

**Borders NHS Board**



**HEALTHCARE ASSOCIATED INFECTION PREVENTION AND CONTROL REPORT  
NOVEMBER 2017**

**Aim**

The purpose of this paper is to update Board members on the current status of Healthcare Associated Infections (HAI) and infection control measures in NHS Borders.

**Background**

The NHS Scotland HAI Action Plan 2008 requires an HAI report to be presented to the Board on a two monthly basis.

**Summary**

This report provides an overview for Borders NHS Board of infection prevention and control with particular reference to the incidence of Healthcare Associated Infections (HAI) against Scottish Government HEAT targets, together with results from cleanliness monitoring and hand hygiene audit results.

**Recommendation**

The Board is asked to **note** this report.

<b>Policy/Strategy Implications</b>	This report is in line with the NHS Scotland HAI Action Plan.
<b>Consultation</b>	There is no requirement to consult as this is a bi-monthly update report as required by SGHD.
<b>Consultation with Professional Committees</b>	This is a regular bi-monthly update as required by SGHD. As with all Board papers, this update will be shared with the Area Clinical Forum for information.
<b>Risk Assessment</b>	All risks are highlighted within the paper.
<b>Compliance with Board Policy requirements on Equality and Diversity</b>	This is an update paper so a full impact assessment is not required.
<b>Resource/Staffing Implications</b>	This assessment has not identified any resource/staffing implications.

**Approved by**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
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## Healthcare Associated Infection Reporting Template (HAIRT)

### Section 1– Board Wide Issues

This section of the HAIRT covers Board wide infection prevention and control activity and actions. For reports on individual hospitals, please refer to the 'Healthcare Associated Infection Report Cards' in Section 2.

A report card summarising Board wide statistics can be found at the end of section 1

### **Key Healthcare Associated Infection Headlines for November 2017**

- NHS Borders had 27 *Staphylococcus aureus* Bacteraemia (SAB) cases between April and November 2017. To achieve the HEAT target rate of 24.0 cases or less per 100,000 acute occupied bed days (AOBD) by March 2018, NHS Borders should have no more than 19 cases per year.
- NHS Borders had 17 *Clostridium difficile* infection (CDI) cases between April and November 2017 and is on trajectory to achieve the CDI HEAT target rate of 32.0 cases or less per 100,000 total occupied bed days (TOBD) for patients aged 15 and over, by March 2018. To achieve the HEAT target, NHS Borders should have no more than 33 cases per year.

### **Staphylococcus aureus Bacteraemia (SAB)**

See Appendix A for definition.

Figure 1 shows that Community Infections accounted for 44% of SAB cases between April and November 2017. There was only one case of Meticillin-resistant *Staphylococcus aureus* (MRSA).

There has been one case of Meticillin-resistant *Staphylococcus aureus* (MRSA) between April and November 2017.

Figure 2 shows a Statistical Process Control (SPC) chart showing the number of days between each SAB case. The reason for displaying the data in this type of chart is due to SAB cases being rare events with low numbers each month.

Traditional charts which show the number of cases per month can make it more difficult to spot either improvement or deterioration. These charts highlight any statistically significant events which are not part of the natural variation within our health system. There have been no statistically significant events since the last Board update.

