

Meeting:	Board Meeting
Meeting date:	22 June 2022
Item:	11.3
Title:	Healthcare Associated Infection Report – December 2021 - January 2022 February – March 2022
Responsible Executive/Non-Executive:	Fiona C MacKenzie, Nurse / AHP Director and Chief Operating Officer.
Report Author:	Janice MacKay, Head of Infection Prevention & Control, Decontamination and Cleaning Service

1 Purpose

This is presented to the Board for:

- Awareness – This paper is to update Board Members on the current status of Healthcare Associated Infection (HAI) and Infection control measures in NHS Western Isles

This report relates to a:

- Government policy/directive
- Legal requirement
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Healthcare Associated Infections (HAI) are infections associated with the delivery of care in hospitals, long-term care facilities, care homes and other care settings such as prison facilities. The term HAI covers a wide range of infections that are caused by pathogens such as bacteria, fungi or viruses.

HAIs occur as a direct or indirect result of health care and treatment. Some HAIs are acquired through medical or surgical treatment (for example catheter-associated urinary

tract infections) or from exposure to a pathogen within a health or social care environment (for example spread of an influenza virus within a hospital ward or care home). Common examples of HAIs include urine infections, skin infections and gastric infections. The report identifies incidence of Healthcare Associated Infections (HAI) against Scottish Government HEAT targets, together with results from cleanliness monitoring and hand hygiene audit results.

2.2 Background

HAI standards are one part of the drive toward reducing the risk of HAIs in health and care in Scotland. In 2015, Healthcare Improvement Scotland developed Healthcare Associate Infection Standards which complemented the National Infection Prevention and Control Manual. The implementation of both of these documents is mandatory across NHSScotland. The guidance is considered best practice in other care settings, including care homes.

Since their publication, the HAI standards have underpinned Healthcare Improvement Scotland's programme of inspection of the safety and cleanliness in acute and community hospitals. The standards have also informed the Care Inspectorate and Healthcare Improvement Scotland's joint evaluation of infection prevention and control practice in care homes in response to the COVID-19 pandemic

2.3 Assessment

Dec-Jan'22

1 x Staphylococcus aureus (including MRSA) ~ report as a Hospital acquired infection

0 x Clostridioides Difficile Infection

1 x Surgical Site Infection ~ Caesarean Section

Hand Hygiene compliance ~ December '21 – 96.5% & January '22 – 100%

Cleaning compliance ~ December '21 – 96.7% & January '22 – 97.1%

Estate monitoring compliance ~ December '21 – 98.7% & January '22 – 99.0%

Feb-Mar'22

0 x Staphylococcus aureus (including MRSA)

4 x Clostridioides Difficile Infection ~ 2 community infections, 1 healthcare associated infection and 1 not known infection

0 x Surgical Site Infection

Hand Hygiene compliance ~ Feb'22 – 99.4% & Mar'22 – 98.5%

Cleaning compliance ~ Feb'22 – 96.4% & Mar'22 – 96.4%

Estate monitoring compliance ~ Feb'22 – 98.9% & Mar'22 – 99.2%

2.3.1 Quality/ Patient Care

Infection prevention and controls is central to patient safety.

2.3.2 Workforce

This assessment has not identified any staffing implications.

2.3.3 Financial

This assessment has not identified any financial implications.

2.3.4 Risk Assessment/Management

All risks are highlighted within the paper.

2.3.5 Equality and Diversity, including health inequalities

This assessment has not identified any equality implications.

2.3.6 Other impacts

Non-applicable

2.3.7 Communication, involvement, engagement and consultation

Non-applicable

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.

- Infection Prevention and Control
- Presented to the CMT

2.4 Recommendation

The report is presented to raise awareness of Board Members and the effectiveness of the Infection Control measures in place

- **Awareness** – For Members' information only.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 - HAIRT – December 2021 – January 2022
- Appendix 2 - HAIRT – February – March 2022