THE STATE HOSPITALS BOARD FOR SCOTLAND

# Infection Control Annual Report

## 1 April 2021 – 31 March 2022

| | | |
|---|---|---|
| Reference Number | Item 8 | |
| Lead Author | Karen Burnett, Senior Nurse for Infection Control | |
| Contributing Authors | Tracy Tait, Clinical Quality Improvement for Infection Control | |
| | | |
| | | |
| | | |
| Approval Group | Infection Control Committee | |
| Effective Date | To be presented to ICC 28.04.2022 | |
| Review Date | | |
| Responsible Officer | Director of Nursing and AHPs | |

**Table of Contents**

## 1. Core Purpose of Committee

The State Hospitals Board is responsible for the infection prevention and control (IPC) within its services to minimise the risk of healthcare associated infections to patients, staff, carers, volunteers, and visitors. Excluding Covid19, the State Hospital is not considered to be considerable risk for infection or cross infection; however, the employment of evidence-based protocols to assist clinical practice to ensure a clean and safe environment is an integral part of our overall clinical governance agenda. In the event of an outbreak regardless of the virus the attack rate is viewed to be significant given the 'closed' environment.

The Infection Control Committee (ICC) promotes the highest standards of practice within the organisation for infection prevention and control, ensuring compliance with the Healthcare Improvement Scotland (HIS) Healthcare Associated Infection (HAI) 2015 standards. The ICC supports the development, implementation, and ongoing monitoring of infection control activity throughout the State Hospital in line with the Infection Control Programme of Work.

## 2. Current Resource Commitment

There is one Senior Nurse for Infection Control (SNIC) to oversee all aspects of infection control within The State Hospital.

There is one Clinical Quality Improvement Facilitator (CQIF) for Infection Control to oversee the Quality Improvement (QI) agenda for infection control

## 3. Summary of Core Activity for the last 12 months

A full list of audits can be found within the quality assurance section.

***Antimicrobial Management***
Inappropriate use of antibiotic medication can have a negative impact on individual levels of resistance and vulnerability.

The State Hospital continues with its Service Level Agreement with NHS Lanarkshire for the provision of sessional input from an Antimicrobial Pharmacist (who is also a member of the State Hospital Infection Control Committee).

The NHS Lanarkshire Empirical First Line Antibiotic Policy for Primary Care has been adopted for use by the State Hospital. The Infection Control Committee monitors the results of the audits led by the Antimicrobial Pharmacist in conjunction with members of the Clinical Effectiveness Department.

The State Hospital is represented in the Lanarkshire Antimicrobial Management Committee by our Antimicrobial Pharmacist.

Currently the Hospital is compliant with all National / Local Antimicrobial Prescribing Policy and Guidance, with a sustained minimal spend per quarter on such drugs. Table 1shows the antimicrobial use within The State Hospital is monitored by quarterly retrospective analysis and biennial audit of compliance with national guidance.

**Table 1:** Antimicrobial spend for year is

| Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
|---|---|---|---|
| £48 | £189 | £174 | To be published |

***DATIX Incidents***

The State Hospital uses the DATIX reporting system to monitor and examine infection control incidents; this will highlight concerns and emerging trends. Table 2 shows the Infection Control Incidents for the reporting period of the last 12 months.

**Table 2** Infection Control Incidents – 01/04/2021 to 31/03/2022

| Type | Number (20/21) | Percentage of Total (20/21) | Number (21/22) | Percentage of Total (21/22) |
|---|---|---|---|---|
| Clinical Waste | 40 | 72.7% | 35 | 57.4% |
| Exposure to Bodily Fluids | 2 | 3.6% | 3 | 4.9% |
| Needle stick | 0 | 0% | 0 | 0.0% |
| Outbreak Excluding COVID | 1 | 1.8% | 0 | 0.0% |
| Patient Suspected Contagious Illness | 9 | 16.4% | 19 | 31.1% |
| Staff Suspected Contagious Illness | 1 | 1.8% | 2 | 3.3% |
| Other | 2 | 3.6% | 2 | 3.3% |
| Total | 55 | 100% | 61 | 100% |

Over the last 12 months the number of Datix submitted has increased from 55 in 2020/21 to 61 in 2021/22. The number of Clinical Waste incidents has decreased from 40 to 35, the number relating to laundry incidents remains comparable with previous year 36 being report in 2020/21 to 32 being reported in 2021/22.