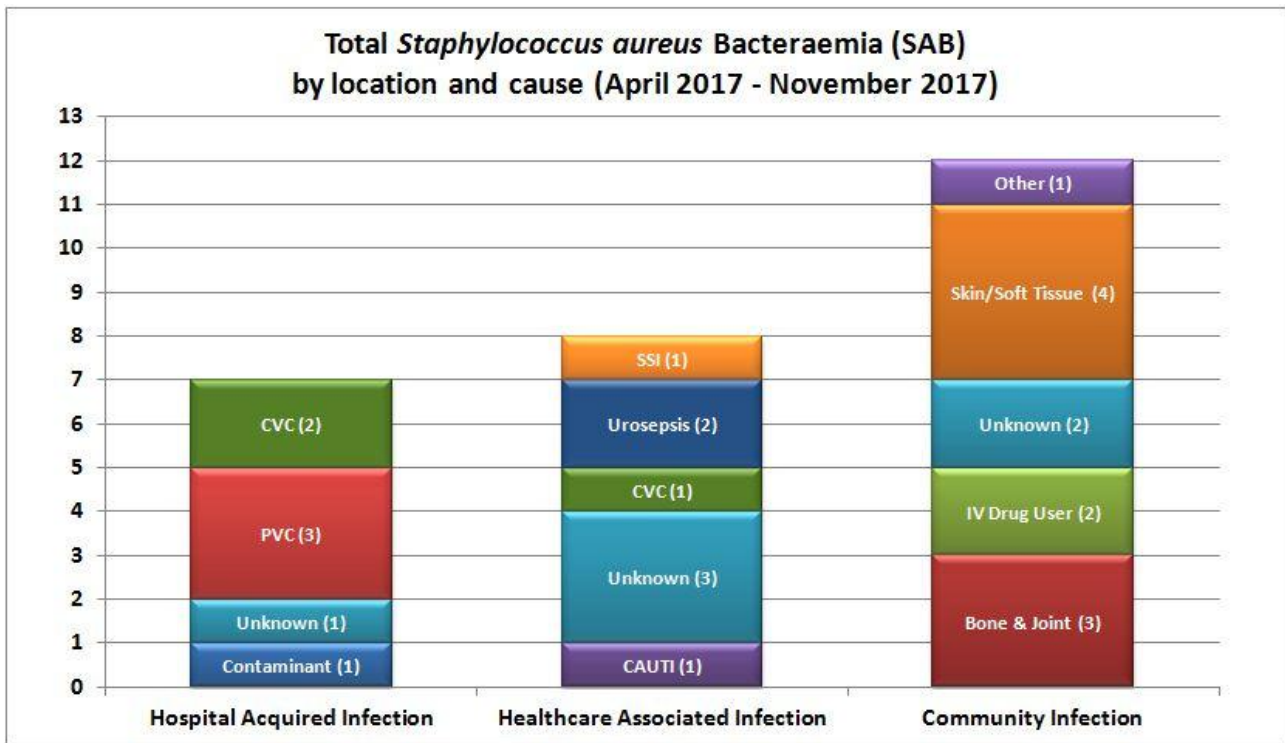


Figure 1: SAB cases by location and cause April – November 2017

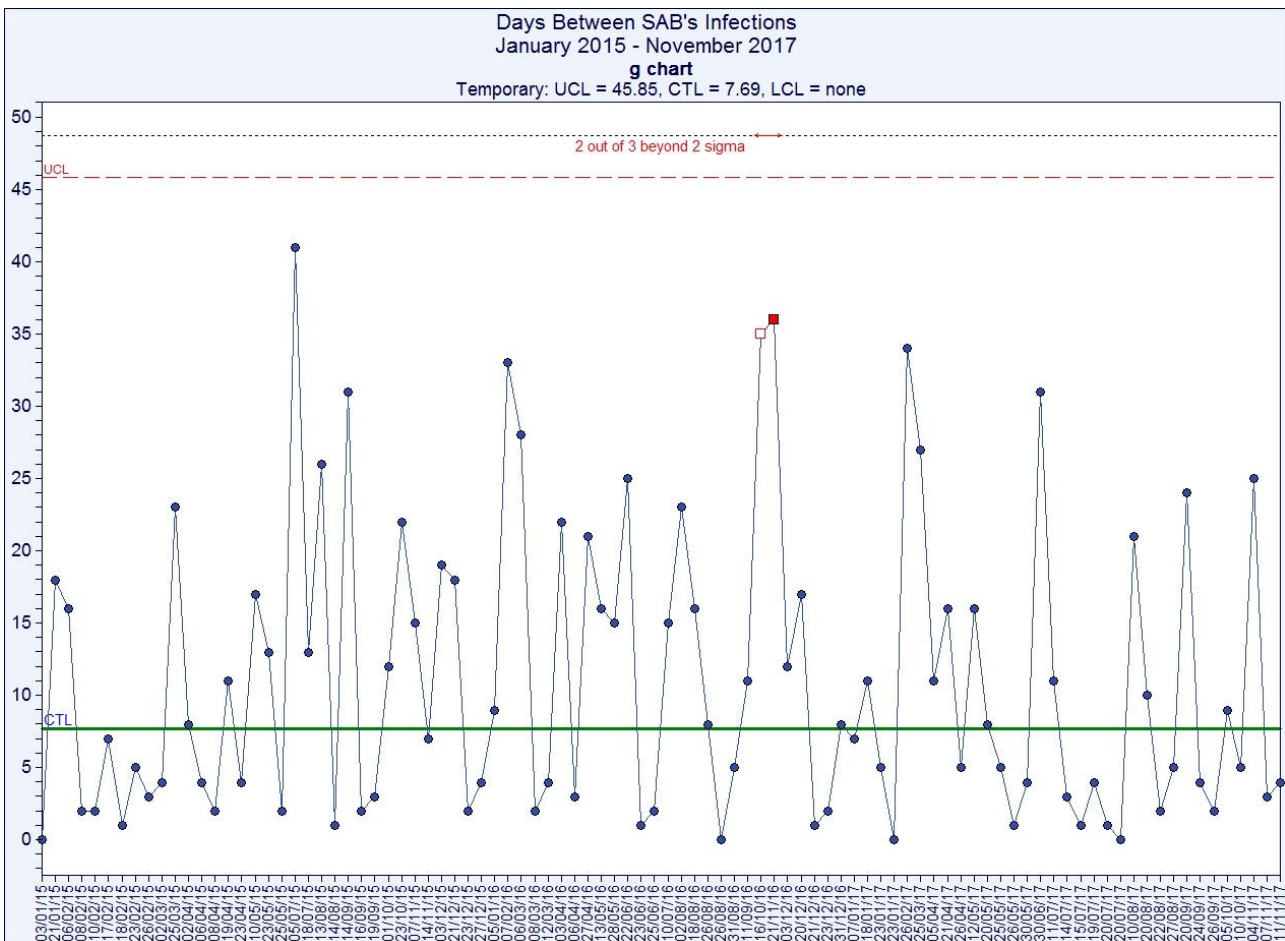


Figure 2: NHS Borders days between SAB cases (January 2015 – November 2017)

In interpreting Figure 2, it is important to remember that as this graph plots the number of days between infections, we are trying to achieve performance above the green average line.

Every SAB case is subject to a rigorous review which includes a feedback process to the clinicians caring for the patient. Any learning is translated into specific actions which are added to the Infection Control Work Plan with progress critically reviewed by the Infection Control Committee.

### **Clostridium difficile infections (CDI)**

See Appendix A for definition.

Figure 3 shows a Statistical Process Control (SPC) chart showing the number of days between each CDI case. As with SAB cases, the reason for displaying the data in this type of chart are due to CDI cases being rare events with low numbers each month.

The graph shows that there have been no statistically significant events since the last Board update.

As with SAB cases, every *Clostridium difficile* infection (CDI) case is subject to a rigorous review which includes a feedback process to the clinicians caring for the patient. Any learning is translated into specific actions which are added to the Infection Control Work Plan.

