

The IJB Clinical and Care Governance Committee is asked to receive this Healthcare Associated Infection report and note in particular the position of NHS Dumfries and Galloway with regard to the *Staphylococcus aureus* bacteraemia (SAB) and *Clostridium difficile* infection (CDI) Local Delivery Plan targets.

3. Background

There was a rise in Clostridium difficile infections which started to increase in the community during 2017-2018. This also impacted on healthcare and required a multi modal plan to reduce levels. These levels have reduced in the New Year and in March, for the first time since we began recording C.diff data, there were no cases.

Levels of SAB and E.coli have remained stable with low numbers that have been healthcare associated.

In order to reduce community acquired infections, there have been sessions with community groups with the aim of increasing awareness of infection risk and prevention.

4. Staphylococcus aureus (including MRSA)

4.1. Staphylococcus aureus bacteraemia (SAB)

In total there were 35 SAB in 2108-19. Our local target was 26 cases.

6 months data	HAI	HCAI	CAI
October	4	1	1
November	0	0	0
December	0	1	2
January	0	0	3
February	2	0	1
March	1	1	2

Figure 1 - Local data
The graph below shows performance against the local delivery plan target (Previously the HEAT target). There has been considerable fluctuation over the reporting period.

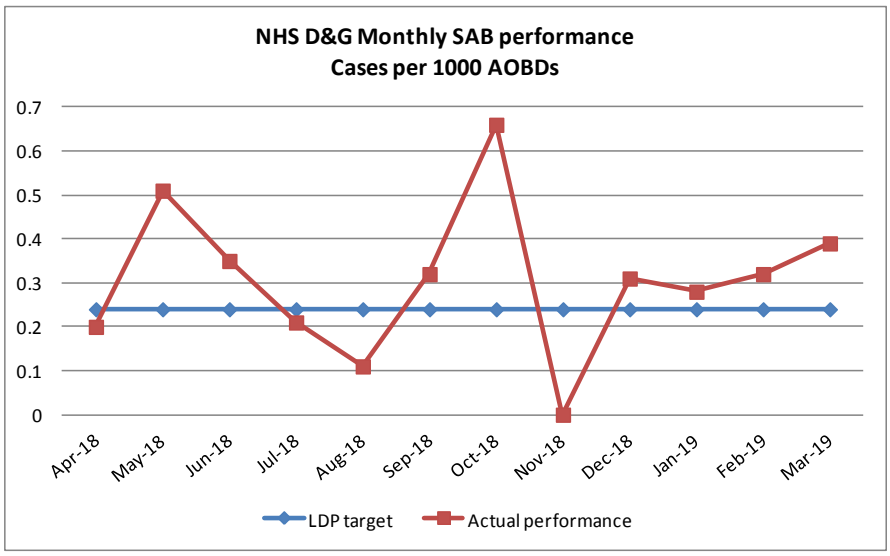
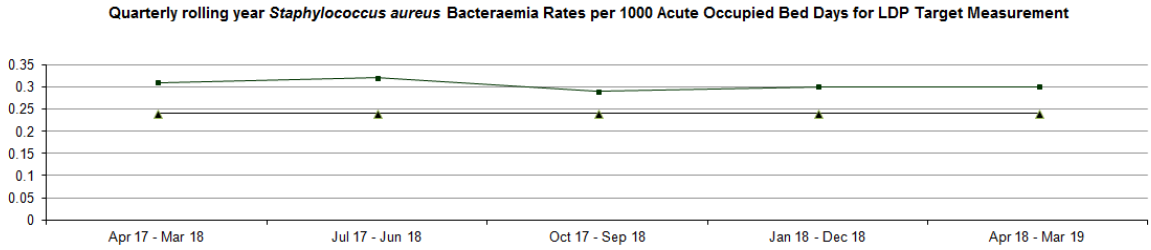


Figure 2 – Local data

A rolling quarterly average chart is used to even variation and shows performance over the year.



	Apr 17 - Mar 18	Jul 17 - Jun 18	Oct 17 - Sep 18	Jan 18 - Dec 18	Apr 18 - Mar 19
Actual Performance	0.31	0.32	0.29	0.30	0.30
Target	0.24	0.24	0.24	0.24	0.24

Figure 3 - Local data

The graph below illustrates performance against a median over 10 years. This is helpful is establishing the significance of any variation. There is no downward trend of significance at present.