The number of Patient Suspected Contagious Illness has increased due to by the more transmittable variants of COVID19, although not all patient cases seem to be recorded on the DATIX system.

The Infection Control Team are working with the Housekeeping and Linen Services Manager and Risk Management Facilitator to review clinical waste Datix that relate to laundry incidents in more detail. In addition, there is further exploratory work to be undertaken to ensure that all patients incidents related to patients suspected contagious illness are recorded on Datix.

***Seasonal Flu Vaccination Programme***

The State Hospital continues to offer seasonal flu vaccination to both patients and staff. In 2020/21 a peer vaccinator model was adopted however this was not supported for the seasonal flu vaccination campaign due to information governance restrictions; however, we were able to facilitate a peer vaccination model for the Covid19 vaccinations as this was classed as exceptional circumstances.

**Staff Flu Vaccination uptake**

Externally staff were able to access both the seasonal flu vaccine and the Covid19 booster at one of the mass vaccination centres. This enabled staff to get the 2 vaccines at the same time which was something that could not be offered at the hospital. There was no requirement for staff to advise us if they had received their vaccinations as this is classed as health data.

Table 3 shows the total number of staff who have received the Flu Vaccination at the State Hospital in the reporting 12-month period.

**Table 3**

| | 2017/2018 | 2018/2019 | 2019/2020 | 2020/21 | 2021/22 |
|---|---|---|---|---|---|
| Total staff vaccinated | 243 (36.5%) | 231 (35.8%) | 290 (43.9%) | 380 (56.1%) | 267 (41%) Based on 650 staff |
| Direct patient care | 31.8% | 31.3 % | 186 (45.7%) | 227 (52.9%) | Unavailable |
| Nursing staff | 25.4% | 26.8% | 140 (41.8%) | 160 (45.7%) | Unavailable |
| Non Direct Clinical care | 40.4% | 42.5% | 103 (40.7%) | 153 (61.7%) | Unavailable |

**Patient Flu Vaccination uptake**

The percentage of vaccinations among patients has increased from 69% to 79.5%. 34 patients who fall into the additional "at risk" group, of this 27 patients (79.5%) consented to flu vaccination. There were 4 patients over 65, of which 2 patients (50%) consented to flu vaccine, with one patient refusing and one patient physically unwell. The under 65 group in the "at risk" population was 30 patients, of which 25 consented to flu vac (83.5%).

***Review / Development of Policies and Guidance***

The State Hospital Board continues to use the NHS National Infection Control Manual supplemented by its own electronic infection control policies and guidance which manages local issues. Policies are influenced by those developed and approved by NHS Lanarkshire Infection Control Committee (which the SNIC attends) and emerging information received from Health Protection Scotland. The Vale of Leven report recommends all infection control policies are reviewed biennially or earlier if legislation / emerging guidance dictate.
An Equality Impact Assessment & Data Protection Impact Assessment (DPIA) for the suite of infection control policies was approved in August 2021 and will be reviewed annually and as policies renew. All infection control policies have been reviewed and are fit for purpose.

***COVID19 Activity***

The last 12months have been challenging due to Covid19, with 3 significant peaks in January 2021, December 2022 and March 2022. The Covid19 support team consists of

- **i.** Senior Nurse for Infection Control
- **ii.** Clinical Quality Improvement Facilitator for Infection Control (initially 12-month secondment part time)
- **iii.** Human Resources Advisor (part time)

The Covid19 support team provided a 5-day support service with the SNIC continuing to provide an informal on call service at the weekend.

The Covid19 support team continue to act on symptoms rather than wait until a positive result is obtained. This has enabled quick identification of contacts and interventions which has contributed to a relatively low infection rate.

Table 4 shows the number of total test that have been completed for patients as well as a breakdown of positive and negative cases. There has been a total of 735 test completed over the reporting period.

