

LOTHIAN NHS BOARD

Board Meeting
26 July 2006

Director of Public Health & Health Policy

HEALTHCARE ASSOCIATED INFECTION

1. Purpose of the report

The purpose of this report is to advise and update the board on the subject of Healthcare Associated Infection (HAI) throughout NHS Lothian.

2. Recommendations

The Board is invited to:

Continue to support the work undertaken in addressing the issues surrounding HAI throughout NHS Lothian. Board members should note that this work is based on recommendations from:

- Scottish Healthcare Associated Infection (HAI) Task Force (and associated sub groups)
- HDL (2005) 8 - Infection Control - Organisational Issues
- HDL (2005) 7 - Infection Control and Cleaning - Nursing Issues
- HDL (2006) 38- A revised framework for national surveillance of healthcare associated infection in Scotland
- Quality Improvement Scotland (QIS) HAI Infection Control Standards (2001)
- NHS Code of Practice, Scotland for the Local Management of Hygiene and HAI (HAI Taskforce 2004)

3. Summary of the Issues

This update reports activity from the University Hospitals Division and the Primary Care Organisation separately as the integrated reporting procedures under single system are not yet in place.

The main issues are:

- The ongoing surveillance of alert organisms including MRSA.
- Demonstrating NHS Lothian's commitment to ensuring as many G Grade nursing staff as practicable complete The Cleanliness Champions Training Programme.
- Actions required to substantially reduce HAI within NHS Lothian.

4. Surveillance

4.1.1. HDL (2006) 38 sets out additional requirements for the surveillance and reporting of healthcare associated infection in Scotland. NHS Lothian has systems in place for the surveillance and reporting of MRSA bacteraemia, Clostridium Difficile and surgical site infections. Systems are being established to ensure that reliable surveillance and reporting of all forms of staphylococcal bacteraemia are in place with immediate effect, complemented by post-discharge surveillance.

4.1.2. The most recent Scottish quarterly report on MRSA bacteraemia was published on 11 July 2006 and contained data up until the end of March 2006. MRSA rates have remained stable throughout the period Jan 2003 to March 2006 (ie 8 consecutive quarters) with no rates outwith the control limits. The latest rates demonstrate only natural variation and the process is considered to be in control. Local data on bacteraemia in Lothian between March to May shows a pattern consistent with previous trends.

4.1.3. A programme of work to complement national requirements for surveillance with strengthened local systems is underway. Resources have been reallocated to strengthen expertise in this area and this will form a major plank of the HAI work programme for 2006/7.

5. Action to reduce health care associated infection

5.1 Cleanliness Champions

5.1.1 In LUHD the fifth cohort of G grade Charge Nurses completed in June 2006, with another 4 planned before the end of the year. To date 126 participants have completed the programme and a further 434 are registered with NES and are currently undertaking the programme.

5.1.2 In Primary Care the fifth cohort consisting of G grade Charge Nurses that started in December 2005 had their last workshop in April. In June a further 41 candidates started in the sixth cohort. To date 70 participants have completed the programme and a further 40 are registered with NES and are currently undertaking the programme.

5.1.2 A continuing professional development session was held in May for those who have completed the programme. It provided education on sharps management and virology including blood borne viruses, norovirus and avian flu and was attended by 27 staff. This all required significant commitment from the ICNs to facilitate workshops, mentor the participants and deal with administrative matters. The evaluation reports for the cohorts demonstrate that all the workshops, CPD sessions and the programme are positively received.

5.2 Code of Practice for the Local Management of Hygiene and HAI

5.2.1 In LUHD the Code of Practice action plan has been included in the annual programme.

5.2.2 In Primary Care a group meets every two months to address implementation. The risk assessment tool for assessing patients' risk of HAI acquisition and care plan trial and evaluation has been completed. This will be re-trialled shortly.

5.3 Cleaning Standards

5.3.1 The new monitoring tool is now being used throughout LUHD.

5.3.2 In Primary Care it is being taken forward by the Domestic Services Review Group on which there is infection control representation. Good progress is being made. At present the National Cleaning Services Specification is being thoroughly reviewed to identify, detail and cost areas for action.

5.3.3. Previous concerns reported by the Director of Partnership because of their potential impact on the risk of healthcare associated infection were addressed promptly when reported to the Director of Public Health and Health Policy.

5.3.4. Infection control staff are now working more actively with the Director of Facilities, his team and private sector partners to ensure that high standards are maintained in this area.

