

NHS Greater Glasgow and Clyde	Paper No. 21/66
Meeting:	Board Meeting
Meeting Date:	26 October 2021
Title:	The Healthcare Associated Infection Reporting Template (HAIRT) for July and August 2021
Sponsoring Director/Manager	Professor Angela Wallace, Executive Director Infection Prevention and Control
Report Author:	Mrs Sandra Devine, Interim Infection Prevention and Control Manager

1. Purpose

The Healthcare Associated Infection Reporting Template (HAIRT) is a mandatory reporting tool for the Board to have an oversight of the Healthcare Associated targets (*Staphylococcus aureus* bacteraemias (SAB), *Clostridioides difficile* infections (CDI), *E. coli* bacteraemias (ECB), incidents and outbreaks and all other Healthcare Associated Infections (HCAI) activities across NHS Greater Glasgow & Clyde (NHSGGC) over the July and August 2021 period.

The HAIRT will now be presented as a bi monthly report and the Infection Prevention and Control Team (IPCT) would welcome any comments on this new format. The full HAIRT will now be considered by the Clinical and Care Governance committee on an ongoing basis.

2. Executive Summary

The paper can be summarised as follows:

- Annual Operational Plan (AOP) targets set for 2019-2022 for SAB, CDI and ECB are presented in this report;
 - Board SAB rate remains within limits. There were 23 healthcare associated SAB in July 2021 and 33 in August 2021. Aim is 23 or less per month. Actions to address HCAI SAB reduction are included in the report.
 - CDI remain within normal control limits for the period of the report. There were 19 healthcare associated CDI in July 2021 and 22 in August 2021. Aim is 17 or less per month.
 - ECB remain within normal control limits. There were 45 healthcare associated ECB in July 2021 and 47 in August 2021. Aim is 38 or less per month.

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- Surgical Site Infection (SSI) surveillance paused nationally from April 2020 to date as part of the COVID-19 response however GGC continues with local SSI surveillance programme.

The following link is the ARHAI report for the period April to June 2021. This report also includes information on performance for the rolling year June 2020 to June 2021 for CDI, ECB, SABs and SSI cases. <https://www.hps.scot.nhs.uk/web-resources-container/quarterly-epidemiological-data-on-clostridioides-difficile-infection-escherichia-coli-bacteraemia-staphylococcus-aureus-bacteraemia-and-surgical-site-infection-in-scotland-april-to-june-2021-q2-2021/> . The 2022 targets continue to be extremely challenging but the ARHAI report demonstrates that GGC are not outliers in any category presented. Charts within the report, where appropriate, highlight continuous improvement over time.

- Both the Infection Prevention and Control Quality Improvement Network (IPCQIN) Steering Group and the Operational Group have been meeting regularly. The visual branding and the vision statement have been agreed. The first issue of the IPCQIN was published to staff via Core Brief to update them on the continuous improvement implemented by the network.
- The IPCT Audit Programme Benchmarking process has been completed and GGC has met with colleagues from ARHAI, Healthcare Environment Inspectorate (HEI) and neighbouring boards to review all processes. As a recommendation from this work, NHS GGC reviewed the SICPs audit tool used by the IPCT and by the Senior Charge Nurses within the Care Assurance Improvement Resource (CAIR) to develop one meaningful data collection tool which provides outcome rather than process data. Once agreed, this new tool will provide the opportunity to use quality improvement methodology to demonstrate sustained improvement on IPC processes for assurance. This will replace the existing IPCAT audit tool. The review concluded that NHS GGC has a comprehensive surveillance programme covering all mandatory national programmes as well as local surveillance as required by frontline clinicians, e.g. cranial and spinal surgical site infection surveillance. Connectivity of the e-health systems used by the IPCT was reviewed by colleagues from SG recently and GGC systems were considered an exemplar.
- COVID-19 activity continued during July and August 2021. IPCT are working closely with colleagues in Health and Safety, PHPU and Occupational Health to ensure national guidance is supported in practice. To date in NHSGGC there have been over 107,000 confirmed positive cases however many people do not require admission to our hospitals. There was an increase in ward closures; 18 in August 2021 compared to 5 or 6 in the previous 3 months.

