

# NHS Ayrshire & Arran



<b>Meeting:</b>	<b>Ayrshire and Arran NHS Board</b>
<b>Meeting date:</b>	<b>Monday 7 October 2024</b>
<b>Title:</b>	<b>Healthcare Associated Infection Report</b>
<b>Responsible Director:</b>	<b>Jennifer Wilson, Nurse Director</b>
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## 1. Purpose

This is presented to the Board for:

- Discussion

This paper relates to:

- Annual Operational Plan

This aligns to the following NHSScotland quality ambition(s):

- Safe

## 2. Report summary

### 2.1 Situation

This paper provides the current position against the national Healthcare Associated Infection (HCAI) Standards for infection reductions in *Clostridioides difficile* infection, *Staphylococcus aureus* bacteraemia, and *Escherichia coli* bacteraemia, for Board Members' discussion and assurance.

### 2.2 Background

The Scottish Government has established national healthcare associated infection (HCAI) standards for infection reductions, and progress with these is monitored by the Healthcare Governance Committee (HGC).

In May 2022 Healthcare Improvement Scotland (HIS) released *Infection Prevention and Control Standards for Health and Adult Social Care Settings*. This document sets out nine standards which organisations should have in place, and which support quality improvement in relation to infection prevention and control. HIS may use these as part of their inspection and assurance arrangements. Our compliance with these standards is reported to the HGC.

The HGC has a priority in 2023-24 on behalf of the Board to focus on receiving evidence of organisational learning and demonstrable improvement, and to ensure national improvement priorities and programmes are delivered locally. The detail in

this paper supports assurance in relation to HCAI and infection prevention learning and improvement across the Health Board.

## 2.3 Assessment

### HCAI Standards

Aligns to National IPC Standards (2022)	
Standard 4	Assurance and Monitoring Systems

The Boards current verified position of HCAI standards was reported in detail to the last meeting of the Board and remains unchanged. The detail is therefore not repeated in this report. In summary:

Infection	NHS AA Annual Rate Year Ending March 2024	NHS AA Quarterly Rate January - March 2024	2023-24 Target (cases per 100,000 TOBDs)
<i>Clostridioides difficile</i> Infection	15.1	15.6	13.0
Staphylococcus aureus bacteraemia	18.8	17.3	12.4
E coli bacteraemia	45.2	42.3	34.3

A range of actions are in place as part of the annual work plan to drive down the number and rates of these infections. Progress with these actions is reviewed by the Prevention and Control of Infection Committee (PCOIC).

### Infection Outbreaks and Incidents

Aligns to National IPC Standards (2022)	
Standard 2	Education and training
Standard 4	Assurance and monitoring systems
Standard 6	Infection prevention and control policies, procedures and guidance
Standard 7	Clean and safe care equipment

### Healthcare Infection Incident Assessment Tool (HIIAT)

The ARHAI Healthcare Infection Incident Assessment Tool (HIIAT) is a tool used by NHS Boards to assess the impact of an outbreak or incident. The tool is a risk assessment allowing Boards to rate each outbreak/incident as **RED**, **AMBER** or **GREEN**.

In the event of an outbreak or incident, a Problem Assessment Group (PAG) or Incident Management Team (IMT) meeting is convened, and actions are implemented to control further transmission of infection. All outbreaks/incidents are reported to ARHAI who then report to the Scottish Government Health and Social Care Directorate (SGHSCD).

The most common reason for an outbreak being reported as a Red HIIAT is if there is a patient death associated with the outbreak, where the infection is a possible contributory factor and is recorded on the death certificate.

HIIAT Red	HIIAT Amber	HIIAT Green
1	3	23

**Figure 1 – Number of incidents reported to ARHAI (including COVID19)  
April – June 2024**

Outbreaks of COVID continue to occur across Scotland, and within NHSAA. In quarter 1 2024-25, the Board dealt with 25 COVID outbreaks. Each has been dealt with in line with guidance in place at the time and reported as required to ARHAI via the national outbreak reporting system. **Figure 2** provides information on the number of COVID and other respiratory outbreaks from July 2023 to June 2024.

Month	July – September 2023	October – December 2023	January - March 2024	April – June 2024
COVID	27	42	18	25
Influenza	0	4	5	1
RSV	0	2	0	0
Mixed	0	1	0	0
Other	0	1	0	0
<b>Total</b>	<b>27</b>	<b>50</b>	<b>23</b>	<b>26</b>

**Figure 2 – Respiratory Outbreak Activity – July 2023 to June 2024**

**Figure 3** provides information on the number of non-respiratory outbreaks and incidents which have occurred during Quarter 1, 2023-24 along with examples of key learning.

Non-respiratory Outbreaks/Incidents	Examples of Key Learning & Actions
Total of 2 outbreaks/incidents, caused by different organisms	<ul style="list-style-type: none"> <li>▪ Highlighted the importance of obtaining microbiology samples to confirm diagnosis.</li> <li>▪ Good communication from ward to IPCT prevented inappropriate patient transfer to other wards before the outbreak was declared over</li> <li>▪ Clinical staff ensured all symptomatic patients had appropriate samples obtained and three were sent to virology to confirm causative organism.</li> <li>▪ Learning in relation to management of ventilation systems in clinical environments.</li> </ul>

**Figure 3 – Non-respiratory outbreaks and incidents**

The PCOIC has reviewed a summary of learning from each outbreak and it should be noted that a number of the actions arising have been rolled out Board-wide to all relevant areas, in order to ensure shared learning and maximum improvement in patient safety.

### **2.3.1 Quality/patient care**

Attainment of the national HCAI standards and compliance with the national IPC Standards (2022) will result in fewer infections in patients and improve patient outcomes and experience.

### **2.3.2 Workforce**

Reductions in HCAI will reduce exposure risk to staff from harmful infections.

### **2.3.3 Financial**

Reductions in HCAI will lead to reduced inpatient lengths of stay and associated, investigation and treatment costs.

### **2.3.4 Risk assessment/management**

The Infection Prevention and Control Team (IPCT) provide clinical teams and managers with risk assessed advice and guidance based on national policy and best practice.

### **2.3.5 Equality and diversity, including health inequalities**

An impact assessment has not been completed as this is an update report to Board members.

### **2.3.6 Other impacts**

No other impacts to note.

### **2.3.7 Communication, involvement, engagement and consultation**

This is a standing report to the Board.

### **2.3.8 Route to the meeting**

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Prevention and Control of Infection Committee, 25 July 2024
- Healthcare Governance Committee, 29 July 2024

## **2.4 Recommendation**

This paper is for discussion and assurance, and provides Board Members with the current position against the national HCAI standards.

Board members are asked to note and discuss

1. The Board's current performance against the national HCAI standards and the anticipated level of challenge in achieving them.
2. Note the HIIAT reports made to ARHAI Scotland, the summary of learning in relation to outbreaks of infection, and the continuing challenge to patient safety posed by COVID-19.