

NHS Greater Glasgow and Clyde	Paper No. 22/06
Meeting:	Board Meeting
Meeting Date:	22 February 2022
Title:	The Healthcare Associated Infection Reporting Template (HAIRT) for November and December 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 November and December 2021 period.

The full HAIRT will now be considered by the Clinical and Care Governance committee on an ongoing basis with a summary being submitted to the NHS Board meeting.

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 rates remain within limits. There were 28 healthcare associated SAB in November 2021 and 24 in December 2021. Aim is 23 or less per month. Actions to address HCAI SAB reduction are included in this report.
 - CDI rates remain within normal control limits for the period of the report. There were 22 healthcare associated CDI in November 2021 and 15 in December 2021. Aim is 17 or less per month. Although the December numbers are less than November, it was noted that there was an increase in numbers in Glasgow Royal Infirmary during December when compared to their usual background rate. A multidisciplinary team including local clinicians, antimicrobial pharmacists and IPCT met to review all the cases and have suggested a

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number of actions which are currently underway. Progress on this review will be included in subsequent reports.

- ECB rates remain within normal control limits. There were 40 healthcare associated ECB in November and 51 in December 2021. The aim is 38 or less per month. Urinary catheters remain a risk factor for ECB, and were associated with 9% of all healthcare associated cases in the past two months, however, this was a reduction upon recent months.
- Surgical Site Infection (SSI) surveillance remains paused nationally and was paused locally in mid-December 2021 when surveillance staff were redeployed to assist with COVID vaccination clinics.
- The following link is the ARHAI report for the period July to September 2021. This report includes information on performance for CDI, ECB, SABs and SSI cases. https://hpspubsrepo.blob.core.windows.net/hps-website/nss/3241/documents/1_2022-01-18-SAB-CDI-EColi-SSI-Infections-Q3-2021-Report.pdf. The 2022 targets continue to be extremely challenging but the ARHAI report demonstrates that GGC are not outliers in any category presented.
- Annual Operational Plan (AOP) targets set for 2019-2022 for SAB, CDI and ECB are due to be achieved by March 2022. Although GGC continue to progress with these challenging targets it is anticipated that on reviewing the current trajectories that it is unlikely that GGC will meet these. The ARHAI report above details our performance in relation to NHS Scotland and demonstrates that GGC is not an outlier in any category, however, we will continue to try and achieve these targets by continually improving and supporting changes practice to ensure the safety of our patients.
- SAB HCAI Standard aim is 70 cases or less per quarter by 2022. NHSGGC are locally **above aim** for the period July-September 2021 with 81 HCAI SAB cases, however we remain within expected limits and continue to support improvement locally to reduce rates via the Infection Prevention and Control Quality Improvement Network's (IPCQIN) work streams.
- Prospective SAB, CDI and ECB data with origin of infection is now available to clinical staff via MicroStrategy IPC dashboard. It is anticipated that SSI data will also be available in the next few weeks. This ensures frontline clinical teams have access to real time data to inform decisions and actions to reduce healthcare associated infections.
- The second issue of the Infection Prevention and Control Quality Improvement Network (IPCQIN) newsletter will be issued to staff via Core Brief in February 2022. This will ensure shared learning across the organisation on the improvements implemented this far by the network.
- COVID-19 activity continued during November and December 2021. IPCT are working closely with colleagues to support the implementation of national guidance in practice. To date, in NHSGGC there have been over 228,000 confirmed positive cases however many people do not require admission to our hospitals. There was an increase in ward closures in both months.
- The Board's cleaning compliance is 96% and Estates compliance is 96% for November 2021, and 95% and 97% respectively for December 2021.
- SSI local surveillance was paused in mid-December. National SSI surveillance remains paused.
- The IPCT are supporting the organisation to inform recovery plans post COVID-19.
- Close communication with ARHAI and other external organisations continues, with contributions from several members of the IPCT to National Groups.
- IPCT actions from the recommendations of the Scottish Government Oversight Board and Case Note Review are complete. One new initiative, proposed by GGC

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as a good practice point has been delayed due to COVID, i.e. development of an early warning system for high risk units. This action would be a first for Scotland and will be progressed as soon as practicably possible.