3. Recommendations

The NHS Board is asked to consider the following recommendations:

- Note the HAIRT report.
- Note the performance in respect of the Annual Operational Plan (AOP) Standards for SAB, CDI and ECB.
- Note the detailed activity in support of the prevention and control of Healthcare Associated Infections.
- Note contribution of the IPCT to GGC response to COVID-19.

4. Response Required

This paper is presented for assurance.

5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

- Better Health Positive
- Better Care Positive
- Better Value Positive
- Better Workplace Neutral
- Equality & Diversity Neutral
- Environment Positive

6. Engagement & Communications

The issues addressed in this paper were subject to discussion with the Infection Prevention and Control (IPC) Team and the IPC Surveillance Team. Comments were also taken into consideration from the below groups when reviewing the content and format following presentation:

- Board Infection Control Committee (BICC),
- Acute Infection Control Committee (AICC),
- Partnerships Infection Control Support Group (PICSG), and
- Board Clinical Governance Forum.

7. Governance Route

This paper has been previously considered by the following groups as part of its development:

- The Infection Prevention and Control Team (IPCT),
- Board Infection Control Committee (BICC),
- Acute Infection Control Committee (AICC),
- Partnerships Infection Control Support Group (PICSG), and
- Board Clinical Governance Forum.

8. Date Prepared & Issued

Date Prepared: 04/10/2021

Date Issued: 19/10/2021

Healthcare Associated Infection Summary – July and August 2021

The HAIRT Report is the national mandatory reporting tool and is presented bi-monthly to the NHS Board. This is a requirement by the Scottish Government HAI Task Force and informs NHSGGC of activity and performance against Healthcare Associated Infection Standards and performance measures. This section of the report focuses on NHSGGC Board-wide prevention and control activity and actions.

Performance at a glance relates only to the two months reported and should be viewed in the context of the overall trend in the following pages.

	July 2021	Aug 2021	Status toward AOP target (based on trajectory to Mar 2022)
Healthcare Associated <i>Staphylococcus aureus</i> bacteraemia (SAB)	23	33	Above aim (23/ month)
Healthcare Associated <i>Clostridioides difficile</i> infection (CDI)	19	22	Above aim (17/ month)
Healthcare Associated <i>Escherichia coli</i> bacteraemia (ECB)	45	47	Above aim (38/ month)
Hospital acquired IV access device (IVAD) associated SAB	4	7	
Hand Hygiene	98%	98%	
National Cleaning compliance (Board wide)	95%	96%	
National Estates compliance (Board wide)	96%	95%	

Key infection control challenges (relating to performance)**Staphylococcus aureus bacteraemia**

- There were 23 healthcare associated SAB in July 2021 and 33 in August 2021. Aim is 23 or less per month.

Clostridioides difficile infection

- There were 19 healthcare associated CDI in July 2021 and 22 in August 2021. Aim is 17 or less per month.

Escherichia coli bacteraemia

- There were 45 healthcare associated ECB in July 2021 and 47 in August 2021. Aim is 38 or less per month

SAB, CDI and ECB case numbers remain within control limits this month.

Surgical Site Infection Surveillance

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- Surveillance paused nationally (CNO letter 25 March 2020) however, NHSGGC continue with the local surveillance programme with regular reports/feedback to frontline clinical teams.

Staphylococcus aureus bacteraemia (SAB)

	Jul 2021	Aug 2021
Total	30	37
Hospital *	15	22
Healthcare*	8	11
Community	7	4

Healthcare associated *S. aureus* bacteraemia total for a rolling year: September 2020 to August 2021 =301. HCAI yearly aim is 280.

*Hospital and Healthcare are the cases which are included in the Scottish Government (SG) reduction target (n=23) in July and (n=33) in August 2021.

HCAI Aim for Hospital and Healthcare is 23.