**Table 4**

| | 2021 | | | | | | | | | 2022 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Month | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar |
| Total Tests | 10 | 19 | 14 | 17 | 25 | 80 | 62 | 144 | 125 | 65 | 23 | 144 |
| Positive results | 0 | 0 | 0 | 0 | 2 | 4 | 3 | 6 | 10 | 3 | 1 | 15 |
| Negative results | 10 | 19 | 14 | 17 | 23 | 76 | 59 | 138 | 115 | 62 | 22 | 127 |

**Covid outbreaks**
Over the reporting period there were 7 outbreaks across the site across 4 months. Table 5 break this down by month, wards and number of patients

The cases were in the following wards

**Table 5**

| Month | Ward | No. of Patients |
|---|---|---|
| October 21 | Lewis 1 | 3 |
| November 21 | Mull 2 | 3 |
| December 21 | Iona 2 | 7 |
| | Lewis 3 | 3 |
| March 22 | Iona 1 | 6 |
| | Arran 2 | 3 |
| | Lewis 1 | 2 |
| | Mull 2 | 2 |

During this review period guidance has changed several times for community cases however for in-patient cases the guidance has changed once which enabled cases to reduce their isolation period from 14days to 10days if they are well, although the ward requires to remain closed for 14 days if it is an outbreak.

**Covid Vaccinations**
In October 2021, the State Hospital embarked on the Covid booster vaccination programme as per JCVI advice. This was co-ordinated by the SNIC supported by Lead Pharmacist, Senior Charge Nurse, and Business Support Manager and as of late 2021 the CQIF for Infection Control took over the co-ordinating of patient vaccines. A cohort of experienced vaccinators facilitated these clinics, 3 ward based staff, 1 SCN, 1 SNIC and 2 staff from Occupational Health (staff vaccinations only).

**Patient Covid-19 Vaccination Programme**
As of March 2022, 99 (88%) patients have received 2 doses and the Booster Vaccines. This is based on the patient population of 113 and can be viewed in table 6.

**Table 6**

| | Full Vaccinated 2 vaccines+ Booster | Declined all vaccines | Declined Booster | Requires Booster |
|---|---|---|---|---|
| 2022 (n-113) | 99 (88%) | 9 (8%) | 2 (2%) | 3 (3%) |

With the introduction of the 4th Booster Vaccine for (highly vulnerable patients) 2 patients within the hospital are eligible to receive his. 1 patient received this in March 2022 and 1 patient received this in April 2022.

11 patients have either declined the latest Booster or all three vaccinations and work continues and support these patients and encourage them to receive the vaccines.

**Face Fit Testing**

The State Hospital had undertaken a Face Fit testing program from April 2020 which enable staff to undertake AGPs safely. Primarily these activities are CPR (specifically airway management as part of the CPR continuum) and some dental procedures. Staff would also be required to wear FFP3 masks if they are in the presence of an AGP.

From 376 Clinical Staff required to be face fit tested. Table 7 shows that there are currently 87% of the eligible staff currently face fit tested;

**Table 7**

| | Face fit tested | Refit required (due to discontinued mask) | Face fit testing to be completed | Staff exempt |
|---|---|---|---|---|
| 2022(n=376) | 327 (87%) | 9 (2%) | 36 (10%) | 4 (1%) |

From January 2022 the CQIF took on the role of coordinating face fit testing alongside the Manual Handling Advisor who has been trained to complete the face fit testing.

It is apparent that there is slippage around testing, with new staff within the hospital not being tested due to the currently induction programme, staff not turning up for appointments and trying to arrange ward based staff testing within the realm of shift handovers means that a maximum of 2 can be fitted each session. Another challenge is around availability of trainers due to their demanding diary commitments.

Funding has been secured to train an additional 6 trainers to perform Face Fit Testing, this will allow for testing more flexible around the site. The Risk Management Facilitator is currently working alongside the Infection Control Team to recruit additional trainers. Training will be organised for early May 2022.

## 4. Comparison with Last Year's Planned QA/QI Activity

The table 8 below indicates progress made against the future areas of work for 2020/21.

**Table 8**

| Recommendation | Timescale | Progress |
|---|---|---|
| To improve on hand hygiene audit submission and improve compliance | Completed | There has been a significant improvement in audit submission rates over the last 12 months with a target being set at 95%. This is monitored by the CQIF for Infection Control |

| | | |
|---|---|---|
| To increase the seasonal flu vaccinations among front line staff | Completed | This was difficult to confirm as staff were able to obtain both vaccinations out with the hospital.<br>Flu vaccinations comparable with previous years, albeit a decrease on 2020/21 |
| To improve on Covid /PPE audit submission and compliance across the site | Completed | There has been a significant improvement in audit submission rates over the last 12 months with a target being set at 95%.<br>Spot checks are have also been introduced and completed by the Infection Control Team on a bi-monthly basis and reported to the Infection Control Committee |
| To review all audit tools for infection control over the next two years | On-going | A plan of work has been developed and the SNIC and the newly appointed CQIF are reviewing all audit tools |
| To monitor DATIX with specific attention being place on items being coded as clinical waste | On-going | Although the number of DATIX reported have reduced significantly there continue to be issues surrounding Laundry. This is currently being reviewed by the Infection Control Team, Risk Management Team and Housekeeping and Linen Manager |
| To consider innovative ways to increase compliance with infection control training | On-going | Due to Covid restrictions there was a reduction in face to face training, it is unlikely that training will revert back to pre-Covid practice therefore new ways of delivery will be required. |

