

Meeting of
Lanarkshire NHS Board
25 June 2007

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HEALTHCARE ASSOCIATED INFECTION: UPDATE REPORT

1. PURPOSE

The attached paper aims to provide members with an update on the organisation's position regarding Healthcare Associated Infection.

2. BACKGROUND

Current Management and Governance Arrangements

From the 1 February 2008 executive responsibility for Healthcare Associated Infection was incorporated into the portfolio of the Medical Director. In addition, operational management of the Specialist Infection Control Service transferred to the Divisional Nurse Director – Community and Primary Care, (Appendix 1).

In doing so it was recognised that a review of the service was required to ensure the organisation had the capacity and capability to meet the significant and growing agenda in this area of practice. This includes a review of the governance and management structure as well as a review of the workforce requirements for the service.

Work is well underway to scope out the current governance arrangements, (Appendix 2) and their effectiveness. To date, this has included a development event aimed at maximising the effectiveness of the Lanarkshire Infection Control Committee, scoping the connectivity of infection control with front line service delivery and the generation of infection control activity aimed at informing the future workforce plan for the service. A report on the outcome of this work will be provided to the Corporate Management Team in September 2008.

National Policy and Direction

There has been a significant focus on Healthcare Associated Infection by members of the public and Government Ministers over the last several years. This has resulted in the establishment of a national Healthcare Associated Infection Task Force aimed at improving practice and performance and the subsequent development of a Task Force Delivery Plan. Other key documents include NHS Quality Improvement Scotland's Healthcare Associated Infection Standards and a

range of Scottish Government Health Department Letters about decontamination of clinical equipment and surveillance.

The Healthcare Associated Infection Task Force: New Three Year Delivery Plan 2008– 2011, 'Preventing Infections While Receiving Healthcare', builds on the work progressed by the Task Force & NHS Boards during the 5 years to March 2008. The key components that NHS Lanarkshire requires to implement include:-

- Meeting the Health Efficiency Access and Treatment target to achieve a 30% reduction in Staphylococcus aureus bacteraemias by 2010.
- Improving hand hygiene compliance amongst NHS staff by meeting the target of at least 90% compliance by November 2008.
- Ensuring that NHS Lanarkshire is ready and equipped to participate in the national MRSA screening programme from 2009/2010.
- Meeting the new cleaning compliance targets set by Health Facilities Scotland.
- Implementing care bundles associated with the Scottish Patient Safety Programme and other care bundles as they are developed.
- Implementing surveillance programmes relating to general medicine, care of the elderly and other areas as they are developed.
- Ensuring that NHS Lanarkshire staff understand the connectivity between the Healthcare Associated Infection agenda, the Patient Safety and Patient Experience programmes.
- Ensuring the organisation works towards reducing skin and soft tissue infections.

Progress against these targets and planned actions is summarised below and will form a key component of the organisation's Healthcare Associated Infection Control Work Programme for the period 2008/09.

3. SUMMARY OF KEY ISSUES

Meet the Health Efficiency Access and Treatment target to achieve a 30% reduction in Staphylococcus aureus bacteraemias by 2010.

Current performance against a trajectory of 221 cases as of December 2007 was 265 and therefore 20% (44 cases) higher than predicted. However, whilst the trajectory has not been achieved the rates remain within the acceptable control limits set nationally. It is important to note that the performance target does not account for normal or seasonal variations nor shows that the Lanarkshire rate remains stable.