Comment:

- Overall SAB numbers have been stable since August 2019 however natural variation is observed in the above chart. This chart is currently stable and in control with minimal variation which indicates a stable system.
- Healthcare associated SAB cases have been variable but within expected limits since August 2019. There had been an increase in March 2021 but this increase can still be considered to be natural variation.
- Community cases have shown a reduction since March 2021. This chart is currently stable and in control with minimal variation which indicates a stable system.
- Light surveillance – enhanced surveillance not undertaken on some cases due to IPC COVID response requirements. ARHAI currently only require origin of infection for SAB and ECB.
- Enhanced bacteraemia surveillance temporarily switched to light methodology as directed by SG because of the acknowledged increased workload of IPCTs responding to the challenges of COVID-19.
- The SAB Hospital Acquired Cases - Ward audits of device care plans are being undertaken by the IPCT and results fed back to nursing team at time of audit. Common themes were the failure to complete the care plan and consequently the care bundle, however, this does not necessarily indicate that the actions to ensure these devices were managed well were not in place, but that they were not documented fully.

E.coli bacteraemia (ECB)

	July 2021	Aug 2021
Total	91	94
Hospital *	24	26
Healthcare*	21	21
Community	46	47

HCAI Aim for Hospital and Healthcare is 38.

Healthcare associated *E. coli* bacteraemia total: September 2020 to August 2021 = 566. HCAI yearly aim is 452.

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***Hospital and Healthcare are the cases included in the SG reduction target (n=45) in July and (n=47) in August 2021.**

Comment:

- There is some variability in recent months in healthcare associated ECB, however remains below control limit. Case numbers are currently stable and in control with minimal variation which indicates a stable system.
- There remains some variability in monthly community onset cases.
- Light surveillance – enhanced surveillance not undertaken on some cases due to IPC COVID response requirements. ARHAI currently only require origin of infection for SAB and ECB.
- Urinary catheters are a high risk factor and were associated with **20%** of all healthcare associated cases in the past two months (July and August 2021).
- The IPC Nurse Consultant is currently undertaking a review of measures to reduce avoidable harm in cases associated with invasive devices including urinary catheters. Device associated infection is one of the work streams in the improvement collaborative and it is anticipated that this work will support local improvement plans to reduce infections due to urinary catheters.

***Clostridioides difficile* Infection (CDI)**

	July 2021	Aug 2021
Total	29	32
Hospital *	7	9
Healthcare*	8	10
Indeterminate*	4	3
Community	10	10

HCAI for Hospital and Healthcare and Indeterminate onset is 17.

Healthcare associated *Clostridioides difficile* total: September 2020 to August 2021 = 221.
HCAI yearly aim is 204.

*** Hospital, Healthcare and Indeterminate are the cases which are included in the SG reduction target (n=19) in July and (n=22) in August 2021.**

Comment:

- There has been an increase in monthly case numbers since March 2021, however within control limits. There has been six months where case numbers have been above the mean. IPCT will closely monitor and action any areas with higher than expected numbers. At this time there is no single area or site with increased numbers but it would appear to be an increase across all sites possibly associated with increased prescribing of antibiotics associated with COVID 19.
- There has been an increase in CDI HCAI cases in the past six months, however they continue to cluster around the mean so the system is still stable but will continue to be monitored.
- CDI Community acquired cases have also had a slight increase in 2021 to date, but remain within limits.

Action Taken: Cases of CDI in hospital: All patients are reviewed by the IPCT and advice is given regarding antimicrobial prescribing, isolation and transmission based precautions.

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The IPCNs visit patients and discuss the infection and what this means for them.

Any ward with 2 cases of HAI in two weeks is automatically visited daily and the SCN is assisted with the completion of the ARHAI Trigger Tool.

Any clusters (2) are sent to the Reference Lab for testing.

Each ward receives an updated CDI Statistical Process Control (SPC) chart each month, which means control limits are continually monitored and action taken as required but it also demonstrates improvement where this has occurred.

Micro-Strategy and ICNet – prospective tailored data provision on SAB, CDI and ECB: May 2021

IPC have been working collaboratively with eHealth colleagues to incorporate several measures into the MicroStrategy dashboard. These went live in May 2021.

This will enable staff to quickly view prospective information on SAB, CDI and ECB from ward to board level. The software platform has the benefits of providing users with the ability to view all key quality indicators in one screen to get a quick overview of hospital performance in real-time and also easily interpret detailed information with data graphics.