3. Recommendations

The NHS Board is asked to consider the following recommendations:

- Note the content of 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 impact**
- Better Care **Positive impact**
- Better Value **Positive impact**
- Better Workplace **Neutral impact**
- Equality & Diversity **Neutral impact**
- Environment **Positive impact**

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:

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

7. Governance Route

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

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

8. Date Prepared & Issued

Date prepared: 31 January 2022

Date issued: 15 February 2022

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Healthcare Associated Infection Summary – November and December 2021

The HAIRT Report is the national mandatory reporting tool and is presented bi-monthly to the Clinical and Care Governance Committee with a summary report 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.

	Nov 2021	Dec 2021	Status toward AOP target (based on trajectory to Mar 2022)
Healthcare Associated <i>Staphylococcus aureus</i> bacteraemia (SAB)	28	24	Above aim (23/ month)
Healthcare Associated <i>Clostridioides difficile</i> infection (CDI)	22	15	Above aim (17/ month)
Healthcare Associated <i>Escherichia coli</i> bacteraemia (ECB)	40	51	Above aim (38/ month)
Hospital acquired IV access device (IVAD) associated SAB	7	1	
Healthcare associated urinary catheter associated ECB	4	4	
Hand Hygiene	97	98	
National Cleaning compliance (Board wide)	96	95	
National Estates compliance (Board wide)	96	97	

Key infection control challenges (relating to performance)

Staphylococcus aureus bacteraemia

- There were 28 healthcare associated SAB in November 2021 and 24 in December 2021. Aim is 23 or less per month.

Clostridioides difficile infection

- There were 22 healthcare associated CDI in November 2021 and 15 in December 2021. Aim is 17 or less per month.

Escherichia coli bacteraemia

- There were 40 healthcare associated ECB in November 2021 and 51 in December 2021. Aim is 38 or less per month.

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

Surgical Site Infection Surveillance

- Surveillance was paused nationally (CNO letter 25th March 2020) however, NHSGGC continued to sustain SSI surveillance until December 2021 when it was paused locally due to the surveillance nurses being deployed to support the vaccine rollout programme.

***Staphylococcus aureus* bacteraemia (SAB)**

	Nov 2021	Dec 2021
Total	35	32
Hospital *	19	13
Healthcare*	9	11
Community	7	8

Healthcare associated *S. aureus* bacteraemia total for a rolling year: January to December 2021 =304.
HCAI yearly aim is 280.

*Hospital and Healthcare are the cases which are included in the Scottish Government (SG) reduction target (n=28) in November and (n=24) in December 2021.

HCAI Aim for Hospital and Healthcare is 23.

Comment:

- Overall SAB numbers have been stable since August 2019 with minimal variation which indicates a stable system.
- Number of Healthcare Associated SAB cases has been variable but within expected limits since August 2019.
- SAB community cases have shown a reduction since March 2021 but remain stable and in control with minimal variation which indicates a stable system.
- Enhanced bacteraemia surveillance temporarily switched to light methodology as directed by the Scottish Government because of the acknowledged increased workload of IPCTs responding to the challenges of COVID-19.
- In addition to the nationally set targets, infections from an IV Access Devices (IVAD) caused by *S. aureus* are investigated fully and reported.
- There was one SAB case associated with an IVAD in December 2021. There are now local SAB reduction groups in each of the geographical sectors and these are part of the IPCQIN.
- All Acute hospital cases are prospectively available on MicroStrategy IPC dashboard.

***E.coli* bacteraemia (ECB)**

	Nov 2021	Dec 2021
Total	81	92
Hospital *	28	27
Healthcare*	12	24
Community	41	41

Healthcare associated *E. coli* bacteraemia total:
January to December 2021= 548.
HCAI yearly aim is 452.

*Hospital and Healthcare are the cases included in the SG reduction target (n=40) in November and (n=51) in December 2021.