NHS Lanarkshire is implementing a package of measures intended to reduce the level of Staphylococcus aureus bacteraemias in hospitals. These include:-

- Recruitment of an Antimicrobial Pharmacist for a 2 year period by October 2008. The post will focus on the implementation and audit of practice in relation to the Scottish Management of Antibimicrobial Resistance Action Plan (ScotNARAP).
- Ongoing implementation of enhanced *Staphylococcus aureus* bacteraemia surveillance.
- Implementation of the Scottish Patient Safety Programme to include the Peripheral Vascular Catheters, Central Venous Catheters and hand hygiene care bundles.
- Implementation of the national hand hygiene programme.
- Identification and replication of best practice identified across NHS in Scotland where appropriate.
- Identification of clinical areas that may have higher levels of *Staphylococcus aureus* bacteraemia due to the nature of clinical interventions and fitness of the patients within their care with a view to maximising the effectiveness of infection control mechanisms wherever possible.
- Establishment of a local database to identify trends with a view to identifying potential causes and sources of bacteraemias. Whilst the database is at an early stage of development discussions are underway with the Associate Nurse Directors about the implementation of the Peripheral Vascular Catheter care bundles within medical wards.

The impact of these actions will be monitored as part of the wider annual infection control work programme. It is envisaged that, taking into account expected variation, the effective implementation of these interventions will be reflected in future *Staphylococcus aureus* bacteraemia rates.

Improve hand hygiene compliance amongst NHS staff by meeting the target of at least 90% compliance by November 2008.

The National Hand Hygiene report produced by Health Protection Scotland in April 2008 identified NHS Lanarkshire's compliance rate at 75% representing a 20% improvement on the previous year. A more recent local audit confirmed that compliance had increased to 80%.

An action plan which underpins the organisation's annual Healthcare Associated Infection Control Work Programme has been developed to ensure the at least 90% target by November is achieved. This includes:-

- Employment of a Hand Hygiene Trainer.
- Hand hygiene products trial and signage piloted in four areas.
- Spread of hand hygiene care bundles as part of the Patient Safety Programme.
- Regular audits of practise and feedback to staff.
- Implementation of self audit and practice improvement.
- Inclusion of hand hygiene compliance as a regular item at Charge Nurse Forums within the hospital setting.
- Review of Section "H" of the Infection Control Manual – Hand Hygiene Policy.

- Establishment of hand hygiene information as the screen saver on all computers across the organisation with a view to increasing awareness of this issue.

Ensure NHS Lanarkshire is ready and equipped to participate in the national MRSA screening programme from 2009/2010.

A short life working group chaired by Dr Eleanor Anderson, Consultant in Public Health Medicine has been established. The Group will assess the potential impact of implementing the above screening programme, developing a business case to ensure NHS Lanarkshire is fully prepared and equipped by 2009/2010. Quarterly progress reports will be provided to the Lanarkshire Infection Control Committee.

Meet the new cleaning compliance targets set by Health Facilities Scotland.

The above monitoring framework and targets are currently being developed by Health Facilities Scotland and will be published in March 2009. Early information suggests that it is likely to include:-

- Deepening of the specification, so that a higher standard of cleanliness will be required to achieve the 90% 'Green' pass mark.
- The introduction of a 'one off' extensive external quality assurance audit of the audit procedures, to ensure all NHS Boards are reporting accurately and consistently.
- Ensure public involvement in audits is consistent across NHS Boards.

In the meantime the current national cleaning framework and targets continue to be implemented. At present the organisation remains within the green compliance zone and is therefore, compliant with the existing national target. Indeed overall performance in this area has shown a steady improvement, with the overall score rising from 94.4% to 96% closing the gap against the Scottish average of 96.1% from 1.1% to 0.1%.

Implement care bundles associated with the Scottish Patient Safety Programme and other care bundles as they are developed.

NHS Lanarkshire Infection Control Service piloted the central venous catheter, peripheral vascular cannula and hand hygiene care bundles on behalf of Health Protection Scotland in November 2007. These are a key component of the Patient Safety Programme in Lanarkshire. The Infection Control Team will work closely with the Patient Safety Programme Co-ordinator to support their full implementation.

The Infection Control Team is currently piloting the clostridium difficile care bundle on behalf of Health Protection Scotland. On completion the care bundle will be fully implemented as a component of the management of patients with clostridium difficile associated disease. Other care bundles being developed by Health Protection Scotland will be implemented by appropriate NHS Lanarkshire personnel as they become available.