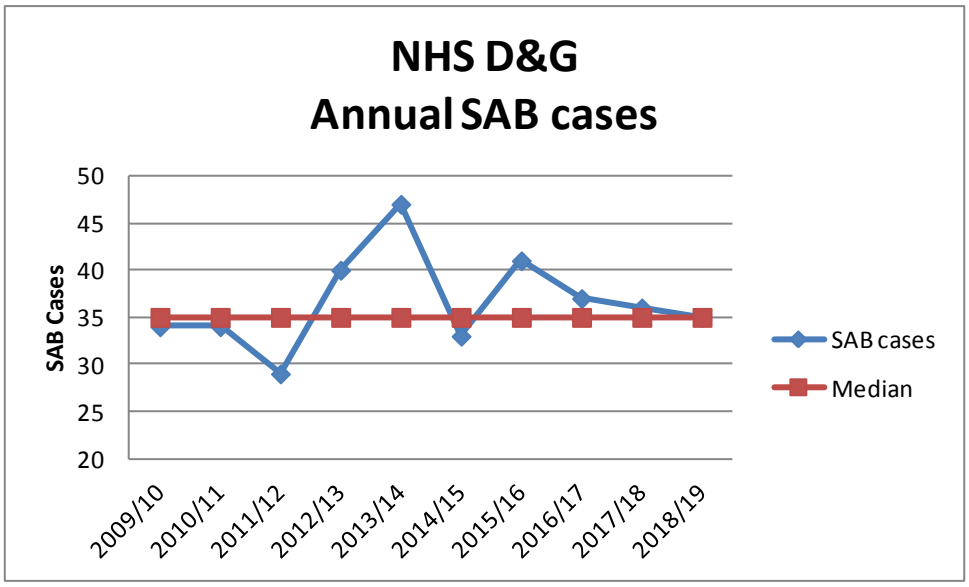
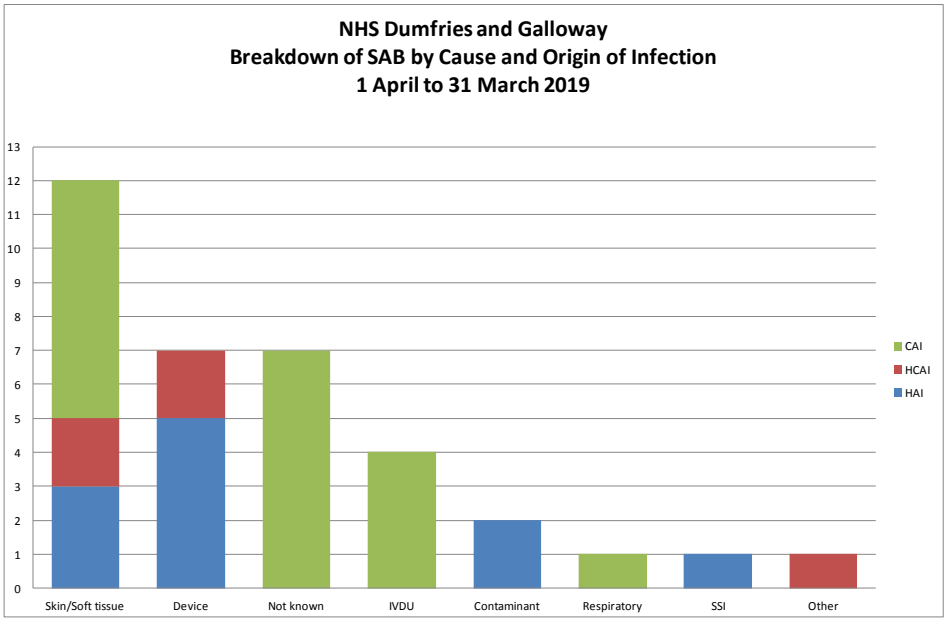


Figure 4- local data



Opportunities for improvement in HAI SAB are few given the very low number and improved management of devices and blood culture techniques have to be our local priorities.

4.2 Clostridium difficile

As the committee will be aware, there was a rise in Clostridium difficile infections which started to increase in the community 2017-2018. This also impacted in Healthcare and required a multi modal plan to reduce levels. These levels have reduced in the New Year and in March, for the first time since we began recording C.diff data, there were no cases.

CDI Cases per month by origin- local raw data unadjusted for recurrence.

