

# NHS Shetland

<b>Meeting:</b>	<b>Shetland NHS Board</b>
<b>Meeting date:</b>	<b>15 February 2022</b>
<b>Agenda reference:</b>	<b>Board Paper 2021/22/59</b>
<b>Title:</b>	<b>Healthcare Associated Infection (HAI) Report</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Kathleen Carolan, Director of Nursing &amp; Acute Services</b>
<b>Report Author:</b>	<b>Carol Colligan, Infection Control Manager &amp; Decontamination Lead</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to:**

- Government policy/directive
- Legal requirement
- Local policy

**This aligns to the following NHSScotland quality ambition(s):**

The HAI governance arrangements are most closely aligned to our corporate objectives to improve and protect the health of the people of Shetland and to provide high quality, effective and safe services.

## 2 Report summary

### 2.1 Situation

The Board is asked to receive the attached HAI report and note the Board's position and performance in relation to:

- Clostridium Difficile
- Staphylococcus Aureus Bacteraemias
- E Coli Bacteraemias
- Hand Hygiene compliance
- Monitoring of cleaning services

## 2.2 Background

It is a statutory requirement that NHS Boards receive an update on HAI standards and performance at every Board meeting. This report includes the national, mandatory reporting requirements and an update on key programmes of work locally that are being taken forward.

## 2.3 Assessment

The summary below sets out the report headlines for December 2021 (our most recent reporting period).

There are no exceptions to report in respect of HAI and Infection Control compliance to the Board as highlighted in this performance report.

- NHS Shetland had no cases of Staphylococcus Aureus Bacteraemia in December 2021
- NHS Shetland had no cases of Clostridioides Difficile Infection in December 2021
- NHS Shetland had five cases of E Coli Bacteraemia in December 2021
- NHS Shetland had no cases of Pseudomonas Bacteraemia in December 2021
- NHS Shetland had no cases of Klebsiella Bacteraemia in December 2021
- Hand Hygiene audit compliance figures for October to December 2021 was 99.2 %
- Cleaning standards compliance for the Board for October to December 2021 was 98.0 %
- Estates standards compliance for the Board for October to December 2021 was 99.8 %

### 2.3.1 Quality/ Patient Care

The HAI agenda focuses on reducing avoidable patient harm. Reporting HAI performance is part of the clinical governance arrangements for the Board and the focus is on meeting quality standards.

### 2.3.2 Workforce

Training in infection control and outbreak management is a key priority in our HAI governance arrangements.

### 2.3.3 Financial

HAI governance arrangements are part of the standard budgeting process and are funded via our general financial allocation.

### 2.3.4 Risk Assessment/Management

The HAI agenda focuses on reducing risks associated with the spread of infection (in the environment and through Public Health measures). The adverse event policy also applies to HAI related events.

### **2.3.5 Equality and Diversity, including health inequalities**

EQIA is not required.

### **2.3.6 Other impacts**

The HAI governance arrangements are underpinned by the national Standard Infection Control Precautions (SICPS).

### **2.3.7 Communication, involvement, engagement and consultation**

Not applicable

### **2.3.8 Route to the Meeting**

This report would usually be considered by the Control of Infection Committee (CoIC) and/or the Infection Control Team (ICT) prior to submission to the Board. Due to the agile governance arrangements in place between December 2021 and February 2022, these groups have not met and this report has been circulated by email to provide ongoing assurance.

Circulated on 08/02/22

## **2.4 Recommendation**

Awareness – for Board members

## **3 List of appendices**

The following appendices are included with this report:

Appendix No1 HAIRT Report December 2021

## NHS Shetland

### Healthcare Associated Infection Reporting Template (HAIRT)

Improved collaboration with the other UK nations has made comparisons and standardisation across the UK a high priority for all four nations' governments/health departments. The changes introduced in the Scottish HAI surveillance, described within this report facilitate benchmarking of the Scottish data against those of the rest of the UK.

