



# Prevention and Control of Infection Annual Report 2015/16

---

Approval record	Date approved
Board Prevention and Control of Infection Committee	24/11/16
Clinical Governance Risk Management Group	21/12/16
Clinical Governance Committee	24/01/17
Chief Executive and Board	

Contents

Section	Page
1. Introduction	2
2. Healthcare Associated Infection (HAI)	3
3. Prevention and Control of Infection Policies	9
4. Prevention and Control of Infection Programme (PCIP)	10
5. Quality Improvement and Programme of Audit	10
6. HAI Education	10
7. HAI outbreaks/ incidents	10
8. Emerging pathogens	11
9. Cleaning Services/ Housekeeping	13
10. Built Environment	14
11. Healthcare Environment Inspection	14
12. National groups	14

Prevention and Control of Infection Team:

- Heather Gourlay, Senior Manager Prevention and Control of Infection
- Sandra McAuley, Clinical Nurse Manager Prevention and Control of Infection
- Susan Robertson, Senior Prevention and Control of Infection Nurse
- Lorna Walls, Prevention and Control of Infection Nurse
- Annette Hollis, Senior Tissue Viability Nurse
- Alexa Crawford, Tissue Viability Nurse
- Dr Aleksandra Marek and Dr John Hood, Prevention and Control of Infection Doctors
- Jackie Dunn, HAI Quality Improvement Facilitator Seconded post January 2015 – March 2016

## 1.0 Introduction

Prevention and Control of Infection is everyone's responsibility and, as a multidisciplinary team, every member of staff is expected to maintain the high standards required in health care, ensuring the continuation of high level environmental practice and safety.

The following report details the activities of the Prevention and Control of Infection Team (PCIT) over 2015/16 against the planned Golden Jubilee National Hospital (GJNH) Prevention and Control of Infection Programme (PCIP). Approved by the Prevention and Control of Infection Committee (PCIC), key stakeholders and senior and executive managers, the PCIP is designed to meet the following local and national drivers:

- Scottish Patient Safety Programme (SPSP)
- National Hand Hygiene Campaign
- HEAT (Health, Improvement, Efficiency Access to Services and Treatment Targets for reduction of CDI and SAB)

During 2015/16, the Golden Jubilee National Hospital (GJNH) has:

- Maintained our low rates of hospital acquired *Clostridium difficile* infection (CDI), reaching an irreducible minimum.
- Maintained high levels of environmental cleanliness in clinical areas.
- Kept surgical site infection within control limits in orthopaedics, despite an increase in activity.
- Kept surgical site infection within control limits in cardiac surgery.
- Sustained hand hygiene opportunity and technique compliance.
- Received a positive unannounced Inspection from the Healthcare Environment Inspectorate.

The Board recognises their collective responsibility towards healthcare acquired infection (HAI) risk and continuously supports initiatives to control these.

Development, implementation and review of policies, coupled with compliance monitoring surveillance and education, are all components of the Prevention and Control of Infection Team's proactive approach to addressing the HAI agenda at the Golden Jubilee National Hospital.

## 2.0 Healthcare Associated Infection (HAI)

### 2.1 *Staphylococcus aureus* bacteraemia (*S. aureus* or SAB)

*S. aureus* is a Gram positive bacterium which colonises in the nasal cavity of about 30% of the healthy population. Although this colonisation is usually harmless, *S. aureus* may cause serious infection. These infections are commonly associated with healthcare interventions which allow the bacterium to infect normally sterile body sites.

The mandatory Scottish national Meticillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia surveillance programme was established by the Scottish Executive Health Department (SEHD) in 2001. In July 2006, the surveillance programme was extended to include all *S. aureus* bacteraemias (SABs) in Scotland.

In addition, enhanced *S. aureus* bacteraemia surveillance commenced in 2014. Coordinated by Health Protection Scotland (HPS), this is a mandatory requirement which informs the epidemiology of SAB and increases the opportunity for improvement and sharing of lessons learned across Scotland.

#### **GJNH approach to SAB prevention and reduction**

It is accepted within HPS that care must be taken in making comparisons with other Boards because of the specialist patient population within GJNH. Small numbers of cases can quickly change our targeted approach to SAB reduction.

All SAB isolates identified within the laboratory are subject to case investigation to determine future learning and quality improvement.

The epidemiology of SAB infections had changed locally since April 2015; where an increase in device related SAB was recognised. Results of typing show these to be different strains of *S. aureus*.

The Prevention and Control of Infection Team worked closely with the clinical teams involved and clinical educators and to identify and address risk factors that may contribute to SAB acquisition. To support this work the PCIT proactively invoked the Chief Nursing Officer (CNO) 2010 algorithm and approached Health Protection Scotland (HPS) for additional support with improvement. This work is detailed and progressed via our SAB Prevention Action Plan and Group.

Broad HAI initiatives which influence our SAB rate include:

- Hand Hygiene monitoring.
- MRSA screening at pre-assessment clinics and admission.
- Compliance with National Cleaning Specifications.
- Audit of the environment and practices via Prevention and Control of Infection Annual Reviews and monthly Senior Charge Nurse led Standard Infection Control Precautions and Peer Review monitoring.
- Participation in National Enhanced SAB surveillance, gaining further intelligence on the epidemiology of SAB.

Surgical Site Infection (SSI) related SAB:

- Introduction of (Meticillin Sensitive *Staphylococcus aureus*) MSSA screening for cardiac and subsequent treatment pre and post op as a risk reduction approach.
- Surgical Site Infection (SSI) surveillance in collaboration with Health Protection Scotland and compared with Health Protection Agency data to allow rapid identification of increasing and decreasing trends of SSI.
- Standardisation of post op cardiac wound care.
- Development and implementation of a wound swabbing protocol and competency.