Security access for each specific user will allow tailored access to interactive dossiers for each ward area. The system provides functionality to filter reports seamlessly for the users and the capacity to view trends over time to monitor improvement in the reduction of HCAI cases in NHSGGC.

This will allow senior charge nurses in the Acute sector to access their own ward level data on each of the three measures. Lead Nurses, Clinical Service Managers and General Managers will have access to the wards and hospitals included in their remit.

Acute Directors, the Chief Operating Officer and Chief Executive will also be able to view this information via the suite of reporting tools.

Work is ongoing to capture SSI surveillance information on the platform which will also provide prospective data provision on existing surgical procedures to the respective surgical clinicians.

Surgical Site Infection (SSI) Surveillance

July and August 2021 procedures

SSI surveillance was temporarily paused in April and May 2020 due to COVID-19 response. Local surveillance recommenced 1 June 2020. Please note, graphs are for SSIs detected as in-patient and up to 30 day re-admission only (excluding Caesarean-section – which is 10 days post discharge surveillance). Surveillance is currently ongoing for August 2021 procedures. Prospective information on SSIs detected is returned to local clinical teams for action if any is required.

SSI rates should be interpreted with due caution, as procedure denominators vary between surgery categories, therefore patient risk factors and existing co-morbidities require

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consideration when reviewing all cases. The impact of COVID-19 pandemic upon NHS services should also be reflected upon when comparing current SSI rates with those prior to 2020.

Mandatory National Surveillance Procedures as reported on ARHAI:

- Case numbers remain within control limits for **Caesarean Section, Hip Arthroplasty, Large Bowel Surgery** and **Major Vascular**.

Voluntary Surveillance Procedures – GGC

- Case numbers remain within control limits for **Knee Arthroplasty, Hip Arthroplasty, Repair of NOF, Cranial Surgery** and **Spinal Surgery – INS only**.
- **Free Flap – OMFS Surgery:** SSI surveillance of free flap donor sites, e.g. arm or leg for major maxillofacial reconstructive surgery has been undertaken at the QEUH site since November 2016. There have been zero SSI detected (to day 30 re-admission) for 23 consecutive months in this innovative surveillance programme.

IPCAT – Audit Programme

The Scottish Government Oversight Board made the following recommendation, “With the support of ARHAI Scotland and Healthcare Improvement Scotland, NHSGGC should undertake a wide-ranging programme to benchmark key IPC processes. Particular attention should be given to the approach to IPC audits, surveillance and the use of Healthcare Infection Incident Assessment Tools (HIIATs)”.

The IPCT Audit Programme Benchmarking process has been completed and GGC has met with colleagues from ARHAI, Healthcare Environment Inspectorate (HEI) and neighbouring boards to review all processes. NHS GGC is reviewing the SICPs tools used by the IPCT and by the Senior Charge Nurses within the Care Assurance Improvement Resource (CAIR) to develop one meaningful data collection tool which provides outcome rather than process data. Once agreed, this new tool will provide opportunity to use quality improvement methodology to demonstrate sustained improvement on IPC processes for assurance. This will replace the existing IPCAT audit tool. The review also concluded that NHS GGC has a comprehensive surveillance programme covering all mandatory national programmes as well as local surveillance as required by. This is undertaken by a dedicated surveillance team. Clinical teams receive reports on all relevant surveillance data which is discussed at sector / directorate clinical governance meetings giving clinical services opportunity to respond to early warning signals on SPC charts and reports. The NHS GGC Surveillance and data team has demonstrated a robust and dynamic ability to respond to the COVID-19 pandemic. The recommendation from the review was that the surveillance programmes continues as a dedicated team with systems in place to respond to new triggers and novel pathogens.

An SBAR has been submitted into the infection control clinical governance groups with recommendations, however, we continue to await final comments from ARHAI but we anticipate that the final position will be agreed in October 2021.