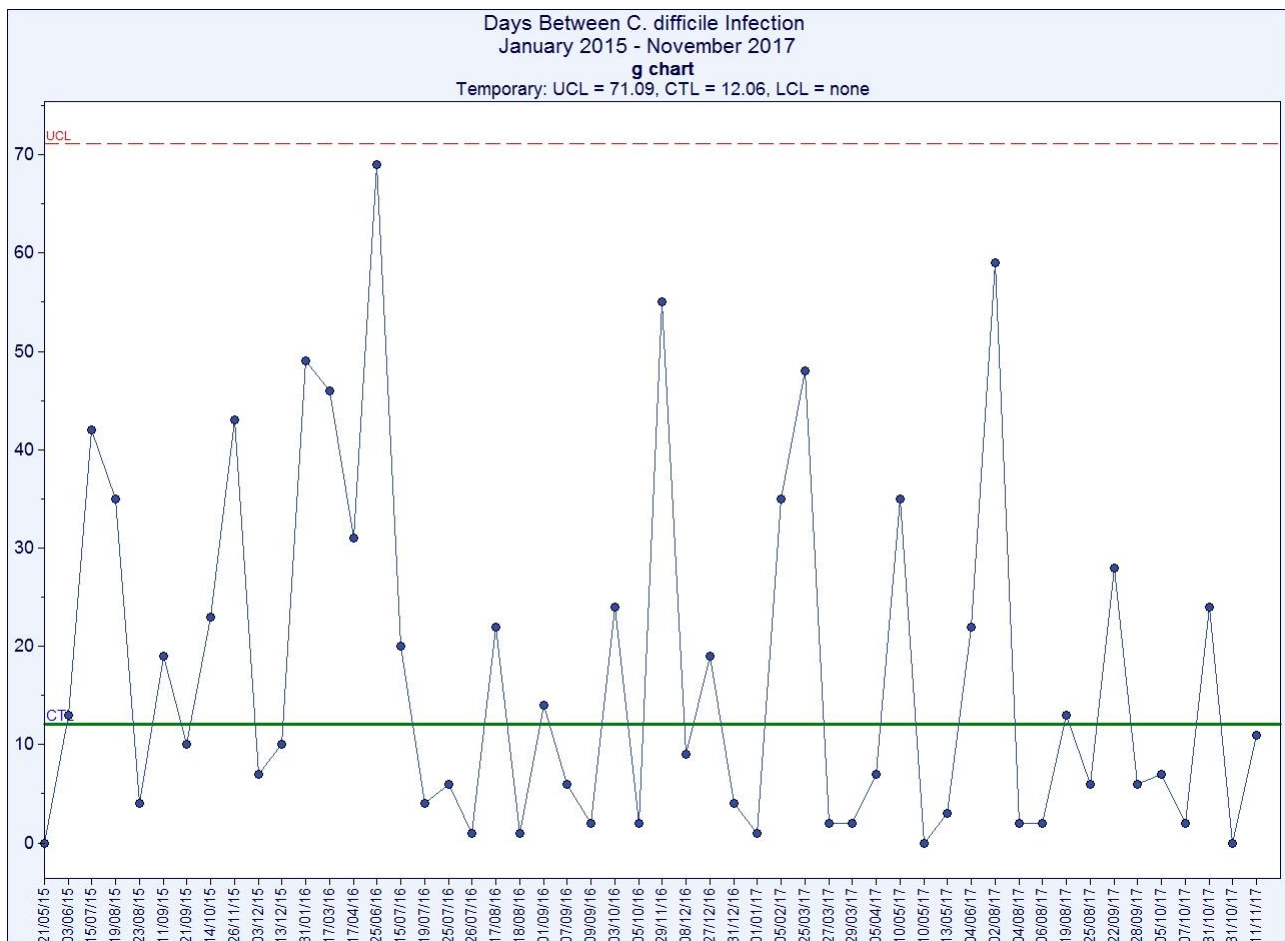


Figure 3: NHS Borders, days between CDI cases against indicative HEAT target (January 2015 – November 2017)

**Hand Hygiene**

For supplementary information see Appendix A

The hand hygiene data tables contained within the NHS Borders Report Card (Section 2 p.12) are generated from wards conducting self-audits.

Hand hygiene continues to be monitored by each clinical area. The Infection Prevention and Control Team follow up with any area which either fail to submit audit results or which fall below 90% for two consecutive months. This information is reported in the Infection Control monthly report which is distributed to management, governance groups, Senior Charge Nurses and Clinical Directors.

**Cleaning and the Healthcare Environment**

For supplementary information see Appendix A

The data presented within the NHS Borders Report Card (Section 2 p.12) is an average figure across the sites using the national cleaning and estates monitoring tool that was implemented in April 2012.

**2017/18 Infection Control Workplan**

As at the end of November 2017, 60% of the actions due for completion in the 2017/18 Infection Control Work Plan are complete. Although this is an improvement since the last board update, there continues to be a temporary reduction in team capacity which coincides with increased clinical workload. To help reduce the associated risk, day-to-day work is prioritised and additional temporary staffing has been sought to support the infection control team.