## 5. Performance against Key Performance Indicators

The 2 key indicators to support the high infection control standards

- The overall level of cleanliness of the Hospital (as indicated by National Compliance for Domestic Monitoring and by HEI (Healthcare Environment Inspectorate) inspections)
- No significant outbreaks in IC organisms (excluding Covid19)

The State Hospital's current record on both indicators suggests that staff are responding positively and complying with policy and guidance.

## 6. Quality Assurance Activity

**Audit**

Clinical audit is a proven method of quality improvement. It gives staff a systematic way of reviewing their practice and making improvements in patient care using quality improvement methodology. Our audit results demonstrate sustained improvement in practice and motivate staff and patients to maintain this improvement.

The State Hospital used a local audit database which enabled all infection control audit activity to be held centrally and action plans to be published. However, as the migration and update to the IT systems a new database has yet to be developed.

The Infection Control audits managed by the SNIC (Appendix 3) are dictated by the National Standard Infection Control Precautions (SICPs) Audits.

There have been no unannounced inspections from the Healthcare Environment Inspection Teams or Environmental Health Officer during this period. The last inspections being 2016 and 2019, respectively.

The main activities from the audit programme include:

***Clinical Waste and Sharps Audit***
The SNIC continues to work alongside the Risk Management department to ensure that these audits are submitted on time and reviewed by the Infection Control team to ascertain areas of concern (the last quarter has not been reviewed by the Infection Control team due to timing).

| Timeframe | % audit submitted on time |
|---|---|
| Quarter 1 | 85% (28 areas, 24 on time) |
| Quarter 2 | 86% (29 areas, 25 on time) |
| Quarter 3 | 86% (29 areas, 25 on time) |
| Quarter 4 | 60% (30 areas, 18 on time) |

***Infection Control Environmental Audits & Cleaning Services***
The infection control environmental audits were merged with the Health and Safety eControl book. This merge has proven to be successful with minimal non completions. The Risk Management Team will continue to report on non-submissions with the SNIC reviewing compliance data.
The SNIC, CQIF for Infection Control and the Housekeeping and Linen service manager are reviewing the risk assessments and cleaning schedules for the entire site. This work is expected to be completed in May 2022 with audits commencing in the summer.

The outstanding actions pertaining to the Skye Centre (PLC & Sports and Fitness) & Islay relate to estates issues that have been outstanding from last year. The Estates department are aware of the issues. The significant water leaks and subsequent water damage caused by heavy rain was a result of latent defects. Attempts to rectify the defects in the PLC have been made however the problem of water leaks is still present. There is some outstanding remedial damage to paintwork etc which requires attention. The Infection Control Committee continues to monitor the situation on a quarterly basis.

The housekeeping department continue to undertake the NHSScotland National Cleaning Services Specification monitoring which provides the assurance that every room (as a minimum requirement) is audited not only for cleanliness but also estates and user issues on an annual basis. The audit results are submitted to Health Facilities Scotland monthly and the Infection Control Committee quarterly. The quarterly audits results have continued to be in the ‘green’ which indicates a result of 90% or above. These audit scores are the consistent with last year. Supplementary assurance is provided through the eControl book quarterly audits.

Acknowledgement should be given to the Housekeeping department who have responded effectively and positively to the additional cleaning requirement throughout the last year.

HAI SCRIBE documentation continues to used for any new or remedial structural or maintenance actions that are identified within the hospital. There has been no requirement during this review period.

***Bed Mattress Audit***

It is known that damaged mattresses can harbour micro-organisms and be a potential cause of cross-infection. The SNIC continues to undertake an annual quality assurance audit of all mattresses across the hospital.

The bed mattress audit is undertaken to ensure compliance with national guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) relating to all types of bed mattresses (MDA/2010/002). The condition of patient mattresses is also a key area of inspection by the HEI team.