## Device Related SAB:

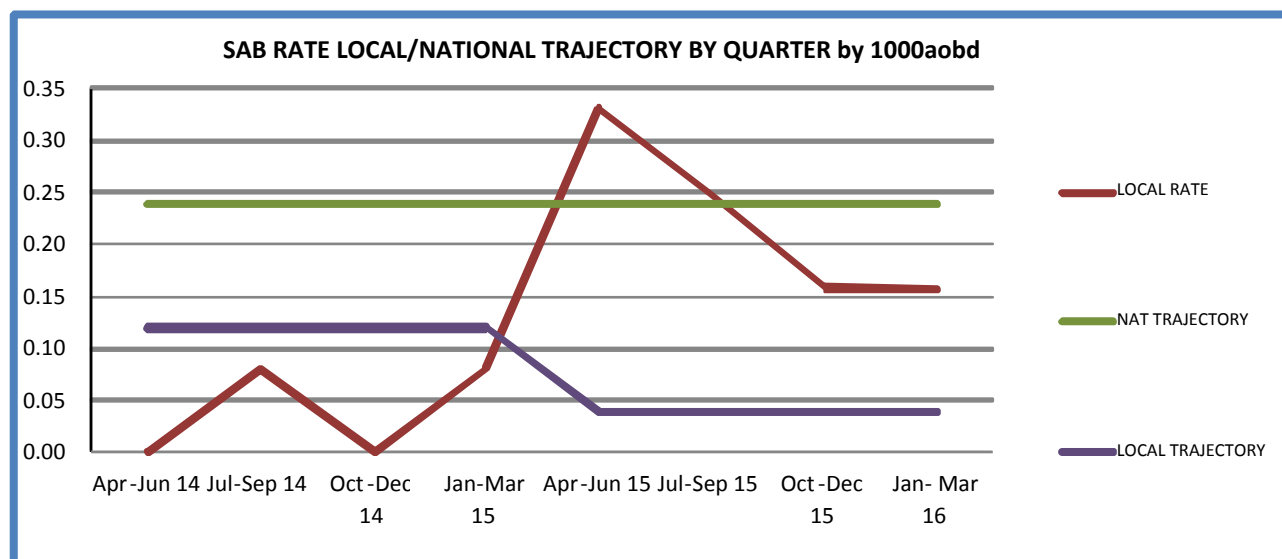
- SPSP work streams continue to implement and aim to sustain compliance with Peripheral Venous Catheter (PVC) and Central Venous Catheter (CVC) bundles.
- Collection and review of data allows assessment of compliance locally and helps target interventions accordingly.
- Implementation of Peripherally Inserted Central Catheter (PICC) and Intra Aortic Balloon Pump (IABP) maintenance bundles.
- Implementation of new combined PVC insertion and maintenance bundle.
- Development of a “Caring for Your Device” information leaflet for patients.

## Annual Incidence

Boards are expected to achieve a rate of 0.24 cases per 1,000 acute occupied bed days or lower by year ending March 2016.

Despite an increase from the previous report in 2014/2015, we have achieved the 2015/16 national trajectory for SAB reduction, identifying 11 SAB cases in this time period, with a target of less than 12.

**Our annual SAB rate April 2015 – March 2016 is 0.22 per 1000 occupied bed days.**



## 2.2 *Clostridium difficile* (CDI)

In Scotland, mandatory surveillance of CDI was introduced in 2006 following reports of increasing CDI rates, the increasing severity of the disease around the world, and the rise in voluntary laboratory reports to HPS in the period 1996-2005. Surveillance initially recorded the incidence of CDI in patients aged 65 years and over. In April 2009, the programme was expanded to include patients aged 15-64 years.

### CDI LDP Heat Delivery Trajectories

Boards are expected to achieve a rate of 0.32 cases CDI per 1,000 occupied bed days by year ending March 2016. This relates to people aged 15 and over. Boards currently with a rate of less than 0.32 are expected to at least maintain this, as reflected in their trajectories.

**Our annual CDI rate April 2015 – March 2016 is 0 per 1000 occupied bed days.**



## GJNH approach to CDI prevention and reduction

Our numbers of CDI cases are low in comparison with other Boards, which likely relates to our specialist patient population.

### Actions to reduce CDI

- Ongoing alert organism surveillance and close monitoring of the severity of cases by the PCIT.
- Unit specific reporting and triggers.
- Utilisation of HPS Trigger Tool if trigger is breached.
- Use of HPS Severe Case Investigation Tool if the case definition is met.
- Typing of isolates when two or more cases occur within 30 days in one unit..

## 2.3 National Screening Programmes

### MRSA

Since 2012 all Boards in Scotland have been expected to perform admission MRSA screening in the form of:

- A three question clinical risk assessment (CRA) where, if there is one or more positive answer, a nose and perineal swab are required.
- OR
- All patients in the five high impact specialties (renal, cardiothoracic, vascular, intensive care and orthopaedics) are screened as a matter of course using nasal and perineal swabs.

The majority of GJNH patients fall into this latter category and our agreed local approach is that all patients staying for a minimum of one night will be screened on admission, and patients requiring longer in patient treatment will be rescreened after 10 days and weekly thereafter.

Since the majority of our patients fall into the latter category of screening we have agreed with HPS and the Scottish Government that participation in the national key performance indicator data submission is not required, however we are keen to continue monitoring compliance in screening and publish this data locally within our HAI reports.

### MRSA Screening Compliance April 2015- March 2016

Apr 15- Mar 16	3WEST	3EAST	2C	2D	CCU	NSD	ICU2	ICU1	HDU2	HDU3	SDU	2EAST	2WEST
Admit screen	100%	100%	100%	100%	100%	97%	100%	100%	100%	100%	100%	100%	100%
10 day screen	100%	97%	NA	NA	NA	85%	79%	NA	50%	44%	NA	78%	86%
7 day screen	100%	92%	NA	NA	NA	78%	82%	NA	88%	0%	NA	88%	90%

Where compliance is below 95%, departments are informed and action plans implemented to resolve contributory factors. It is anticipated the introduction of Ward watcher with integral MRSA screen alerts will complement MRSA screening compliance.

### Carbapenamase-producing Enterobacteriaceae (CPE)

CMO/SGHD(2013)14 raised concern around the emergence of organisms resistant to carbapenems as extensive spread has occurred within a number of European countries, with some countries moving to an endemic situation. The number of carbapenemase-producing Enterobacteriaceae (CPEs) detected within the UK has also risen.

The key principles in combating this threat are:

- early detection (through clinical alertness, good diagnostic practice and surveillance);
- containment (through infection control measures together with patient and contact screening as required); and
- prudent prescribing of antibiotics.