Meticillin resistant *Staphylococcus aureus* (MRSA) and *Clostridioides difficile* recorded deaths

There was one death in July 2021 where hospital acquired *Clostridioides difficile* was recorded on the death certificate. A Datix was raised and the clinical team were asked to

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complete a clinical review. There were no deaths in August 2021 due to hospital acquired *Clostridioides difficile*.

<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths>

There were no deaths in July or August 2021 where hospital acquired MRSA was recorded on the death certificate.

Hand Hygiene Monitoring Compliance

NHSGGC Board

	Sept 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	July 2021	Aug 2021
Board Total	98	98	97	98	98	98	98	97	97	97	98	98

Estate and Cleaning Compliance (per hospital)

The data is collected through audit by the Domestic Services Team using the Domestic Monitoring National Tool, and areas chosen within each hospital are randomly selected by the audit tool. Any issues such as inadequate cleaning is scored appropriately and if the score is less than 80%, a re-audit is scheduled. Estates compliance assesses whether the environment can be effectively cleaned; this can be a combination of minor non-compliances such as missing screwcaps, damaged sanitary sealant, scratches to woodwork etc. The results of these findings are shared with Serco/Estates for repair. Similar to the cleaning audit, scores below 80% trigger a re-audit.

In July 2021 the Cleaning compliance for GGC was 95.1% and the Estates compliance 95.7%. In August 2021 the Cleaning compliance for GGC was 95.6% and the Estates compliance increased to 94.6%.

Infection Prevention and Control Quality Improvement Network (IPCQIN) Update

The aim of the IPCQIN is that by April 2022, The IPCQI will create the organisational conditions to facilitate and support the reduction of preventable infections associated with healthcare delivery. The Steering Group and the Operational Group several times now and the main three work streams that support and deliver the objectives of the Operational Group have been established and have made progress. *Quality Improvement (QI) is no longer a workstream but it will run through and support the other workstreams.*

The key results to date are:

- Collaborative working and support from QI leads and clinical services.
- The first issue of a Newsletter has been shared via Core Brief. (Appendix 1)
- The vision statement has been established; ***“As an Improvement Network, we influence and support our staff, patients and carers to continuously improve person centred infection prevention and control practices, ensuring a safe and effective care experience”.***

- The visual branding specific to the work of the Network has been established.