#### Revisions to the surveillance

Description of Revision	Report section(s) revision applies to	Rational for revision
Addition of healthcare/community case assignment	Clostridioides Difficile Infection/ Staphylococcus Aureus Bacteraemia (CDI/SAB)	An increasing awareness of those infections occurring in community settings has warranted measurement of incidence rates by healthcare setting (healthcare settings vs. community settings) to enable interventions to be targeted to the relevant settings.
Use of standardised denominator data for Clostridioides Difficile Infection/ Escherichia Coli Bacteraemia/ Staphylococcus Aureus Bacteraemia (CDI/ECB/SAB)	CDI/SAB	The 'total occupied bed days' data will be extracted from the ISD(S)1 data collection which contains aggregated information on acute and non-acute bed days including geriatric medicine and long-term stays in real-time. The standardisation of denominator data across the three surveillance programmes could result in slightly less accurate denominators due to inclusion of persons in the denominator who are at slightly less risk of infection. However, in surveillance programmes developed for the purpose of preventing infection and driving quality improvement in care, consistency of the denominators over time tend to be more important than getting a very precise estimate of the population at risk, as the primary aim is to reduce infection to a lower incidence relative to what it was at the initial time of benchmarking.
Reporting of CDI cases aged 15 years and above only	CDI	Current Scottish Government Local Delivery Plan Standards are based on the incidence rate in cases aged 15 years and above, therefore the report has been aligned to reflect this. HPS will continue to monitor CDI incidence rates in the separate age groups (15-64 years and 65 years and above) internally.
Reporting of total SAB cases only (i.e. Removal of MRSA sub-analysis)	SAB	MRSA numbers are becoming too small to carry out statistical analysis. HPS will continue to monitor internally.

Full details of the report methods and caveats can be found here – <http://www.hps.scot.nhs.uk/pubs/detail.aspx?id=3340>

## Section 1 – Board Wide Issues

### Key Healthcare Associated Infection Headlines

December 2021

- NHS Shetland had no cases of Staphylococcus Aureus Bacteraemia in December 2021
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#### **Staphylococcus Aureus (including MRSA)**

*Staphylococcus aureus* is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. The most common form of this is Meticillin Sensitive *Staphylococcus Aureus* (MSSA), but the more well known is MRSA (Meticillin Resistant *Staphylococcus Aureus*), which is a specific type of the organism which is resistant to certain antibiotics and is therefore more difficult to treat. More information on these organisms can be found at:

*Staphylococcus aureus* :

[http://www.nhs24.com/content/default.asp?page=s5\\_4&articleID=346](http://www.nhs24.com/content/default.asp?page=s5_4&articleID=346)

MRSA: [http://www.nhs24.com/content/default.asp?page=s5\\_4&articleID=252](http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252)

Staphylococcus Aureus Bacteraemia (SAB) include bacteraemia (blood infections) caused by both Meticillin Resistant Staphylococcus Aureus (MRSA) and Meticillin Sensitive Staphylococcus Aureus (MSSA). NHS Boards will now report the total of SAB cases rather than reporting these as individual cases of MRSA and MSSA.

The denominator for Healthcare Associated Infections (HCAI) SAB's has been changed to cases per 100,000 Total Occupied Bed Days (TOBD) and for Community Associated (CA) SAB's, cases per 100,000 of the population.

**Nationally full surveillance of cases has stopped during the COVID pandemic and is reduced to classification of cases as either HCAI or CA. This is still the current position.**

The tables on Page 9 and 10 represent the incidence of SABs within NHS Shetland on a monthly basis. There were no cases in December 2021. There have been five cases in the last twelve months.

The latest quarterly update from HPS on the SAB rate is still for **April to June 2021**. There was one case in this quarter which was CA giving a rate of 17.5/100,000 of the population. In the last twelve months there have been two cases which were HCAI and one case which was CA.

## ***Clostridioides difficile***

***Clostridioides difficile*** is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. More information can be found at:

<http://www.nhs.uk/conditions/Clostridium-difficile/Pages/Introduction.aspx>

**Clostridium difficile infection is now known as Clostridioides Difficile Infection (CDI)**

The denominator for HCAI CDI has been changed to cases per 100,000 TOBD and for CA CDI, cases per 100,000 of the population. The incidence of CDI is monitored at a national level through laboratory reporting and also at a local level through reporting of both clinically 'suspected' cases and laboratory reports.

The tables on Page 9 and 10 show the trends in CDI in NHS Shetland. There were no cases reported in December 2021. There have been five cases of CDI in the last 12 months. Continued surveillance, prevention and management of CDI are ongoing with **good antimicrobial stewardship** continuing to be a key factor.

National figures are produced by HPS on a quarterly basis. The latest quarterly update from HPS is still for **April to June 2021**. There were two cases which were HCAI giving a rate of 98.8/100,000 TOBD. In the last twelve months there have been five HCAI cases and two CA case.

### **Enhanced National Light Surveillance of *E. Coli* Bacteraemia**

*E. coli* bacteraemia is an emerging threat. *E. coli* is one of the most frequently isolated organisms associated with Gram negative bacteraemia and these have increased continuously since 2009 in Scotland with a burden of infection now larger than that caused by CDI and SAB. The incidence rates are higher in Scotland than in the rest of the UK.