Throughout 2014/15 the CPE working group planned and implemented CPE screening and education and developed patient information leaflets. The focus for 2015/16 was to further embed screening and education, whilst working collaboratively with HPS CPE Short Life Working Group to further refine national policy.

## 2.4 Hand Hygiene (HH)

Hand hygiene is one of the 10 elements of Standard Infection Control Precautions (SICPs) and remains the most effective means of reducing and preventing the incidence of avoidable illness, in particular healthcare associated infection.

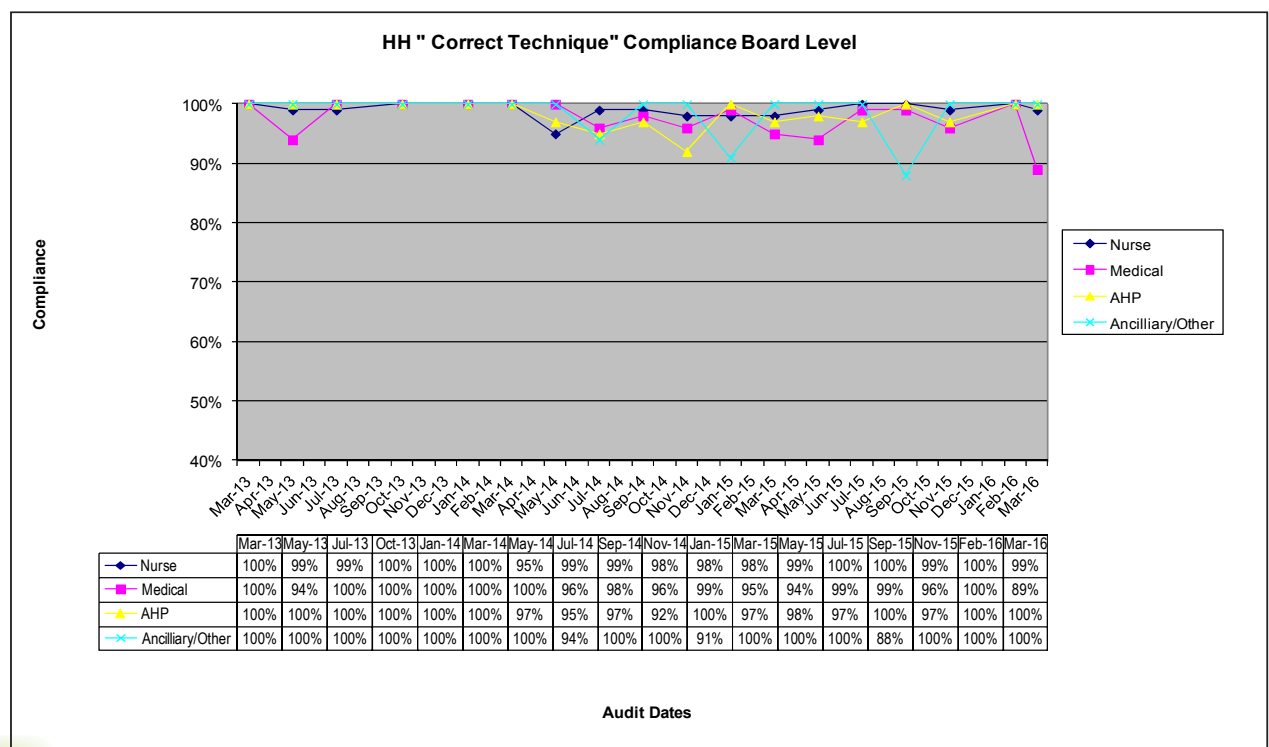
Since 1 October 2013, individual NHS Boards have been given the responsibility for monitoring and reporting hand hygiene compliance data and are expected to reintegrate hand hygiene compliance monitoring into local improvement programmes. Additionally, Boards are required to ensure that they have suitable quality assurance processes in place.