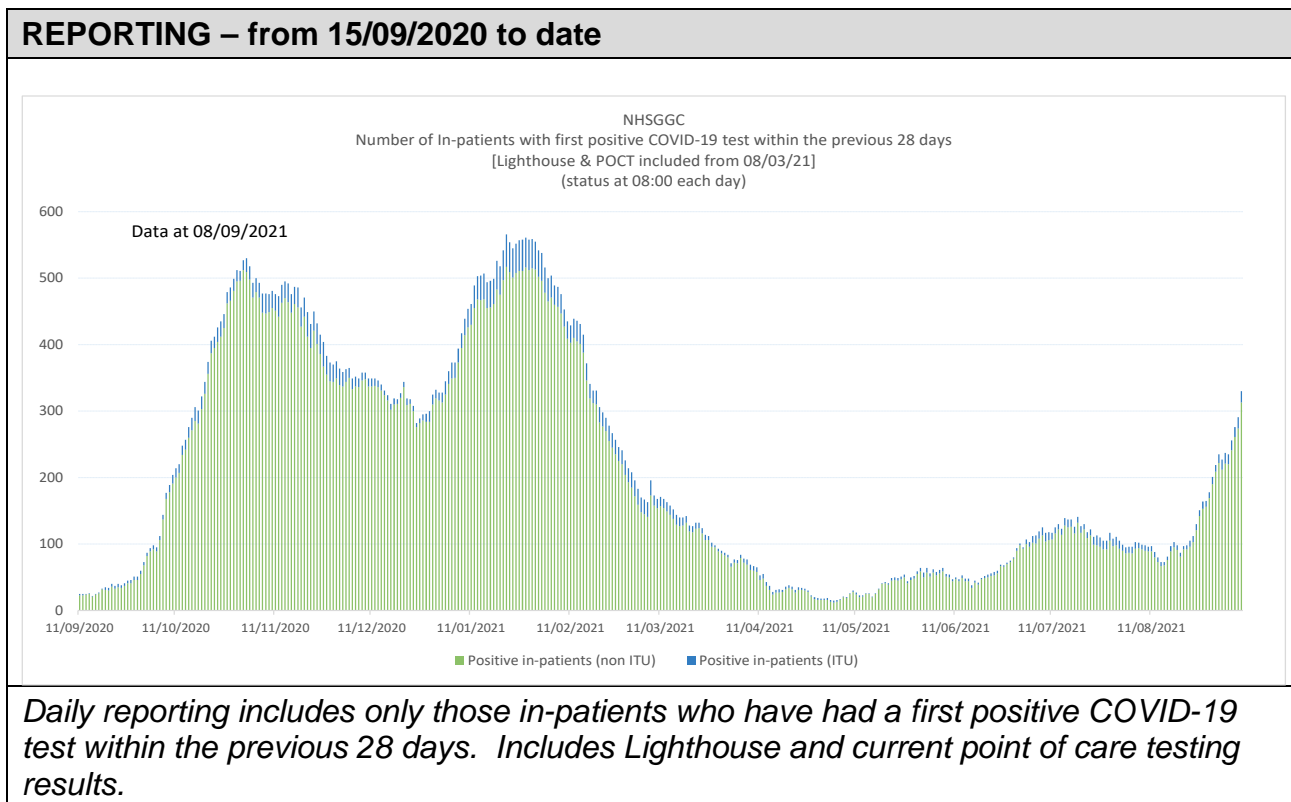
COVID-19 - Update

NHS Scotland is now experiencing a third wave of COVID-19. To date in NHSGGC there have been over 107,000 confirmed positive cases however many people do not require admission to our hospitals.

As well as the IPCNs providing advice and expertise to the local clinical teams, the IPCT monitor all COVID-19 positive cases to assist with the provision of overall case numbers, ITU admissions and deaths.

The bar graph displays the number of in-patients across all GGC hospitals who tested positive for COVID-19. In blue are the number of people in intensive care areas.

During the summer months the number of new cases decreased, and the methodology of counting in-patient cases was no longer viable for the reporting of recent onset of first positive COVID cases.



From 8th March 2021, NHSGGC Lighthouse positive test results are fully integrated into ICNet® (infection control clinical surveillance software system). This allows visibility of people who have had a positive result out with our hospital if they are subsequently admitted.

Ward closures due to COVID-19

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There were 5 ward closures due to COVID-19 in July 2021, and 18 for August 2021.

Month	Sept-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Ward Closures	9	44	37	35	49	34	14	3	8	6	5	18
Bed Days Lost	310	3583	3992	3665	4938	4122	1103	16	670	307	519	1078

Below is an extract from ARHAI Scotland's Report on the incidence of COVID-19 in Scotland – Validated data up until 15th August 2021

Table 1: Number of COVID-19 cases, by onset status and NHS board: specimen dates up to 15 August 2021.^{1,2,3}

NHS board	Total COVID-19 cases (n)	Non-hospital onset (n)	Indeterminate hospital onset cases (n)	Probable hospital onset cases (n)	Definite hospital onset cases (n)	Non-hospital onset (%)	Indeterminate hospital onset cases (%)	Probable hospital onset cases (%)	Definite hospital onset cases (%)
Ayrshire & Arran	25,674	861	127	230	390	3.4%	0.5%	0.9%	1.5%
Borders	4,806	146	15	16	52	3.0%	0.3%	0.3%	1.1%
Dumfries & Galloway	6,299	227	20	8	9	3.6%	0.3%	0.1%	0.1%
Fife	20,689	576	34	35	266	2.8%	0.2%	0.2%	1.3%
Forth Valley	19,047	639	91	79	181	3.4%	0.5%	0.4%	1.0%
Golden Jubilee	30	17	7	3	3	-	-	-	-
Grampian	24,323	461	58	59	192	1.9%	0.2%	0.2%	0.8%
Greater Glasgow & Clyde	107,116	3,306	497	569	1,359	3.1%	0.5%	0.5%	1.3%
Highland	9,843	161	14	8	28	1.6%	0.1%	0.1%	0.3%
Lanarkshire	58,626	1,258	210	272	504	2.1%	0.4%	0.5%	0.9%
Lothian	61,755	1,396	179	295	588	2.3%	0.3%	0.5%	1.0%
Orkney	171	5	0	0	0	2.9%	0.0%	0.0%	0.0%
Shetland	402	15	1	0	0	3.7%	0.2%	0.0%	0.0%
Tayside	27,800	780	122	141	278	2.8%	0.4%	0.5%	1.0%
Western Isles	479	14	1	3	3	2.9%	0.2%	0.6%	0.6%
Scotland	367,060	9,862	1,376	1,718	3,853	2.7%	0.4%	0.5%	1.0%