HCAI Aim for Hospital and Healthcare is 38.

Comment:

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- Healthcare Associated ECB number of cases is currently stable and in control with minimal variation which indicates a stable system. In the past 7 months on 6 occasions the number of cases has continue to be stable which indicates improvement over time.
- There remains some variability in monthly ECB community onset cases.
- Urinary catheters remain a high risk factor for ECB, and were associated with 9% of all healthcare associated cases in this period. This is a reduction upon recent months.
- SPC charts for healthcare associated cases related to a urinary catheter are now included in each Acute Sector monthly report.
- Ward level data of entry point of bacteraemia is also available via MicroStrategy. This provides prospective information to Senior Charge Nurses to assist reduction of cases that may be amenable to improvement methodology.
- All ECB Acute hospital cases are prospectively available on MicroStrategy IPC dashboard.

Clostridioides difficile infection (CDI)

	Nov 2021	Dec 2021
Total	23	22
Hospital *	13	10
Healthcare*	4	4
Indeterminate*	5	1
Community	1	7

HCAI aim for Hospital and Healthcare and Indeterminate onset is 17.

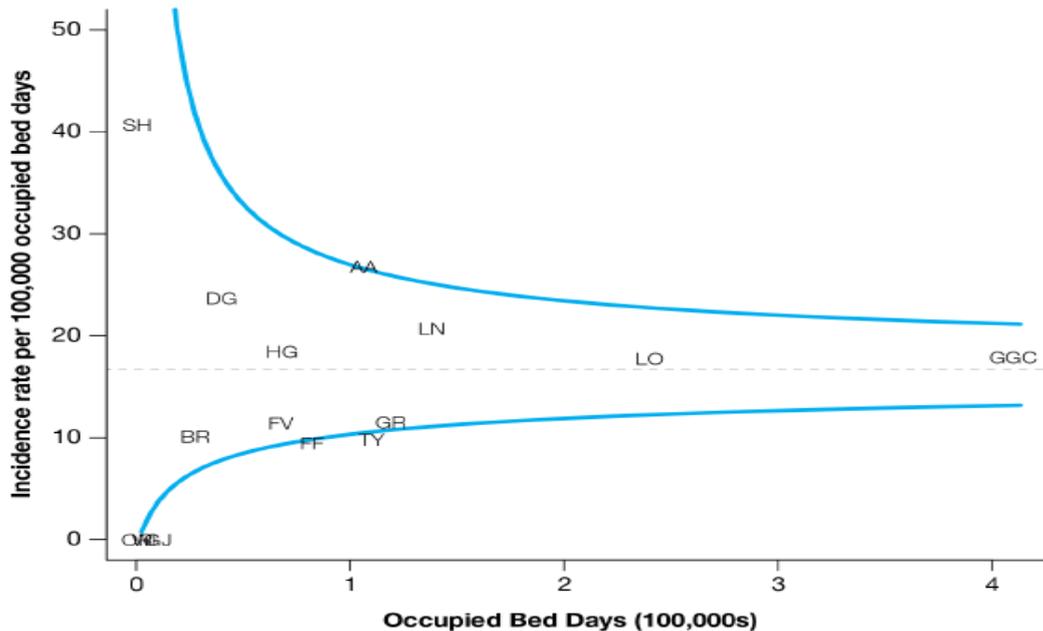
Healthcare associated *Clostridioides difficile* total: January to December 2021 = 224.
HCAI yearly aim is 204.

*** Hospital, Healthcare and Indeterminate are the cases which are included in the SG reduction target (n=22) in November and (n=15) in December 2021.**

Comment:

- There had been a number of months when the overall number of cases of CDI were increased i.e. in March 2021 until September 2021. The IPCT continued to closely monitor and implement local actions in any area with higher than expected numbers, however this increase appears to be linked in the main to community cases, where possible interventions are limited. This increase is being reported across NHS Scotland. There has been a reduction in cases from October 2021 to date.
- There had been an increase in HCAI cases since March 2021, however this decreased in December 2021 to 15 cases (below HCAI standard aim).
- Community acquired CDI cases have increased slightly in 2021 to date for 7 months but still remain within control limits, however have decrease in November and December.
- For assurance please see below funnel plot analysis from ARHAI for Q3 of 2021 which places NHSGGC within the confidence intervals for healthcare associated infection cases.