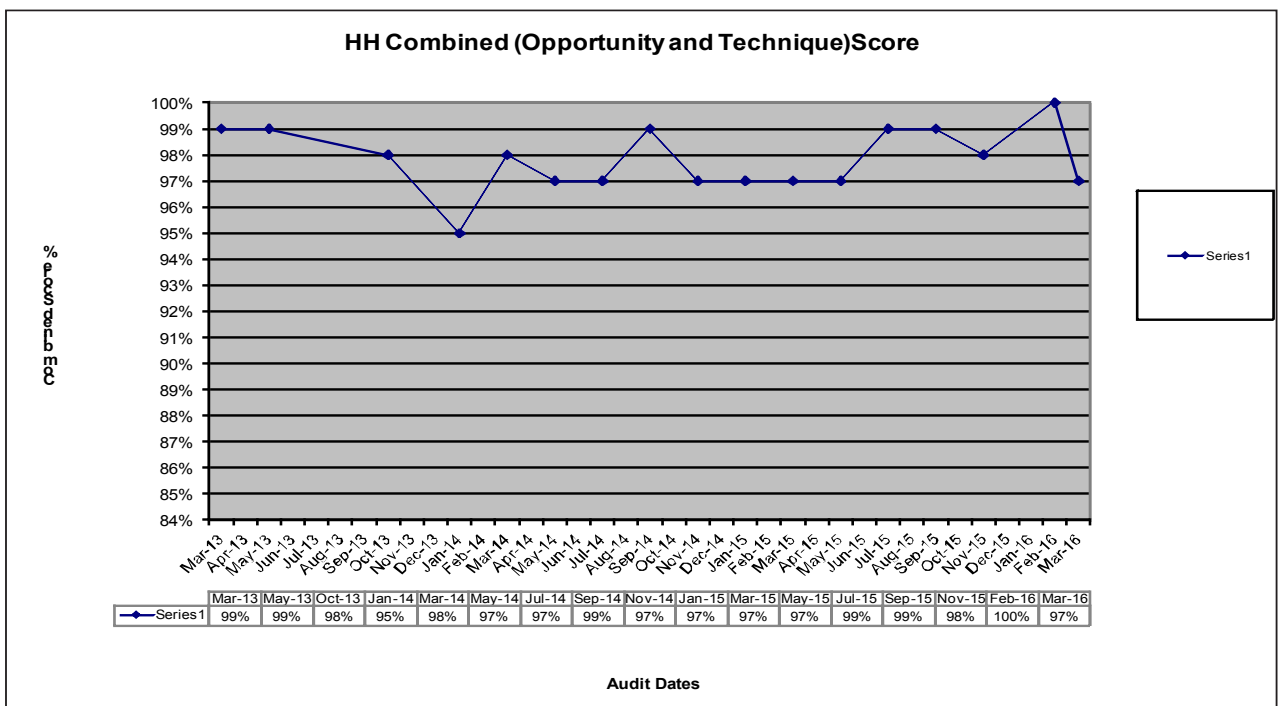
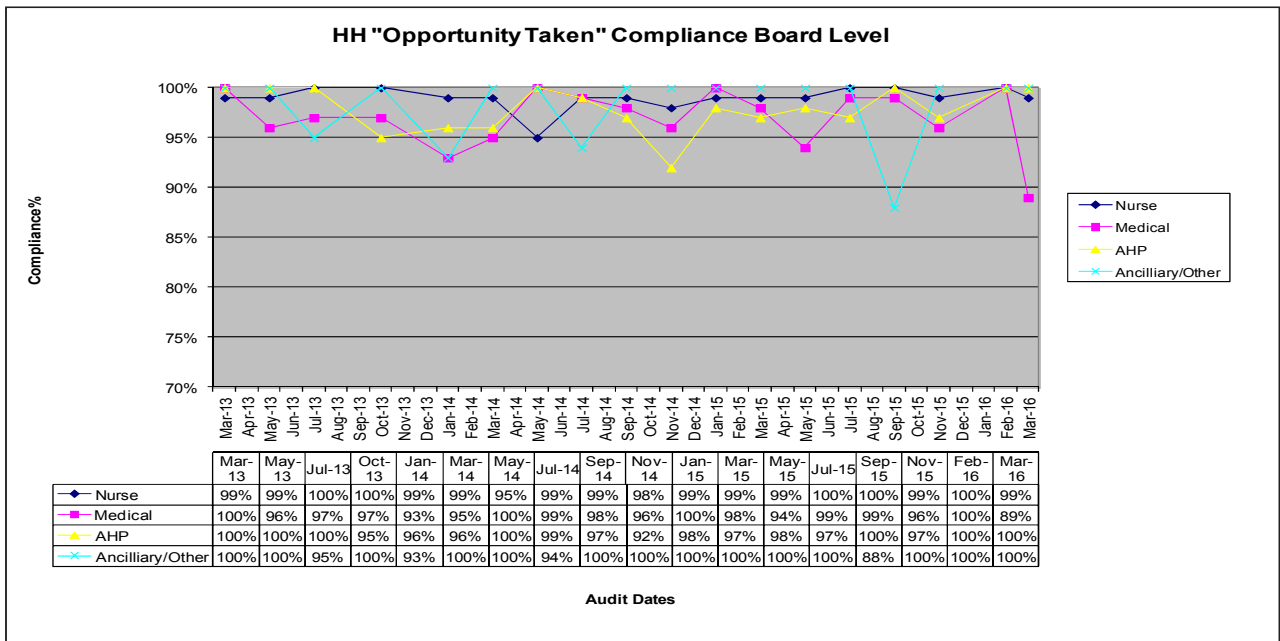
The Golden Jubilee monitors hand hygiene and ensure a zero tolerance approach to non compliance. Since March 2014, the Prevention and Control of Infection Nurses (PCINs) have implemented targeted quality assurance for hand hygiene.

Monthly departmental data is reviewed by PCINs as part of SICPs with compliance and non compliance discussed with SCN / Department Manager.

Hand Hygiene data for 2015/16 demonstrates ongoing sustained Board level compliance above 95% for both opportunity and technique since 2011.

### Hand Hygiene Data





## 2.5 Scottish Surveillance of HAI Programme (SSHAIP)

The Scottish Surveillance of HAI Programme within HPS coordinates the Surgical Site Infection (SSI) surveillance programme. This is mandatory in NHSScotland and all NHS boards are currently required to undertake surveillance for caesarean section and hip arthroplasty procedures as stated in the Health Department Letter (HDL) 2006 (38) [18] and Chief Executive's Letter (CEL) (11) 2009.

In 2011, amendments to the national surveillance requirements of HDL 2006 (38) were implemented, enabling SSI light surveillance methodology to be applied to mandatory and non mandatory procedures from 1 July 2011 (i.e. SSI forms are completed for confirmed SSIs, for all patients undergoing all procedures). This has since been our local approach to orthopaedic surgery surveillance. Post Discharge Surveillance requirements, via re-admission data to 30 days post-op, were unaffected by the amendments.