Implement surveillance programmes relating to General Medicine, Care of the Elderly and other areas as they are developed.

Health Protection Scotland is charged with developing a national surveillance methodology for catheter related urinary tract infections by March 2011. NHS Lanarkshire will require to collect and utilise this information within General Medicine and Care of the Elderly wards. Additional surveillance measures will be integrated into the work of the Infection Control Surveillance Team as they come on stream.

The Infection Control Surveillance Team is currently focusing on the implementation of the revised Framework for National Surveillance of Healthcare Associated Infection in Scotland HDL (2006) 38. At present, the organisation is fully compliant with the Orthopedic Surgical Site Infection to include hip arthroplasty and fractured neck of femur, Staphylococcus aureus bacteraemia and clostridium difficile surveillance and partially compliant with Caesarean Section Surveillance, in that surveillance is undertaken up to 10 days post discharge, but not up to 30 days post discharge. To address this a Clinical Audit Data Manager has been appointed to undertake this work and other aspects of surveillance such as the future implementation of catheter related urinary tract infections. It is expected that the postholder will be in place by the end of the summer. In the meantime, a number of options are being considered with a view to commencing this element of the surveillance programme as soon as possible.

Ensure NHS Lanarkshire staff understand the connections between the Healthcare Associated Infection agenda, the Patient Safety and Patient Experience programmes.

Reporting to the Executive Director for Nurses, Midwives and Allied Health Professions, the Patient Safety Manager is currently scoping out the linkages across the Healthcare Associated Infection agenda, Patient Safety and Patient Experience Programmes. It is anticipated that this work will be completed by October 2008. Thereafter, a communications plan will be established to ensure staff are clear about connectivity of these programmes and their role within them.

In relation to Healthcare Associated Infection, a representative from the Patient Public Partnership Forum is a member of the Lanarkshire Infection Control Committee. This provides a platform for the public to be involved in the arrangements for the prevention and control of infection.

A short life working group is soon to be established to implement the new NHS Quality Improvement Scotland Healthcare Associated Infection Standards, Standard 2 Patient Focus and Public Involvement. This will include reviewing the quality and availability of information currently provided to the public in relation to healthcare associated infection. This will ensure that the organisation works towards full implementation of the Healthcare Associated Infection Task Force Public Information Strategy.

Ensure NHS Lanarkshire works towards reducing skin and soft tissue infections.

In reviewing the infection control service 2 years ago the organisation took the decision to integrate the Tissue Viability Service and Infection Control Service into a single pan Lanarkshire Service. This approach will ensure the necessary connectivity to support the required reduction in skin and soft tissue infection.

Work to date includes the standardisation of dynamic equipment utilised across the organisation with the establishment of a single service contract with Hill-Rom. In addition, the Infection Control Service will work with key clinical staff to develop a robust action plan to ascertain the prevalence of skin and soft tissue infections, standardise and continuously improve practice.

NHS Quality Improvement Scotland Healthcare Associated Infection Standards:

NHS Lanarkshire has been involved in the development and piloting of the above standards with an audit of practice being undertaken in October 2007. An action plan to address areas of non compliance is currently being developed and will be fully implemented. This will form part of the annual Healthcare Associated Infection Control Work Programme. Performance against the Work Programme will be reported on a quarterly basis to the Lanarkshire Infection Control Committee.