Figure 1: Funnel plot of CDI incidence rates (per 100,000 TOBD) in healthcare associated infection cases for all NHS boards in Scotland in Q3 2021.^{1,2}



1. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & Total occupied bed days: Information Services Division ISD(S)1.
2. NHS Golden Jubilee, NHS Orkney and NHS Western Isles overlap.

Actions Taken:

- Cases in hospital: All patients are reviewed by the IPCT and advice is given regarding antimicrobial prescribing, isolation and transmission based precautions. 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 Senior Charge Nurse (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. Prospective ward level information on CDI cases is available on MicroStrategy for access by SCNs across our Acute sites.

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.

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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 SCNs 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

SSI Surveillance was paused in December 2021

National SSI surveillance remains suspended.

Local surveillance was paused in mid-December 2021 to allow the three IPC surveillance nurses to assist with booster delivery at NHSGGC COVID vaccination centres.

As 30 day readmission surveillance for November 2021 procedures were not complete, there is no surveillance data on November or December procedures.

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

The National Records of Scotland monitor and report on a variety of death causes recorded on the death certificate. Two organisms are monitored and reported; MRSA and *C. difficile*. Please click on the link for further information:

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

There was one death in November 2021 and one in December 2021 where hospital acquired *Clostridioides difficile* was recorded on the death certificate. These were both antibiotic associated and not due to cross infection. Datix incident reports were raised and the clinical teams were asked to complete clinical reviews.

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

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

Hand Hygiene Monitoring Compliance

NHSGGC Board

	Jan 202	Feb 202	Mar 202	Apr 202	May 202	Jun 202	July 202	Aug 202	Sept 202	Oct 202	Nov 202	Dec 202
	1	1	1	1	1	1	1	1	1	1	1	1

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Board Total	98	98	98	97	97	97	98	98	97	98	97	98
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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.

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 have met 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 work stream but it will run through and support the other work streams.*

The key results to date are noted in the second addition of the newsletter below:



IPCQIN Newsletter

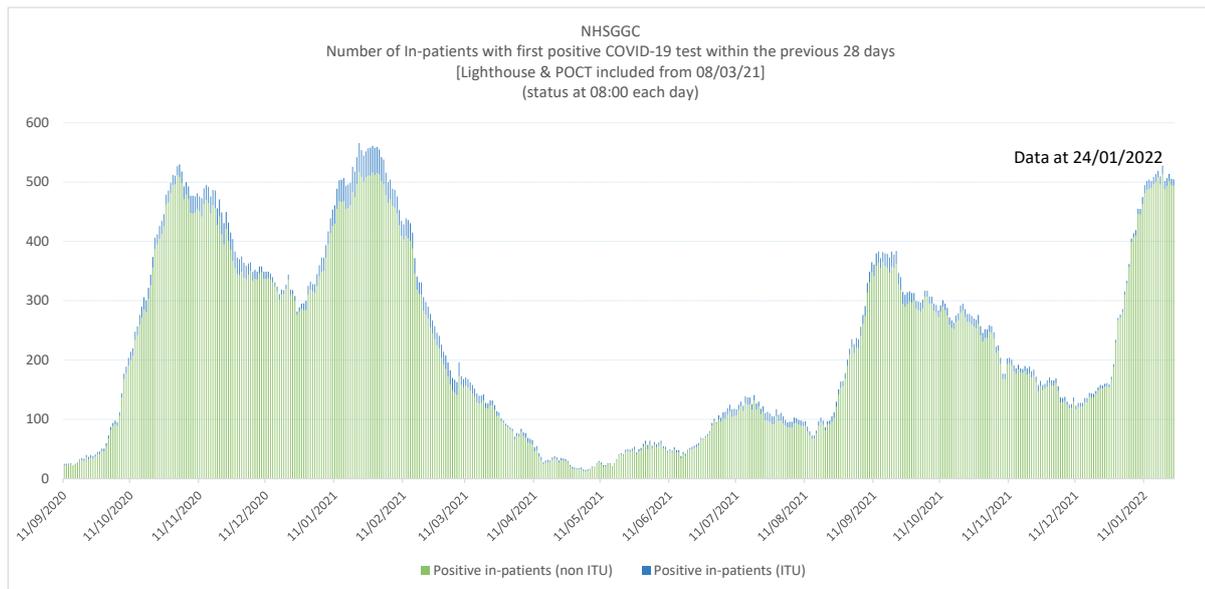
COVID-19 - Update

NHS Scotland is now experiencing a fifth wave of COVID-19. To date in NHSGGC there have been over 228,000 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 is the number of people in intensive care areas.

DAILY REPORTING – from 15/09/2020 to date



Daily reporting includes only those in-patients who have had a first positive COVID-19 test within the previous 28 days. Includes Lighthouse and current point of care testing results.

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.

Public Health Scotland now publish weekly reports on the incidence of COVID-19 in Scotland. These are available at: <https://beta.isdscotland.org/find-publications-and-data/population-health/covid-19/covid-19-statistical-report/>

Further information on Coronavirus (COVID-19) data, intelligence and guidance is available at: <https://www.publichealthscotland.scot/our-areas-of-work/sharing-our-data-and-intelligence/coronavirus-covid-19-data-and-guidance>

Ward closures due to COVID-19

There were 14 ward closures due to COVID-19 in November 2021, and 28 for December 2021.

Month	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21
Ward Closures	49	34	14	3	8	6	5	18	22	21	14	28
Bed Days Lost	4938	4122	1103	16	670	307	519	1078	1521	1892	1305	1699

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Below is an extract from ARHAI Scotland’s Report on the incidence of COVID-19 in Scotland – Validated data up until 26 December 2021

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	44,506	1,092	157	268	493	2.5%	0.4%	0.6%	1.1%
Borders	8,807	178	22	24	64	2.0%	0.2%	0.3%	0.7%
Dumfries & Galloway	12,435	319	25	9	21	2.6%	0.2%	0.1%	0.2%
Fife	39,633	785	58	52	286	2.0%	0.1%	0.1%	0.7%
Forth Valley	34,824	794	96	85	202	2.3%	0.3%	0.2%	0.6%
Golden Jubilee	34	18	8	3	5	-	-	-	-
Grampian	45,331	582	77	69	205	1.3%	0.2%	0.2%	0.5%
Greater Glasgow & Clyde	174,473	3,682	590	636	1,490	2.1%	0.3%	0.4%	0.9%
Highland	21,530	248	15	9	34	1.2%	0.1%	0.0%	0.2%
Lanarkshire	99,457	1,366	247	294	542	1.4%	0.2%	0.3%	0.5%
Lothian	102,430	1,733	226	339	672	1.7%	0.2%	0.3%	0.7%
Orkney	456	8	0	1	3	1.8%	0.0%	0.2%	0.7%
Shetland	724	17	1	0	0	2.3%	0.1%	0.0%	0.0%
Tayside	44,427	1,004	131	151	289	2.3%	0.3%	0.3%	0.7%
Western Isles	967	15	1	3	3	1.6%	0.1%	0.3%	0.3%
Scotland	630,034	11,841	1,654	1,943	4,309	1.9%	0.3%	0.3%	0.7%

Outbreaks or Incidents in November and December 2021

Outbreaks / Incidents

Outbreaks and incidents across NHSGGC 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 possible or confirmed outbreak/incident a Problem Assessment Group (PAG) or Incident Management Team (IMT) meeting is held with staff from the area concerned, and actions are implemented to control further infection and transmission.