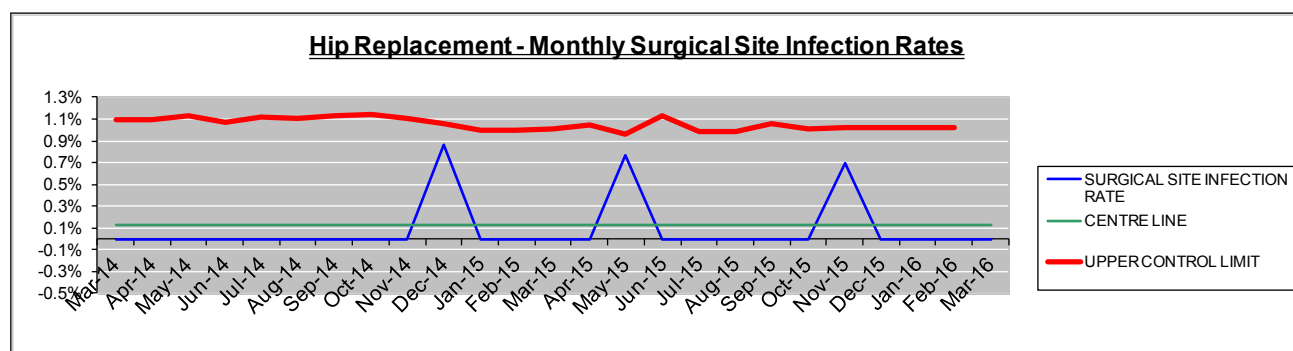
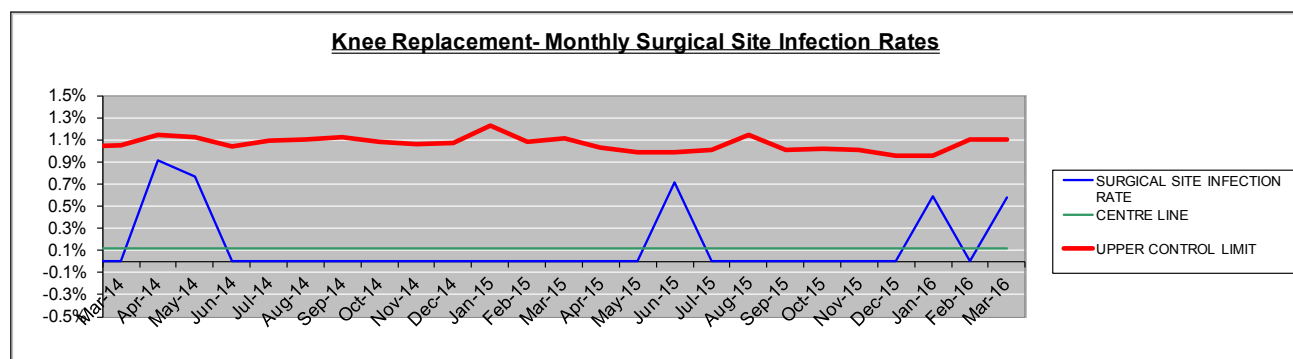
## Orthopaedic Surgery Light Surveillance

During 2015/16 there were 1,703 hip replacement procedures with an SSI rate of 0.17% (n=3) and 1,802 Knee replacement procedures, with an SSI rate of 0.16% (n=3).

Orthopaedic surveillance is performed from surgery until 30 days post discharge. Numbers of post-operative infections for both hip and knee implant surgery have remained within our control limits and surveillance is ongoing.

The team quality assures orthopaedic surveillance via the following processes:

- reviewing all long stay patients (patients who have been in the hospital for 10 days or more) to determine the reason for extended stay;
- review all readmissions (patients readmitted within 30 days of a prior stay) and all patient deaths;
- receive and review alerts from the laboratory system detailing positive wound swab/ wound fluid results;
- review of ward safety briefs three times a week to check for any readmitted patients or any patients with known or suspected wound infections; and
- close working with the Tissue Viability service discussing new referrals that are relevant to our surveillance process. .



## Coronary Artery Bypass Graft (CABG) and Valve Surgery Full Surveillance

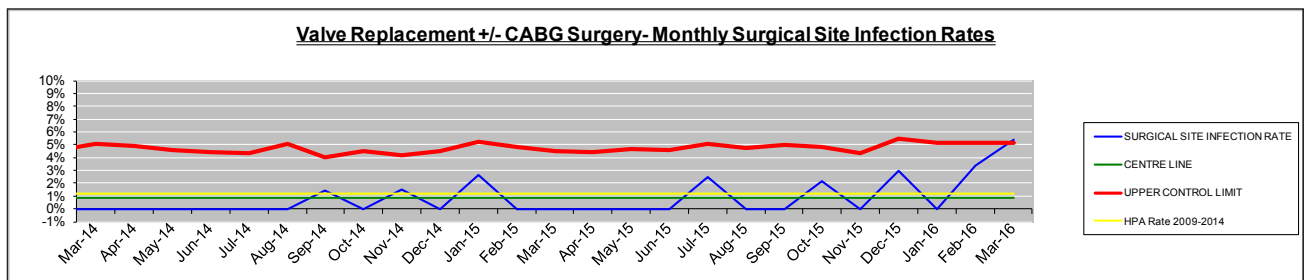
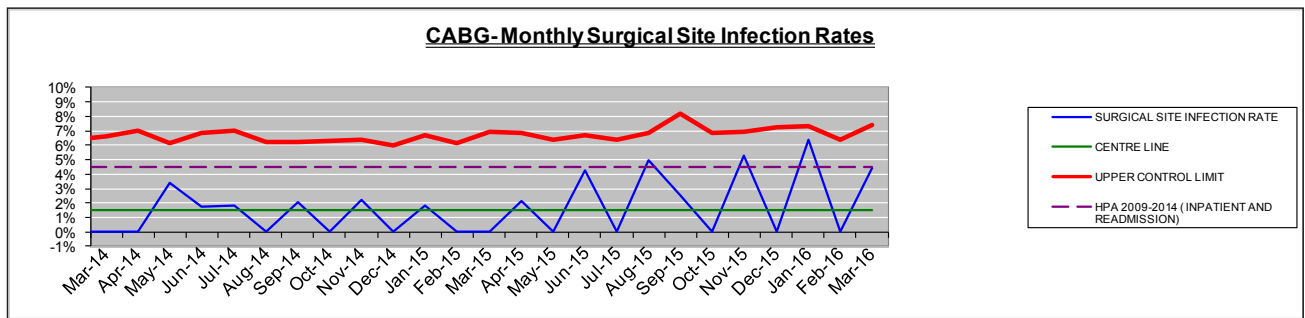
Cardiac surveillance is performed from surgery until 30 days post discharge. No other Board in NHSScotland collects this data, therefore benchmarking of data continues to use data from our NHS England counterparts via the Health Protection Agency (HPA).

There were 495 CABG procedures during 2015/16, with an SSI rate of 2.6%, and 600 Valve replacements +/- CABG procedures with an SSI rate of 1.8%.

A review of all cardiac SSI was undertaken in response to a slight increase identified by the



surveillance process. No commonalties were identified and the PCIT continue to perform enhanced surveillance.



### 3.0 Prevention and Control of Infection Policies

All Prevention and Control of Infection policies have been reviewed as per the Policy Review calendar 2012-2015. Implementation of Healthcare Improvement Scotland (HIS) HAI Standards has increased policy review frequency to two yearly. This is reflected in the 2015-2017 Policy Review Calendar.

The National Infection Prevention and Control Manual (NIPCM) Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBP) Policy was updated twice in 2015/16. Updates were shared extensively within the Board.