	HAI	CAI	Unknown
January 2018	2	3	2
February 2018	3	1	0
March 2018	5	2	0
April 2018	1	2	1
May 2018	3	1	0
June 2018	3	1	0
July 2018	3	1	2
August 2018	5	1	0
September 2018	3	1	0
October 2018	2	1	0
November 2018	5	0	0
December 2018	3 (2 GCH)	0	1
January 2019	1	1	0
February 2019	2	0	0
March 2019	0	0	0

HAI- cases occurring after 48 hours or within 4 weeks of hospital admission
CAI - cases occurring within 48 hours of hospital admission or more than 12 weeks post hospital admission
Unknown – between 4 &12 weeks since hospital admission

Figure 5 - Local data
Monthly rate against the LDP target

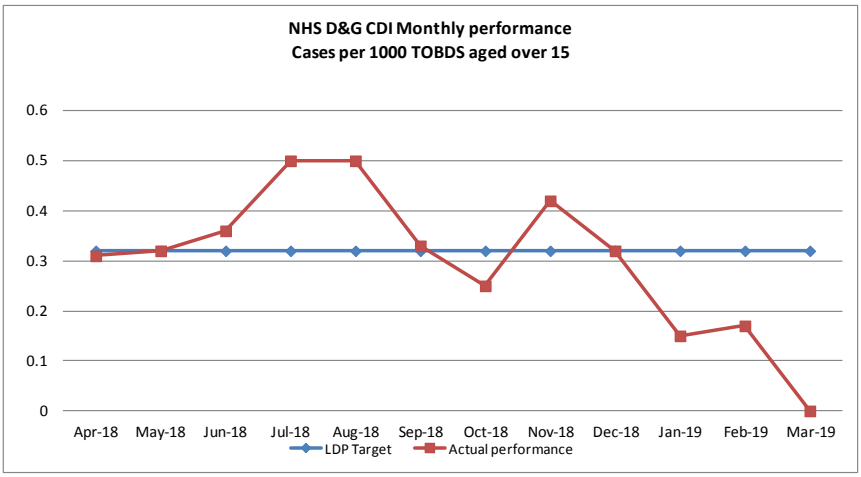
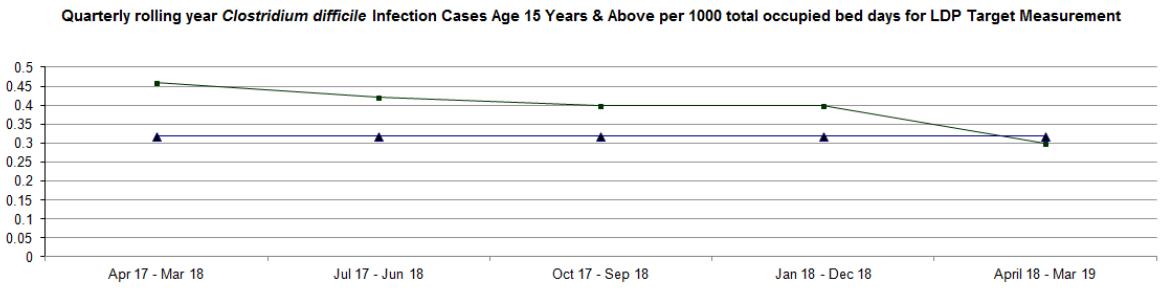


Figure 7 - Local data

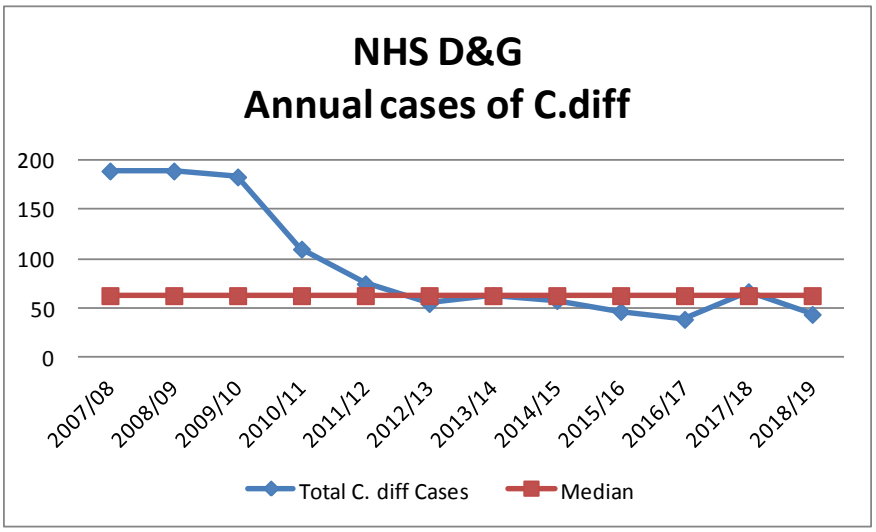
Rolling quarterly average indicates that we made our LDP target at the end of March 2019.