Several researchers have suggested that *E. coli* bacteraemia is not adequately controlled using current infection prevention and control strategies. It is crucially important to address the risks associated with primary *E. coli* infections occurring in both hospital and community settings.

Cases are broken down into two different categories – Healthcare Associated Infections (HCAI) per 100,000 TOBD and Community Acquired Infections (CA) presented at an annualised rate per 100,000 for the board population. There were five cases in December 2021. Two cases were HCAI and three were CA. There have been sixteen cases in the previous twelve months.

The latest quarterly update from HPS is still for **April to June 2021**. For this quarter there were two cases which were HCAI giving a rate of 98.8/100,000 TOBD and three cases which were CA giving a rate of 52.6/100,000 of the population. In the last twelve months there have been nine cases for HCAI and six cases for CA Infections.

**Surveillance for two additional groups of Bacteraemia have been added from June 2020 as part of a pilot project by HPS, these are for Klebsiella and Pseudomonas.** There were no cases of Klebsiella or Pseudomonas Bacteraemia in December 2021.

## Surgical Site Infections (SSIs)

Surgical site infection (SSI) is one of the most common healthcare associated infections (HAI), estimated to account for 18.6% of inpatient HAI within NHSScotland. Excess morbidity and mortality arise from these SSIs and are estimated on average to double the cost of treatment, mainly due to the resultant increase in length of stay. These infections have serious consequences for patients as they can result in pain, suffering and in some cases require additional surgical intervention. SSI rates are an important surgical outcome measure and the two key aims of SSI surveillance are to provide participating hospitals with robust SSI rates for comparison and to use this data to improve the quality of patient care. Evidence suggests that actively feeding back data to clinicians contributes to reductions in rates of infection and that SSI is the most preventable of all HAI.

**Nationally Surgical Site Surveillance was stopped during the COVID pandemic and has not yet been restarted.**

## Hand Hygiene

Good hand hygiene by staff, patients and visitors is a key way to prevent the spread of infections. More information on the importance of good hand hygiene can be found at:

<http://www.washyourhandsofthem.com/>

Audits are now undertaken on a quarterly basis to monitor compliance with hand hygiene opportunities. Audits have been reduced to a quarterly basis due to the continued high levels of compliance achieved locally. If however compliance levels for hand hygiene fall, monthly audits will be reinstated immediately. The table on Page 9 shows local compliance with hand hygiene opportunities as monitored through audits for different staff groups. Compliance levels were 99.2 % for **October to December 2021**. NHS Shetland has generally demonstrated good compliance over the last year. In line with the Cabinet Secretary's approach to hand hygiene, we have adopted zero tolerance to poor hand hygiene, so every occasion when a member of staff fails to comply is dealt with immediately and additional training continues to be offered as necessary.

## Cleaning and the Healthcare Environment

Keeping the healthcare environment clean is essential to prevent the spread of infections. NHS Boards monitor the cleanliness of hospitals and there is a national target to maintain compliance with standards above 90%. The cleaning compliance score for the Board can be found at the end of section 1 and for each hospital in section 2.

Healthcare environment standards are also independently inspected by the Healthcare Environment Inspectorate. More details can be found at:

<http://www.nhshealthquality.org/nhsqis/6710.140.1366.html>

Compliance with the national cleaning services specification is monitored at a local level and reported nationally on a quarterly basis. The tables on Page 9 and 10 show compliance for the local audits for 2019 - 2021. The latest compliance data for the Board with the Cleaning Services Standards is for the quarter from **October to December 2021** and was 98.0%. The latest compliance data for the Board for Estates Monitoring Standards is for **October to December 2021** and was 99.8 %.

## Outbreaks

No outbreak controls were initiated in this reporting period out with the COVID pandemic.



## Other HAI Related Activity

In this reporting period we have:

- Supported the introduction of new respiratory pathways in NHS Shetland to safely and effectively manage the provision of healthcare services during the COVID pandemic
- Continued to monitor performance against current HAI standards on the wards
- Continued to provide educational sessions for all NHS Shetland staff especially about Covid/ Respiratory Infection and the management of Personal Protective Equipment. Additional sessions on frailty and the importance of good hydration in reducing the incidence of E coli bacteraemia have also been undertaken
- Continued screening and reporting on the audit programme for MRSA and Carbapenemase-Producing Enterobacteriaceae (CPE)
- Continued to update Infection Prevention and Control policies, procedures and guidelines especially in relation to the COVID pandemic
- Continued to monitor compliance with the Catheter Associated Urinary Tract Infections (CAUTI) bundle across the Gilbert Bain Hospital and to work on the improvement project related to this
- Continued to monitor and assure compliance to national cleaning specifications
- Continued to raise awareness of other seasonal illnesses such as RSV, Norovirus and Influenza
- Provided advice and support to all Care Homes, to support outbreak management during omicron COVID variant surge
- Provided support for all departments to aid the remobilization of services
- Continued to monitor the action plan to meet identified improvement requirements following the unannounced inspection by HIS on the 07<sup>th</sup> and 8<sup>th</sup> of September 2021