Boards are required to provide assurance that the National Infection Prevention and Control Manual has been implemented via compliance monitoring. A number of processes are in place and were further refined in 2015/16 to monitor compliance within the Board; these include:

- Monthly Senior Charge Nurse SICPs reporting in all clinical areas
- Monthly SCN Peer Review
- Prevention and Control of Infection Nurse Checklists
- Monthly Clinical Nurse Manager Peer Reviews

This process has also been subject to review by the Audit and Risk Committee via external auditors providing further assurance of robust compliance NIPCM monitoring.

#### New Policies

New and emerging pathogens and changes in service delivery require a continual review of the application of prevention and control of infection practices and (as a result) the following new policies have been developed and implemented:

- *Pseudomonas aeruginosa* risk assessment
- Use of positive pressure rooms in NSD
- Carbapenamase producing *enterobacteriaceae*

## 4.0 Prevention and Control of Infection Programme (PCIP) 2015/16

The Prevention and Control of Infection Team achieved 96% of the planned outputs detailed in the PCIP 2015/16. The remaining two objectives have been carried over to the 2016/17 programme.

## 5.0 Quality Improvement and Programme of Audit

Audits were completed in accordance with the 2015/16 audit plan and actions to revise issues have been completed where necessary. The audit programme is ongoing.

## 6.0 Antimicrobial Management Team (AMT)

The Prevention and Control of Infection Team continue to support the work of the Antimicrobial Management Team, whose focus this year has been on reducing the use of very broad spectrum antimicrobial agents such as piperacillin-tazobactam and meropenem, through the use of sparing agents such as aztreonam and temocillin. There has also been a review of policies such as the Ventricular Assist Device (VAD)/Extra Corporeal Membrane Oxygenation prophylaxis policy and the surgical prophylaxis policy for the Scottish Adult Congenital Cardiac Service (SACCS) patients.

In addition, a stand alone Antimicrobial Stewardship module for nurses has been developed in collaboration with our Antimicrobial Pharmacist and Clinical Educators. All three modules will be launched in 2016.

## 7.0 HAI Education

The PCIT delivers an annual programme to all members of staff and includes induction, core training and mandatory annual updates.

The Senior Prevention and Control of Infection Manager is the HAI Education lead and is a member of the NHS Education Scotland (NES) HAI education lead group with responsibility for updating the Prevention and Control of Infection Committee (PCIC) on any national developments in HAI education.

Having reviewed the new HAI standards (published February 2015) as part of the wider consultation exercise, the Prevention and Control of Infection Committee were given scope to encourage alignment to the organisation's existing generic education strategy and mirror an existing corporate approach to education overall. The clinical education strategy and the medical education strategy now contain specific HAI education elements within the generic education documents for both Nursing Midwifery & Allied Health Professionals (NMAHPs) and medical staff.

The PCIT continue to deliver mandatory induction training and core training. Topics include Standard Infection Control Precautions (SICPs), Transmission Based Precautions (TBPs), Aerosol Generating Procedures (AGPs) and generic HAI issues. In addition there have been awareness raising sessions linked to CPE screening, AGPs and Filtering Face Piece 3 (FFP3) masks.

### **E learning Modules**

Standard Infection Control Precautions modules for both clinical and non clinical staff have been developed and will replace stand alone Hand Hygiene modules in 2016/17.

## Cleanliness Champion Programme and Infection Control week

The Cleanliness Champion Programme, launched in 2003, is part of the Scottish Government's Action Plan to combat Healthcare Associated Infection (HAI) within NHSScotland.

The programme is now on version three and can be accessed via LearnPro. This contains information about Standard Infection Control Precautions and aligns to Quality Improvement and the Scottish Patient Safety Programme.

The overall aim of the programme is to promote and maintain a healthcare culture in which patient safety related to prevention and control of infection is vital.

Staff undertaking the 'Cleanliness Champion' programme have a six month completion time limit. Senior Charge Nurses must ensure they maintain up to date records of staff who have completed the Cleanliness Champion programme within their departments as per the requirement of the Healthcare Environment Inspectorate (February 2011).

In November 2015, the team facilitated Infection Control week where we continued to promote the National Prevention and Control of Infection Manual, in particular the "10 must do's to prevent infection".

## 8.0 HAI outbreaks/incidents

The PCIT provided support to clinical teams to investigate and implement control measures during an increase in *Staphylococcus aureus* bacteraemias and as part of Health Protection Scotland's response to an international alert of non-tuberculous mycobacteria infections associated with heater cooler machines.

During all investigations, the PCIT used the national Hospital Infection Incident Assessment (HIIA) Tool to alert relevant national bodies. Collaboration with Health Protection Scotland and the PCIT continued through each investigation and post event, using HPS to facilitate debriefs to identify good practice and learning from both events. Learning and any further actions were shared via divisional clinical governance groups.

### Housekeeping

Cleaning services continue to be monitored against the NHSScotland National Cleaning Service Specifications (NCSS) using the HFS Domestic monitoring tool. All healthcare facilities and component parts, e.g. wards, treatment rooms, corridors etc, are expected to be at least 90% compliant with the requirements set out in the NCSS.

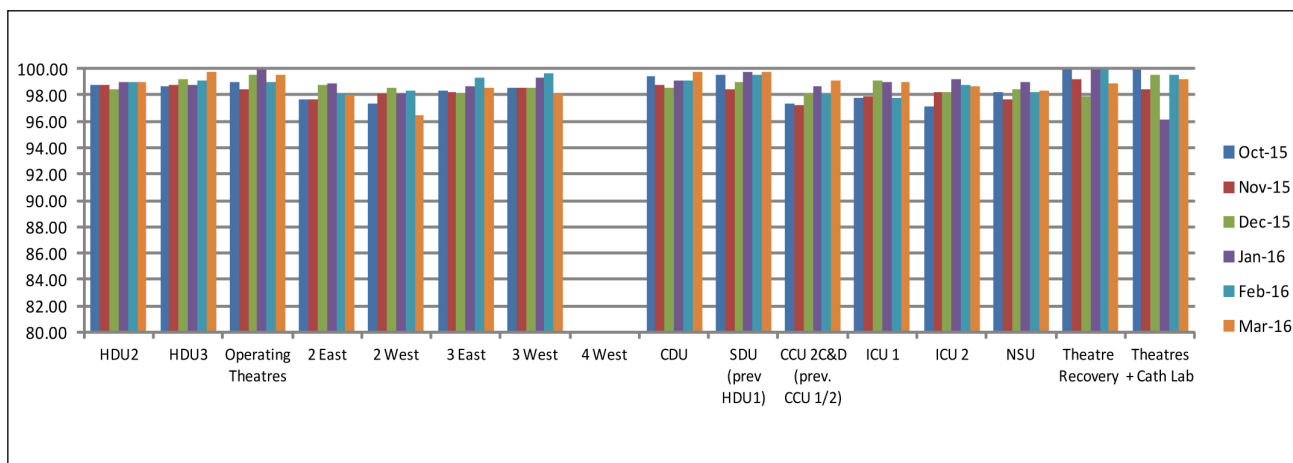
Compliance rates in 2015/16 achieved 96% compliance or above and we were the highest performing Board in Scotland for quarters one and four. This is well above the nationally set compliance rating of 90%.