Outbreaks or Incidents in July and August 2021

Outbreaks and incidents across NHS GGC are identified primarily through ICNet (surveillance software package), microbiology colleagues or from the ward. ICNet automatically identifies clusters of infections of specific organisms based on appendix 13 of the National Infection Prevention & Control Manual (NIPCM) to enable timely patient management to prevent any possible spread of infection. The identification of outbreaks is determined following discussion with the Infection Control Doctor/Microbiologist. In the event of a declared outbreak a Problem Assessment Group (PAG) or IMT meeting is held with staff from the area concerned, and actions are implemented to control further infection and transmission.

The ARHAI Healthcare Infection Incident Assessment Tool (HIAT) is a tool used by the Health Boards to assess the impact of an outbreak or incident. The tool is a risk assessment and allows boards to rate the outbreak/incident as RED, AMBER, or GREEN.

All incidents, regardless of assessment, are reported to the Antimicrobial Resistance & Healthcare Associated Infection (ARHAI) group and a summary of the numbers reported in

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Greater Glasgow and Clyde are included in the Scottish Government Healthcare Associated Infection Reporting Template (HAIRT) a link to the reports for NHS Greater Glasgow and Clyde is below:

<https://www.nhsggc.org.uk/your-health/infection-prevention-and-control/reports-and-publications/hai-reports-hairt/>

All outbreaks are notified to ARHAI

HIIAT

The HIIAT is a tool used by boards to assess the impact of an outbreak or incident. The tool is a risk assessment and allows boards to rate the outbreak/incident as RED, AMBER, or GREEN. The tool also directs boards whether to inform ARHAI/Scottish Government Health and Social Care Directorate (SGHSCD) of the incident (if AMBER or RED), release a media statement etc.

HIIAT **GREEN** - 0 reported for July, 6 for August
HIIAT **AMBER** - 1 reported for July, 6 for August
HIIAT **RED** - 1 reported for July, 2 for August

(COVID-19 incidents are now included in the above totals but not reported as incident summaries)

Healthcare Environment Inspectorate (HEI)

There have been no unannounced or announced visits.

All HEI reports and action plans can be viewed by clicking on the link:

http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/nhs_hospitals_and_services/find_nhs_hospitals.aspx

Multi-drug resistant organism screening

As part of the national mandatory requirements, each board is expected to screen specific patients for resistant organisms. These are Carbapenemase producing Enterobacteriaceae (CPE) and MRSA. Assessment to screen depends on a clinical risk assessment performed on all admissions to indicate whether the patient requires to be screened. On a quarterly basis we assess compliance of completing this risk assessment to provide assurance of effective screening and report this nationally. The national expectation of compliance is **90%**.

Last validated quarter Apr-Jun 2021		NHSGGC 91% compliance rate for CPE screening	Scotland 83%
		NHSGGC 90% compliance rate for MRSA screening	Scotland 84%



Welcome to the Infection Prevention and Control Quality Improvement Network (IPCQIN) Newsletter

Our Vision:

As an Improvement Network, we influence and support our staff, patients and carers to continuously improve person centred infection prevention and control practices, ensuring a safe and effective care experience.