## Healthcare Associated Infection Reporting Template (HAIRT)

### Section 2 – Healthcare Associated Infection Report Cards

The following section is a series of 'Report Cards' that provide information on the number of cases of *Staphylococcus aureus* blood stream infections, *Clostridioides difficile* infections and *E. Coli Bacteraemias* as well as hand hygiene and cleaning compliance broken down by month. The information in the report cards is provisional local data, and may differ from the national surveillance reports carried out by Health Protection Scotland and Health Facilities Scotland. The national reports are official statistics which undergo rigorous validation, which means final national figures may differ from those reported here. However, these reports aim to provide more detailed and up to date information on HAI activities at local level than is possible to provide through the national statistics.

### Targets

There are national targets associated with reductions in C.diff and SABs. More information on these can be found on the Scotland Performs website:

<http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotland/performance>

### Understanding the Report Cards – Hand Hygiene Compliance

Hospitals carry out regular audits of how well their staff are complying with hand hygiene. Each hospital report card presents the combined percentage of hand hygiene compliance with both opportunity taken and technique used broken down by staff group.



## Understanding the Report Cards – Cleaning Compliance

Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning and estates compliance audits.

### NHS SHETLAND JANUARY 2022 BOARD REPORT CARD

#### *Staphylococcus aureus* bacteraemia monthly case numbers

	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021
HCAI	0	0	0	0	0	0	1	1	0	0	1	0
CA	0	0	0	0	0	1	0	0	0	1	0	0
<b>Total</b>	0	0	0	0	0	1	1	1	0	1	1	0

#### *Clostridioides difficile* infection monthly case numbers

	Jan 2021	Feb 2020	Mar 2020	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021
HCAI	0	0	0	2	1	0	0	0	0	0	0	0
CA	1	0	0	0	0	0	1	0	0	0	0	0
<b>Total</b>	1	0	0	2	1	0	1	0	0	0	0	0

#### *E Coli* bacteraemia monthly case numbers

	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021
HCAI	1	1	0	1	0	1	0	1	0	2	0	2
CA	0	0	0	2	0	1	0	0	0	1	0	3
<b>Total</b>	1	1	0	3	0	2	0	1	0	3	0	5

#### Hand Hygiene Monitoring Compliance (%)

	Jan – Mar 20	Apr – Jun 20	Jul – Sept 20	Oct – Dec 20	Jan – Mar 21	Apr – Jun 21	Jul – Sept 21	Oct – Dec 21
<b>AHP</b>	100.0	100.0	100.0	97.9	100.0	100.0	100.0	100.0
<b>Ancillary</b>	97.4	100.0	100.0	97.4	98.5	100.0	100.0	100.0
<b>Medical</b>	96.8	100.0	96.7	96.7	93.1	96.8	100.0	97.8
<b>Nurse</b>	100.0	100.0	96.4	99.1	98.1	99.1	100.0	99.1
<b>Board Total</b>	99.1	100.0	97.9	98.3	97.7	99.1	100.0	99.2

**Cleaning Compliance (%)**

	Jan – Mar 20	Apr – Jun 20	Jul – Sept 20	Oct – Dec 20	Jan – Mar 21	Apr – Jun 21	Jul – Sept 21	Oct – Dec 21
<b>Board Total</b>	98.1	98.3	96.6	98.1	96.2	98.5	97.1	98.0

**Estates Monitoring Compliance (%)**

	Jan – Mar 20	Apr – Jun 20	Jul – Sept 20	Oct – Dec 20	Jan – Mar 21	Apr – Jun 21	Jul – Sept 21	Oct – Dec 21
<b>Board Total</b>	99.9	99.9	99.6	99.9	100.0	100.0	100.0	99.8

**GILBERT BAIN HOSPITAL REPORT CARD****Cleaning Compliance (%)**

	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021
<b>GBH Total</b>	98.8	96.9	97.3	98.9	98.6	98.8	99.5	99.2	98.1	96.8	99.6	99.8

**Estates Monitoring Compliance (%)**

	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021
<b>GBH Total</b>	N/A	N/A	99.9	N/A	N/A	N/A	N/A	N/A	N/A	99.2	N/A	N/A

Note: N/A = No rectifications reported.