	Apr 17 - Mar 18	Jul 17 - Jun 18	Oct 17 - Sep 18	Jan 18 - Dec 18	April 18 - Mar 19
Actual Performance	0.46	0.42	0.40	0.40	0.30
Target	0.32	0.32	0.32	0.32	0.32

Figure 8 - Local data

Annual number of cases of CDI plotted against a median. This is encouraging; however, there is no significant shift as yet.



4.3 E.coli bacteraemia

Cases of E.coli bacteraemia have remained largely unchanged over the year with slight variation seen monthly.

Hydration and prevention of urinary tract infections are the two areas that we are focusing our improvements efforts on.

As most infections occur in the community, we are endeavouring to reach out into communities through links with our Infection Control Public Involvement Group (ICPIG) who provide invitations to speak to local groups such as the Women's Rural and Community Councils. This is a softer way of reaching our target populations as the message reaches far wider than the group initially receiving the information.
On 1st April there were 30 ladies at the Tynron Women's Rural and it is expected that there will be a similar number of people attending on 16th May at the Annandale and Eskdale Federation of Community Councils.

Figure 9 - Local data

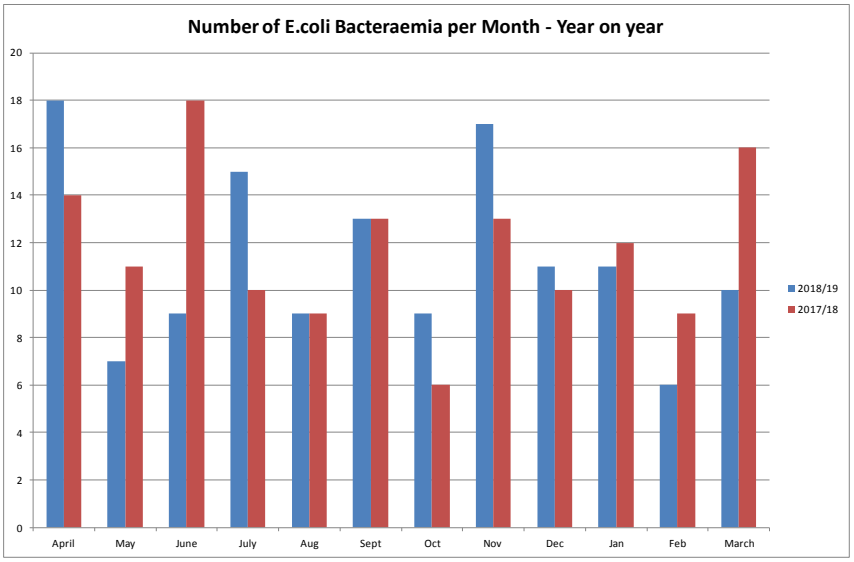
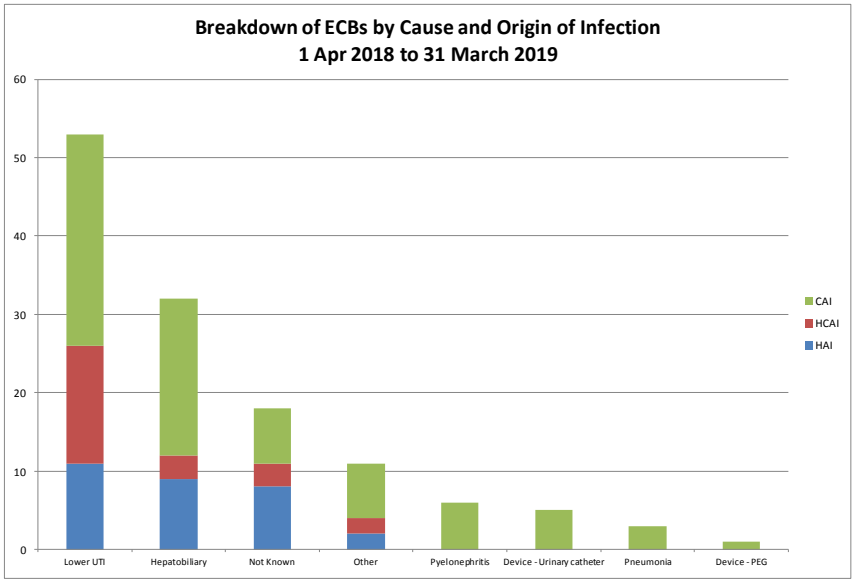