**Outbreaks**

In November there were four outbreaks of suspected Norovirus resulting in the temporary closure of individual bays in BGH, Haylodge and Kelso.

Up to the end of December, there has been an increase in the number of patients with respiratory symptoms and confirmed Influenza. During this period, there were a number of outbreaks resulting in the temporary closure of six bays across BGH.

The outbreaks were managed by the Infection Prevention & Control Team (IPCT) with support from frontline colleagues. Daily Outbreak Control Meetings were convened and enhanced cleaning was implemented.

**NHS Borders Surgical Site Infection (SSI) Surveillance**

NHS Borders participates in a national infection surveillance programme relating to specific surgical procedures. This is coordinated by Health Protection Scotland (HPS) and uses national definitions and methodology which enable comparison with overall NHS Scotland infection rates.

Between April and November 2017, there have been two knee and six colorectal SSI cases (see Figure 4). The last SSI case following caesarean section was in June 2015 and the last SSI case following hip arthroplasty was in January 2017.

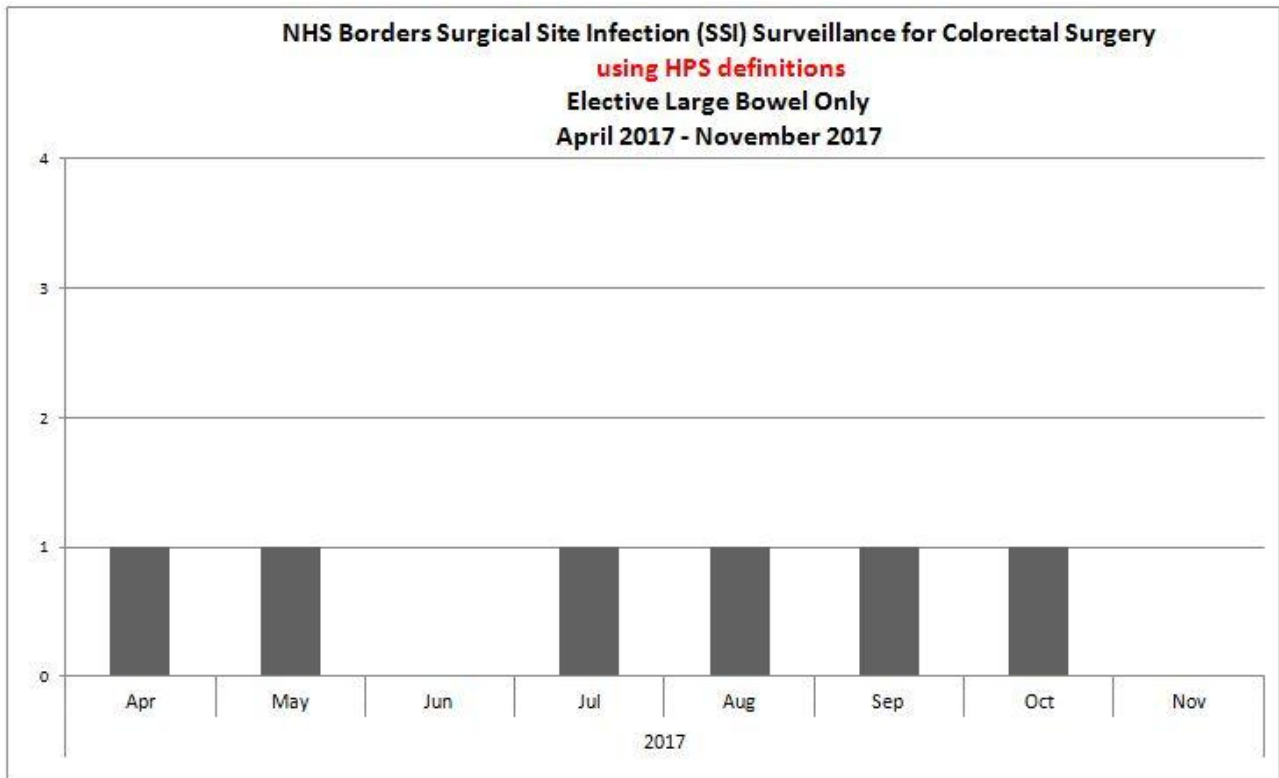


Figure 4: SSI for Colorectal Surgery April – November 2017

As previously reported, NHS Borders SSI rate is not, and has never been, a statistical outlier from the rest of Scotland.