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The ARHAI Healthcare Infection Incident Assessment Tool (HIIAT) is a tool used by the IMT to assess the impact of the outbreak or incident. The tool is a risk assessment and allows The IMT 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. 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. ARHAI are informed of all incidents who onward report to the Scottish Government Health and Social Care Directorate (SGHSCD).

HIIAT **GREEN** - 2 reported for November, 2 for December 2021
HIIAT **AMBER** - 4 reported for November, 13 for December 2021
HIIAT **RED** - 5 reported for November, 5 for December 2021

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

Outbreaks/Incidents (HIIAT assessed as AMBER or RED excluding COVID 19)

There were no Non-COVID-19 incidents or outbreaks, HIIAT scored as **RED** or **AMBER**, reported in November or December 2021.

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%**. Communications will be issued to Chief Nurses regarding the dip in compliance with the CPE screening tool.

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Last validated quarter Jul-Sep 2021 (Q3)		NHSGGC 93% compliance rate for CPE screening	Scotland 82%
		NHSGGC 90% compliance rate for MRSA screening	Scotland 81%
Local quarter data Oct-Dec 2021(Q4)		NHSGGC 83% compliance rate for CPE screening	Scotland tbc
		NHSGGC 91% compliance rate for MRSA screening	Scotland tbc



Welcome to the second issue of 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.

The **Infection Prevention and Control Quality Improvement Network** Steering Group and the Operational Group have continued to meet on a bi-monthly basis to support and oversee the development of the Network business and its recommendations.

IPCQIN Workstream Groups' Update:

1. Person Centred Care - Infection Prevention and Control

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

Focus: Effectively engage with patients, carers and the public in the planning and delivery of our services and be able to demonstrate that we are listening and learning from our service users.

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. Role descriptor and advert drafted for patients with lived experience to join the Person Centred Care Reference Group.



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

There are currently two well-established SAB Groups in the North Sector and South Sector and a newly established SAB Group in the Clyde Sector. Work in underway to establish an additional SAB Group for the Regional Services Directorate. The work of the SAB Groups informs this workstream and ensures that there is a seamless approach across all sectors with minimal variation.

Focus: Increasing awareness of SAB prevention across NHSGGC among all professional groups with reviews and actions to address any barriers to good SAB prevention practices.

Update on Progress:

North Sector SAB Group

Lead: John Carson, Chief Nurse, North Sector, Acute Services

- Good staff engagement with the educational opportunities available, further rolled out to include junior doctors.
- Wide range of clinical teams getting involved and taking initiative.
- PICC line training for all incoming FY1 trainees, training was mapped against wards who had experienced recent SABs.
- Driver diagram for improvement developed with support from QI team.

South Sector SAB Group

Lead: Morag Gardner, Chief Nurse, South Sector, Acute Services

- Newly established group with good clinical leadership and wide MDT membership.
- Good progress to reduce line infections in the pilot ward, using visible data for improvement.
- Excellent education framework in place with real involvement and engagement from clinical staff across a range of professions and specialties; examples include; learn pro modules, observed practice and competency sign off/recording.

Clyde Sector SAB Group

Lead: Con Gillespie, Acting Chief Nurse, Clyde Sector, Acute Services

- Group structure now in place and draft terms of reference shared.
- Good buy-in from clinical teams; senior nurses and medical staff.

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:

- Second Test of Change completed using the SICPs Audit Tool to provide assurance re SICPs compliance. Lead for roll-out of new SICPs Audit Tool identified.
- SICPs strategy developed to include incorporating the new SICPs tool onto the Care Assurance and Improvement Resource (CAIR) Dashboard by June 2022.
- Linking work of SICPs collaborative to Oversight Board/Case Notes Review recommendations.

Key results to date:

- Flash reports on progress of the work streams presented to the Operational and Steering Groups meetings.
- Collaborative working and support from QI leads and clinical services.
- The Communication Strategy is in place.
- An overarching Project plan for IPCQIN has been established.
- An EQIA for the IPCQIN has been submitted for approval.
- An update on progress is regularly presented at the Gold Command and the Quality Strategy Groups.

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