<b>Health Board</b>	<b>1<sup>st</sup> Quarter Apr-Jun 2015/2016</b>	<b>2<sup>nd</sup> Quarter Jul-Sept 2015/2016</b>	<b>3<sup>rd</sup> Quarter Oct-Dec 2015/2016</b>	<b>4<sup>th</sup> Quarter Jan-Mar 2015/2016</b>
<b>NHSScotland</b>	<b>95.7</b>	<b>95.6</b>	<b>95.7</b>	<b>95.6</b>
NHS Ayrshire and Arran	95.5	95.5	95.1	95.0
NHS Borders	96.3	96.5	96.2	95.6
NHS Dumfries and Galloway	96.4	96.7	96.3	96.2
NHS Fife	96.1	95.6	95.6	95.6
NHS Forth Valley	96.7	96.8	96.9	97.0
NHS Greater Glasgow and Clyde	96.0	96.0	96.1	95.9
NHS Golden Jubilee	98.7	98.5	98.3	98.7
NHS Grampian	94.3	94.2	94.4	94.2
NHS Highland	95.7	96.2	96.0	95.7
NHS Lanarkshire	95.5	95.4	95.6	95.6
NHS Lothian	95.3	95.3	95.8	95.5
NHS NSS SNBTS	98.6	99.0	98.6	98.6
NHS Orkney	96.5	96.9	96.7	97.2
NHS Scottish Ambulance Service	95.2	95.6	95.8	95.1
NHS Shetland	96.3	91.6	93.7	93.9
NHS State Hospital	97.0	96.3	95.7	93.4
NHS Tayside	94.3	94.2	94.7	94.1
NHS Western Isles	97.4	97.4	97.7	97.5

## NHSScotland National Cleaning Compliance Report 2015/16

### Local Housekeeping Compliance data 2015/16

HOUSEKEEPING FMT AUDIT RESULTS																
	HDU2	HDU3	Operating Theatres	2 East	2 West	3 East	3 West	4 West	CDU	SDU (prev HDU1)	CCU 2C&D (prev. CCU 1/2)	ICU 1	ICU 2	NSU	Theatre Recovery	Theatres + Cath Lab
Mar-15	99.20	99.14	98.96	97.27	98.08	96.75	98.30	98.62	100.00	99.44	97.54	98.75	99.64	98.84	99.24	99.09
Apr-15	98.57	99.09	99.48	97.67	98.20	97.68	98.17		99.18	99.67	97.06	98.72	97.14	97.76	99.23	100.00
May-15	99.44	99.47	100.00	98.48	96.86	98.26	98.93		98.90	98.46	99.05	98.73	98.60	97.92	99.24	100.00
Jun-15	99.32	99.28	100.00	98.94	98.41	98.54	98.51		99.72	99.82	98.14	98.68	99.05	98.88	100.00	100.00
Jul-15	99.28	99.09	99.36	98.44	98.54	98.20	98.88		98.39	98.98	98.74	99.35	99.25	97.45	99.23	99.45
Aug-15	98.79	98.67	99.48	98.25	97.83	97.44	98.89		98.55	99.82	97.60	98.92	96.95	97.76	98.43	98.66
Sep-15	99.68	98.76	99.48	98.29	98.14	98.54	98.51		100.00	99.67	98.83	97.38	97.07	98.04	100.00	99.70
Oct-15	98.73	98.64	98.96	97.66	97.39	98.31	98.51		99.39	99.54	97.31	97.74	97.07	98.21	100.00	100.00
Nov-15	98.77	98.74	98.44	97.62	98.08	98.22	98.49		98.81	98.46	97.20	97.92	98.27	97.67	99.17	98.45
Dec-15	98.47	99.20	99.48	98.71	98.54	98.10	98.51		98.49	98.96	98.11	99.10	98.22	98.44	97.90	99.56
Jan-16	98.96	98.80	100.00	98.87	98.12	98.60	99.27		99.12	99.79	98.61	98.99	99.15	98.98	100.00	96.19
Feb-16	98.94	99.14	98.96	98.08	98.32	99.33	99.64		99.11	99.50	98.09	97.76	98.74	98.26	100.00	99.56
Mar-16	99.02	99.80	99.48	98.05	96.49	98.53	98.06		99.72	99.80	99.14	99.02	98.65	98.31	98.92	99.19



The service continues to expand and develop around the expansion of services within the Board. As a result staffing levels have also increased. We continue to review service requirements and staff training programmes as the service dictates.

The Housekeeping Operational Manager continues to work collaboratively with regional and national NHS Boards, including Health Facilities Scotland, to review and develop a new Cleaning Services Specification and associated audit tool, which is expected to be launched in Summer 2016 following a robust consultation period. In addition, in preparation for the launch of the updated HFS Cleaning Standards and associated compliance monitoring, the department participated in training to ensure consistency in application across all NHS Boards.

### Theatre Cleaning Matrix

Working in collaboration with theatres, the team developed and implemented a cleaning matrix to clearly identify roles, frequency of cleaning, and responsibilities, across staff groups within theatres.

### National Band 1 Review

A review of job descriptions of all housekeeping staff is complete and progress will continue throughout 2016.