## 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, for each acute hospital and key community hospitals in the Board, on the number of cases of *Staphylococcus aureus* blood stream infections (also broken down into MSSA and MRSA) and *Clostridium difficile* infections, as well as hand hygiene and cleaning compliance. In addition, there is a single report card which covers all community hospitals [which do not have individual cards], and a report which covers infections identified as having been contracted from out with hospital. 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.

#### Understanding the Report Cards – Infection Case Numbers

*Clostridium difficile* infections (CDI) and *Staphylococcus aureus* bacteraemia (SAB) cases are presented for each hospital, broken down by month. *Staphylococcus aureus* bacteraemia (SAB) cases are further broken down into Meticillin Sensitive *Staphylococcus aureus* (MSSA) and Meticillin Resistant *Staphylococcus aureus* (MRSA). More information on these organisms can be found on the NHS24 website:

*Clostridium difficile* :[http://www.nhs24.com/content/default.asp?page=s5\\_4&articleID=2139&sectionID=1](http://www.nhs24.com/content/default.asp?page=s5_4&articleID=2139&sectionID=1)

*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&sectionID=1](http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252&sectionID=1)

For each hospital the total number of cases for each month are those which have been reported as positive from a laboratory report on samples taken more than 48 hours after admission. For the purposes of these reports, positive samples taken from patients within 48 hours of admission will be considered to be confirmation that the infection was contracted prior to hospital admission and will be shown in the “out of hospital” report card.

#### 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/NHSScotlandperformance>

#### 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. More information on how hospitals carry out these audits can be found on the Health Facilities Scotland website:

<http://www.hfs.scot.nhs.uk/online-services/publications/hai/>

#### Understanding the Report Cards – ‘Out of Hospital Infections’

*Clostridium difficile* infections and *Staphylococcus aureus* (including MRSA) bacteraemia cases are all associated with being treated in hospitals. However, this is not the only place a patient may contract an infection. This total will also include infection from community sources such as GP surgeries and care homes and. The final Report Card report in this section covers ‘Out of Hospital Infections’ and reports on SAB and CDI cases reported to a Health Board which are not attributable to a hospital.



## NHS BORDERS BOARD REPORT CARD

### *Staphylococcus aureus* bacteraemia monthly case numbers

	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017
<b>MRSA</b>	0	1	0	0	0	1	0	0	0	0	0	0
<b>MSSA</b>	5	3	1	1	3	4	1	6	4	3	2	3
<b>Total SABS</b>	5	4	1	1	3	5	1	6	4	3	2	3

### *Clostridium difficile* infection monthly case numbers

	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017
<b>Ages 15-64</b>	1	0	0	0	0	2	1	0	0	0	0	0
<b>Ages 65 plus</b>	2	1	1	3	1	1	0	0	5	2	4	1
<b>Ages 15 plus</b>	3	1	1	3	1	3	1	0	5	2	4	1

### Hand Hygiene Monitoring Compliance (%)

	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017
<b>AHP</b>	100	95	100	100	100	100	100	98	98	100	100	98
<b>Ancillary</b>	99	94	100	97	100	100	96	99	100	99	100	98
<b>Medical</b>	97	97	98	98	98	99	97	97	98	98	97	99
<b>Nurse</b>	99	99	99	99	99	100	98	100	100	99	99	98
<b>Board Total</b>	<b>99</b>	<b>96</b>	<b>99</b>	<b>99</b>	<b>99</b>	<b>100</b>	<b>98</b>	<b>99</b>	<b>99</b>	<b>99</b>	<b>99</b>	<b>98</b>

### Cleaning Compliance (%)

	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017
<b>Board Total</b>	97.3	95.4	95.0	96.0	96.0	96.5	96.6	97.0	96.8	96.4	96.7	96.7