NHS Scotland Quality Strategy ambitions state “**there will be no avoidable harm to people from the healthcare they receive.**” Healthcare associated infection is estimated to affect 4.5% of all patients who receive care. One of NHS Greater Glasgow and Clyde’s ambitions is to strive for excellence in the reduction of preventable infections. The NHSGGC Pursuit of Healthcare Excellence Quality Strategy (2019/2023) is a framework, which outlines how we intend to continuously improve the quality of care to our patients, carers and communities over the next five years. The Quality Strategy Group has agreed that Infection Prevention and Control (IPC) is one of three key strategic priorities within NHSGGC, therefore the Infection Prevention and Control Quality Improvement Network (IPCQIN) is being taken forward as a programme of the Quality Strategy Work-plan, thus providing the structure, methodology and expertise required.

The IPCQIN consists of two main groups;

The Steering Group which creates the vision and sets the direction for the Network Operational Group. It also has a decision making and reporting authority to approve and monitor all relevant decisions throughout the lifecycle of the Network.

The Operational Group which facilitates operational oversight and assures key stakeholder engagement in the development of the Network business and its recommendations, throughout the lifecycle of the Network.



To support and deliver on the IPCQIN Operational Group's objectives; three workstreams have been established:

1. Person Centred Care - Infection Prevention and Control Work Stream

Lead: Pamela Joannidis, Infection Prevention and Control Associate Nurse Director and Ann McLinton, PCHC Programme Manager, Clinical Governance Support Unit.

Focus: Improve both patient safety and their care experience in line with key local delivery plan targets and Align with the other key priority areas of Person Centred Care.

Update on Progress:

- Work is ongoing with Patient Experience and Public Involvement (PEPI) and the Person Centred Care Group to recruit representatives for the workstream
- Focus on improving communication based on patient feedback/experience.

2. Reducing Infections Associated with the Use of Invasive Access Devices Workstream

Lead: Dr Ram Kasthuri, Consultant Interventional Radiologist

Focus: Increasing awareness of SAB prevention across GGC among all professional groups and further investigation of barriers to good SAB prevention practices.

Update on Progress:

- Chair of Board-wide SAB group now on Operational Group (OG), ensuring visibility of Board-wide initiatives and alignment to work previously completed or in progress.
- Representative from the SAB groups in different sectors are on the OG.
- There are currently two local SAB Groups (North Sector and another one recently established in the South Sector). The function of the Board Group to align these is currently under review.
- Baseline data available for SAB/ECB, aim to meet the 2022 SAB and ECB target, with sustainment throughout 2022.
- Work is ongoing with regards to PICC line passports, updating educational resources for junior doctors, interrogation of DATIX reports in order to identify themes to target interventions, roll out of chlorohexidine impregnated dressing for all mid and long lines, SAB tool box talk is being delivered to individual wards with the key objective being that wards themselves will take these talks forward.

3. Standard Infection Control Precautions (SICPs) Workstream

Lead: Pamela Joannidis, Infection Prevention and Control Associate Nurse Director

Aim: By June 2022, all acute areas will demonstrate > 90% compliance with all standard infection control precautions.

Update on Progress:

- Development of a new SICPs Audit Tool using improvement methodology. This new SICP tool can be used by any healthcare worker including IPC to provide assurance re SICPs compliance. Positive feedback has been received re the audit tool in that it is very user friendly and can be adapted in any area. Further feedback sought from wider areas.
- Work ongoing looking at ways to display SICPs scores using a true quality structure that focuses on improvement. Feedback will be sought from non-executives as well and patients and families on this.

Key results to date:

- The infection Prevention and Control Business Manager is the Project Manager for the IPCQI Network.
- Flash reports have been established by the work streams with the first reports presented to the Steering Group on 19.07.2021.
- Communication strategy includes mission/vision statement, logo and branding specific to the work of the Network.
- Data SAB/ECB now available on the Microstrategy site for all Infection Control access device sub groups.
- The Operational Group have developed a driver diagram to support the workstreams
- Three cohorts of the Scottish Improvement Foundation Skills Programme (SIFS) have been completed and currently planning a training programme for 2022. 25 IPC staff have completed the SIFS Course.

For any queries/suggestions or if you would like to become a member of any of the work-stream groups mentioned above, please contact Natalia Hedo, Infection Prevention and Control Business Manager on Natalia.Hedo@ggc.scot.nhs.uk