5.4 Infection Control Education

5.4.1 In LUHD the Infection Control Team (ICT) continues to meet its requirements under the Annual Infection Control Programme. An ICN is at present developing a Strategy for education throughout LUHD in collaboration with NES.

5.4.2 In Primary Care the Infection Control Team continues mandatory training on a twice weekly basis. Expanded roles training and local education for specialised areas is also delivered on a regular basis.

5.5 QIS HAI Infection Control Standards

5.5.1 The divisions continue to work towards achieving the above standards. A report on progress towards implementation of the standards was prepared in July 2006 and will be reviewed by Lothian Infection Control Advisory Committee in August 2006. An action plan has been developed to address the outstanding issues many of which relate to documentation, the substantive actions having been undertaken. The appointment of dedicated administrative staff should ensure that having achieved standards in practice, they can be evidenced in a reliable way. The move to a single, hosted service with simplified lines of managerial and professional accountability should enable current improvements to be sustained and embedded in routine practice.

6. Infection Control Annual Programme

6.1 The LICAC (Lothian Infection Control Advisory Committee) Annual Report will be taken to the Healthcare Governance and Risk Management committee in July. The August LICAC meeting will focus on approving the 2006/07 work programme. Priorities will include embedding the single system process, ensuring the involvement of infection control teams in planning decisions, attention to decontamination, surveillance, education, training and development of the infection prevention and control service across NHS Lothian, and specifics around reducing rates of MRSA, Clostridium Difficile, infections associated with lines and tubes, wounds and ventilator associated pneumonia. LICAC will also consider the operationalisation of the costed plan to reduce HAI which is being presented in draft form to the Healthcare Governance and Risk Management Committee later this month. The draft divisional work programmes will be considered in the light of

the strategic priorities and a single work programme agreed that retains local ownership and accountability for action at infection control team level

6.2. In University Hospital Division, the team has endeavoured to meet its commitments as detailed in the programme and drafted a work programme for 2007.

6.2 In Primary Care a draft infection control programme for 2006-2007 has been developed for discussion at the Infection Control Committee. The Annual Infection Control Report for PCO/CHPs has been produced for the Infection Control Committee in July.

7. Decontamination

7.1 The Scottish Executive Health Department (SEHD) has reiterated the need for compliance (HAZ(SC)04/05, HAZ(SC)05/22, SEHD/CMO (2006)4). An investment proposal is being developed outlining actions required to achieve compliance ensuring best use of our resources, cost implications, risk if not progressed and consequences. This strategy will ensure that NHS Lothian is working towards compliance within the required timescale.

7.2 The current situation within the endoscopy service is improving and the NHS Lothian Endoscopy Action Plan outlines progress to date. One of the main tasks will be introducing all aspects of the Health Technical Memorandum (HTM) 2030 testing. This will be carried out in a planned, phased manner ensuring the endoscopy service continues at the level currently provided. Areas where the risk of non-compliance is greater, will be identified and it is anticipated that HTM 2030 testing will commence in these areas.

7.3 Training and education will play a major role in ensuring success with this project and two of the investment proposal strategies will key in with actions being directed by the Sterile Service Provision Review Group (Glennie Group) and the HAI Endoscopy Decontamination Working Group.

7.4 This investment proposal will provide an audit trail of progress towards compliance and independent validation on all Automated Endoscope Reprocessors (AER) and accessory equipment in NHS Lothian.

8. Outbreaks & Incidents

8.1 Expertise in this area will be strengthened during 2006/7.

8.2 There have been 6 suspected and confirmed outbreaks of norovirus across LUHD. Within Children's' services there have been chickenpox and measles incidents. Incidents have impacted on clinical visits and audits across the organisation.

8.3 In Primary Care there have been a number of suspected and confirmed outbreaks of norovirus across the PCO/CHP. This has impacted on clinical visits and audits across the organisation.

9. Single System Working

9.1 Outline proposals for a single system framework to provide infection prevention and control services across Lothian are currently undergoing consultation. These proposals include:

- A single infection prevention and control service
- Professional accountability from the Head of Service (Director of Infection, prevention and control post (the Infection control manager recommended in HDL 2005/07) to the Director of Public Health and Health Policy with operational accountability to the Chief Operating Officer, University Hospitals Division.

9.2 The appointments of the Director of Infection Prevention and Control nurse consultant head of service are underway and should allow the areas detailed above to be addressed in a sustainable way.

10. Equality and Diversity Impact Assessment

A formal equity and diversity assessment has not yet been undertaken. This will form part of the process of developing a costed plan for reducing healthcare associated infection.

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