4. CONCLUSION

Significant work is required to ensure the organisation is fully compliant with the national Healthcare Associated Infection agenda over then next 3 years and is currently being progressed. The Lanarkshire NHS Board is therefore asked to:-

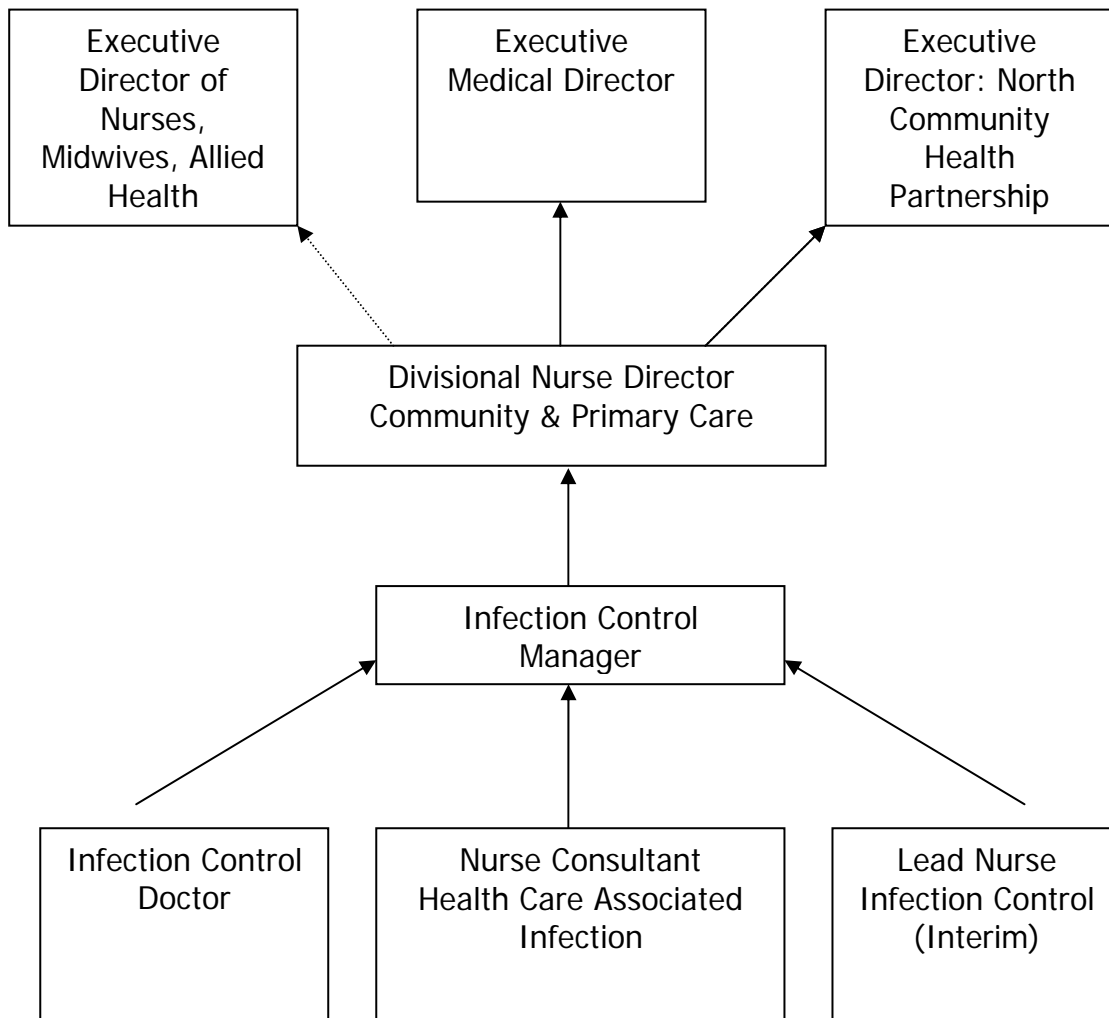
- Note the report.
- Receive a six monthly progress report.
- Remit to the Corporate Management Team the responsibility to review and endorse the organisation's Annual Healthcare Associated Infection Work Programme in July 2008.

5. FURTHER INFORMATION

For further information or clarification of any issues in this paper please contact:
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Appendix 1: Current Management Structure



Appendix 2: Current Governance Structure