## 9.0 Built Environment

Building work, renovation, or refurbishment, in patient care areas can pose significantly increased risks of infection to vulnerable patients. HAI-SCRIBE (System for Controlling Risk in the Built Environment) engages the collaboration of expertise from a wide range of healthcare experts and directs efforts to reduce risk through assessment and planning prior to, and during, any building work. This multidisciplinary SCRIBE is followed by continuous monitoring by the Prevention and Control of Infection and Housekeeping teams for the duration of the working project.

The use of HAI-SCRIBE is well established within the Golden Jubilee. Multidisciplinary representation for all works being carried out (including contractors) ensures that risks are carefully considered particularly when work is planned for patient areas. HAI-SCRIBE policy and proformas have been updated in line with updated HFS HAI SCRIBE documentation.

A total of 109 HAI SCRIBE risk assessments were carried out for work activity during 2015/16.



## 10.0 Healthcare Environment Inspection

The new Healthcare Associated Infection (HAI) Standards were published in February 2015. These standards supersede the NHSScotland Code of Practice for the Local Management of Hygiene and Healthcare Associated Infection and all previous standards.

The 2015 HAI standards are aligned to the National Infection Prevention and Control Manual (2103), and both documents underpin the HEI Inspection tool.

The Board had an unannounced HEI inspection on 6-7 October 2015; this was the first inspection of the hospital against the new Healthcare Improvement Scotland *Healthcare Associated Infection (HAI) Standards* (February 2015).

The HEI report portrayed this as a very positive inspection, describing:

- evidence of a comprehensive education system in relation to HAI;
- evidence of an effective HAI surveillance system; and
- majority of areas inspected were clean and well maintained

The inspection resulted in one requirement to improve the cleanliness of reusable patient equipment in one patient area which is a challenge being identified across NHSScotland.

The full HEI inspection report can be found at:

[http://www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/hei\\_national\\_waiting\\_times/golden\\_jubilee\\_dec\\_15.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/hei_national_waiting_times/golden_jubilee_dec_15.aspx)

## 11.0 National Groups

The Prevention and Control of Infection Team represent GJNH on a number of National Groups:

- Career Advisory Framework
- CPE Short Life Working group
- Scottish Antimicrobial Prescribing Group (SAPG)
- Environmental and Equipment Decontamination (Expert Advisory) Steering Group
- Commodity Advisory Panel (CAP)/(Technical User's Group)TUG Groups
- National Manual Chapter Three short life working group
- HAI Education Leads Group

## 12.0 Horizon Scanning 2016/17

Prevention and Control of Infection continues to evolve, as do the organisms which we monitor. This is a constant challenge with regards to resource, education, application of control measures and eradication.

### **Revised NHSScotland Cleaning Standards**

The local interpretation and implementation of the new NHSScotland Cleaning standards will further contribute to reducing environmental load and subsequently infection.

## **Chapter Three National Infection Prevention and Control Manual**

Health Protection Scotland (HPS) has been asked by Scottish Antimicrobial Resistance HAI (SARHAI) to lead on the development of a 'National Healthcare Outbreaks and Incidents Policy' for use across NHSScotland healthcare settings. This policy will align with the Scottish Health Protection Networks 'Management of Public Health Incidents and Guidance on Roles and Responsibilities of NHS led Incident Management Teams' Guidance.

The purpose of this policy is to enable optimal preparation, prevention, detection and management of healthcare-related outbreaks and incidents.

### **Point Prevalence Survey (PPS)**

The Scottish Government has tasked Health Protection Scotland with the development and implementation of a third National HAI and Antimicrobial Prescribing Prevalence Survey. Following successful pilot surveys in NHS Forth Valley, the European Centre for Disease Prevention and Control (ECDC) protocol will be adopted in full to enable Scotland to contribute to this programme whilst providing Scottish data for use at a local and national level.

Project initiation and implementation will commence in April 2016 with data collection undertaken from September to November 2016.

This data will inform local Prevention and Control of Infection interventions and future national HAI strategy and policy.

## All of our publications are available in different languages, larger print, braille (English only), audio tape or another format of your choice.

我們所有的印刷品均有不同語言版本、大字體版本、盲文（僅有英文）、錄音帶版本或你想要的另外形式供選擇。

كافة مطبوعاتنا متاحة بلغات مختلفة و بالأحرف الطباعية الكبيرة و بطريقة بريل الخاصة بالمكفوفين (باللغة الإنكليزية فقط) و على شريط كاسيت سمعي أو بصيغة بديلة حسب خيارك.

Tha gach sgrìobhainn againn rim faotainn ann an diofar chànanan, clò nas motha, Braille (Beurla a-mhàin), teip clàistinn no riochd eile a tha sibh airson a thaghadh.

हमारे सब प्रकाशन अनेक भाषाओं, बड़े अक्षरों की छपाई, ब्रेल (केवल अंग्रेज़ी), सुनने वाली कसेट या आपकी पसंदनुसार किसी अन्य फॉरमेट (आरूप) में भी उपलब्ध हैं।

我們所有的印刷品均有不同語言版本、大字体版本、盲文（仅有英文）、录音带版本或你想要的另外形式供选择。

ਸਾਡੇ ਸਾਰੇ ਪਰਚੇ ਅਤੇ ਕਿਤਾਬਚੇ ਵਗੈਰਾ ਵੱਖ ਵੱਖ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਅੱਖਰਾਂ ਅਤੇ ਬ੍ਰੇਲ (ਸਿਰਫ਼ ਅੰਗਰੇਜ਼ੀ) ਵਿਚ, ਆੱਡੀਓ ਟੇਪ 'ਤੇ ਜਾਂ ਤੁਹਾਡੀ ਮਰਜ਼ੀ ਅਨੁਸਾਰ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ ਵੀ ਮਿਲ ਸਕਦੇ ਹਨ।

ہماری تمام مطبوعات مختلف زبانوں، بڑے حروف کی چھپائی، بریل (صرف انگریزی)، سننے والی کسٹ یا آپ کی پسند کے مطابق کسی دیگر صورت (فارمیٹ) میں بھی دستیاب ہیں۔

: 0141 951 5513

Please call the above number if you require this publication in an alternative format