### Estates Monitoring Compliance (%)

	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017
<b>Board Total</b>	98.4	96.2	96.3	98.6	99.5	99.5	99.1	99.8	99.7	99.2	99.8	99.4

## BORDERS GENERAL HOSPITAL REPORT CARD

### *Staphylococcus aureus* bacteraemia monthly case numbers

	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017
<b>MRSA</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>MSSA</b>	1	1	0	1	0	1	1	1	1	1	0	0
<b>Total SABS</b>	1	1	0	1	0	1	1	1	1	1	0	0

### *Clostridium difficile* infection monthly case numbers

	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017
<b>Ages 15-64</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>Ages 65 plus</b>	1	1	0	1	1	0	0	0	3	1	3	1
<b>Ages 15 plus</b>	1	1	0	1	1	0	0	0	3	1	3	1

### Cleaning Compliance (%)

	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017
<b>Board Total</b>	95.9	96.1	95.3	95.5	96.0	96.7	96.8	97.0	96.7	96.6	97.0	96.8

### Estates Monitoring Compliance (%)

	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017
<b>Board Total</b>	100	99.5	99.6	99.8	99.5	99.7	99.7	99.9	99.6	98.2	99.8	99.8

## NHS COMMUNITY HOSPITALS REPORT CARD

The community hospitals covered in this report card include:

- Haylodge Community Hospital
- Hawick Community Hospital
- Kelso Community Hospital
- Knoll Community Hospital
- Melburn Lodge

### *Staphylococcus aureus* bacteraemia monthly case numbers

	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	0	0	0	0	0	0	0	0	0	0	0
Total SABS	0	0	0	0	0	0	0	0	0	0	0	0

### *Clostridium difficile* infection monthly case numbers

	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017
Ages 15-64	0	0	0	0	0	0	0	0	0	0	0	0
Ages 65 plus	0	0	0	1	0	1	0	0	0	0	1	0
Ages 15 plus	0	0	0	1	0	1	0	0	0	0	1	0

## NHS OUT OF HOSPITAL REPORT CARD

### *Staphylococcus aureus* bacteraemia monthly case numbers

	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017
MRSA	0	1	0	0	0	1	0	0	0	0	0	0
MSSA	4	2	1	0	3	3	0	5	3	2	2	3
Total SABS	4	3	1	0	3	4	0	5	3	2	2	3

### *Clostridium difficile* infection monthly case numbers

	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017
Ages 15-64	1	0	0	0	0	2	1	0	0	0	0	0
Ages 65 plus	1	0	1	1	0	0	0	0	2	1	0	0
Ages 15 plus	2	0	1	1	0	2	1	0	2	1	0	0

## Appendix A

### Definitions and Supplementary Information

#### Staphylococcus aureus Bacteraemia (SAB)

*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)

NHS Boards carry out surveillance of *Staphylococcus aureus* blood stream infections, known as bacteraemia. These are a serious form of infection and there is a national target to reduce them. The number of patients with MSSA and MRSA bacteraemia for the Board can be found at the end of section 1 and for each hospital in section 2. Information on the national surveillance programme for *Staphylococcus aureus* bacteraemia can be found at:

<http://www.hps.scot.nhs.uk/haic/sshaip/publicationsdetail.aspx?id=30248>

#### Clostridium difficile infection (CDI)

*Clostridium 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>

NHS Boards carry out surveillance of *Clostridium difficile* infections (CDI), and there is a national target to reduce these. The number of patients with CDI for the Board can be found at the end of section 1 and for each hospital in section 2. Information on the national surveillance programme for *Clostridium difficile* infections can be found at:

<http://www.hps.scot.nhs.uk/haic/sshaip/ssdetail.aspx?id=277>

#### Hand Hygiene

Information on national hand hygiene monitoring can be found at:

<http://www.hps.scot.nhs.uk/haic/ic/nationalhandhygienecampaign.aspx>

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/>

#### 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. Information on national cleanliness compliance monitoring can be found at:

<http://www.hfs.scot.nhs.uk/online-services/publications/haic/>

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>