Figure 10 - Local data



4.4 Influenza

There has been one short lived outbreak of Influenza A at Kirkcudbright cottage hospital. The hospital was closed for 9 days with 9 of 12 patients affected. This hospital has shared bedrooms which makes control of an airborne or droplet infection much more difficult. The outbreak was managed well by staff.

The Infection Control Committee is currently overseeing a review of the minimum bed spacing guidance and provision in cottage hospitals in relation to this.

Whilst we are still seeing isolated cases of Flu being admitted to hospital, the Flu season has been far quieter than last year. This is largely due to the efficacy of the vaccine this year as it has been a good match for circulating strains.

4.5 Fans

For the committee's information, bladeless fans have been linked to outbreaks of infection as dust and debris can accumulate within the body of the fan and this cannot be cleaned.

In June 2018, following communication from Health Protection Scotland on the use of fans in clinical settings, a local SBAR was produced and circulated in NHS Dumfries and Galloway. This stated that no bladeless fans were to be used in a clinical setting. There has been much discussion and staff unease around this.

In January 2019 an Estates and Facilities alert (EFA/2019/001) was issued by all 4 UK health departments.

This called for the removal of **all portable fans** in health and social care facilities. Where a fan is needed for clinical reasons then a risk assessment is required and this must be documented in the patient's notes.

4.6 Conclusion

What this paper demonstrates is a relatively stable system with few healthcare associated infections. However, as we have seen with C. diff over the past 18 months, there is always potential for unexpected increase; hence the need for surveillance and swift action to investigate and treat the cause.

As the media have reported nationally, there are infection risks present from unexpected sources in healthcare and we have to be alert to these. The IPCT have a system of inspection and representation on various committees to ensure that there is a situational awareness of potential risk and that these are managed or addressed. These are then shared with the Infection Control Committee and Acute Management Board. Attendance at these meetings by a broad range of disciplines and management is vital to ensure effective communication of these risks. As is often the case, when incidents occur it is systems that fail, not individuals, and we must remain vigilant to ensure that the warning signs are not overlooked.

SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS

5. Resource Implications

No additional resource required

6. Impact on Integration Joint Board Outcomes, Priorities and Policy

This paper describes HAI harm reduction activity and supports implementation of the Healthcare Quality Strategy.

The Scottish Healthcare Associated Infection (HAI) standards are requirements expected to be met by NHS Boards and subject to inspection by the Healthcare Environment Inspectorate. This includes scrutiny not only of performance against local delivery plan targets and key performance indicators but systems and processes in place to escalate concerns and address poor performance at ward level.

7. Legal & Risk Implications

There is a risk to public perception and confidence in the service if local delivery plan targets are not met.

8. Consultation

No formal consultation has taken place as this is regular update paper which is made publicly available on the NHS D&G website and is discussed with our local Infection Control Public Involvement Group.

9. Equality and Human Rights Impact Assessment

None required

10. Glossary

Clostridium difficile Infection (CDI)
Community Associated Infection (CAI)
E.coli Bacteraemia ECB
Healthcare Associated Infection (HAI)
Health Protection Scotland (HPS)
Health Protection Team (HPT)
Infection Prevention and Control Team (IPCT)
Intravenous Drug Users (IVDU)
Local Delivery Plan (LDP)
Staphylococcus aureus bacteraemia (SAB)
Surgical site infection (SSI)

Dumfries and Galloway Integration Joint Board

DIRECTION

(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)

1.	Title of Direction and Reference Number	
2.	Date Direction Issued by Integration Joint Board	
3.	Date from which Direction takes effect	
4.	Direction to	
5.	Does this direction supersede, amend or cancel a previous Direction? If yes, include the reference number(s)	
6.	Functions covered by Direction	
7.	Full text of Direction	
8.	Budget allocated by Integration Joint Board to carry out Direction	
9.	Desired Outcomes	
10.	Performance Monitoring Arrangements	
11.	Date Direction will be Reviewed	