There is a guidance document which outlines the procedure for both housekeeping and nursing staff; to ensure that the bedroom is fit to receive a new patient. This is working well with no complaints received from patients, housekeeping, ward staff or SNIC.

The mattress quality assurance audit was due to be undertaken in March 2020; however due to the Covid19 this has been deferred on several occasions. It is scheduled for May 2022.

***Blood Borne Virus (BBV) Audits***

BBV Admission Assessment

When a patient is admitted to The State Hospital a BBV Admission Risk Assessment should be completed on the day of admission. The information can either be obtained directly from the patient or from past notes.

From 1 August 2020 to 31 July 2021, 38 patients were admitted to The State Hospital, of these 32 were still inpatients at the time of the audit. The data for this audit was obtained from the BBV assessment data stored in the patient's record on RiO and was collected on 16 and 17 August 2021.

Table 9 below identifies an 11.6% increase in the number of BBV admission assessments being carried out. The one admission BBV assessment not completed was in Arran 1.

**Table 9**

| Was BBV Admission Assessment carried out | 16/17 | | 17/18 | | 18/19 | | 19/20 | | 20/21 | |
|---|---|---|---|---|---|---|---|---|---|---|
| Yes | 28 | 87.5 % | 25 | 92.6 % | 30 | 93.8 % | 29 | 85.3 % | 31 | 96.9 % |
| No | 4 | 12.5 % | 2 | 7.4% | 2 | 6.3% | 5 | 14.7 % | 1 | 3.1% |

BBV Annual Assessment

During the audit period 82 patients required an annual BBV assessment. The audit shows that for 93.9% of patients the assessment was completed on RiO – this is a 3.4% increase on the period 19/20. This can be viewed from the information in table 10.

**Table 10**

| Has the Annual BBV Assessment form completed on RiO | 16/17 | | 17/18 | | 18/19 | | 19/20 | | 20/21 | |
|---|---|---|---|---|---|---|---|---|---|---|
| Yes | 66 | 77.6% | 67 | 75.3% | 78 | 91.8% | 76 | 90.5% | 77 | 93.9% |
| No | 19 | 17.1% | 22 | 20.8% | 7 | 7% | 8 | 7% | 5 | 6.1% |
| Total | 85 | | 89 | | 85 | | 84 | | 82 | |

BBV bloods testing

BBV bloods now form part of the patient's annual health check. The audit shows that currently 93.9% of patient's have had their BBV bloods tested – this is a 24.9% increase on the period 19/20. Previous results are displayed in table 11.

**Table 11**

| Has patient been tested? | 16/17 | | 17/18 | | 18/19 | | 19/20 | | 20/21 | |
|---|---|---|---|---|---|---|---|---|---|---|
| Yes | 82 | 73.9 % | 96 | 90.6 % | 91 | 91% | 82 | 69% | 107 | 93.9 % |
| No | 24 | 21.6 % | 10 | 9.4% | 7 | 7% | 36 | 30% | 5 | 4.4% |
| Patient declined | 5 | 4.5% | - | - | 2 | 2% | 1 | 1% | 2 | 1.8% |
| Total | 111 | | 106 | | 100 | | 119 | | 114 | |

***Hand Hygiene Compliance Audits***

The hands of staff are the principal method by which micro-organisms are transmitted to patients. Hand washing is widely acknowledged as being one of the most important ways of preventing the spread of infection within healthcare settings. The messaging to reinforce this mode of transmission has been increased during the pandemic. Additional alcohol dispensers have been placed across the site.

Hand Hygiene audits are completed by a member of staff within all clinical areas within the hospital. The auditor monitors 10 opportunities against 6 key moments (performing hand hygiene after removal of FRSM has been added). It is the opportunity not the person that is audited. Initially 12 clinical areas were monitored however, in November 2021 it was agreed to include all individual areas within the Skye Centre. From November 2021, 16 clinical areas are monitored and audits sent to the CQIF by the 20th of each month.

Chart 1 shows the overall compliance for the reporting period over the last 12 months. The current target set by the Infection Control Committee is 95%. There has been some slippage between December 2021, January 2022and February 2022, this was due to non-completion of monthly audits.

The CQIF communicates monthly with the Senior Charge Nurses and Charge Nurses areas of non-compliant with audit requirements. Improvements have been noticed through March 2022 and this will continue to monitored by the CQIF and through the Hub Notice Boards, Infection Control Committee and Hub Management Teams.

**Chart 1**

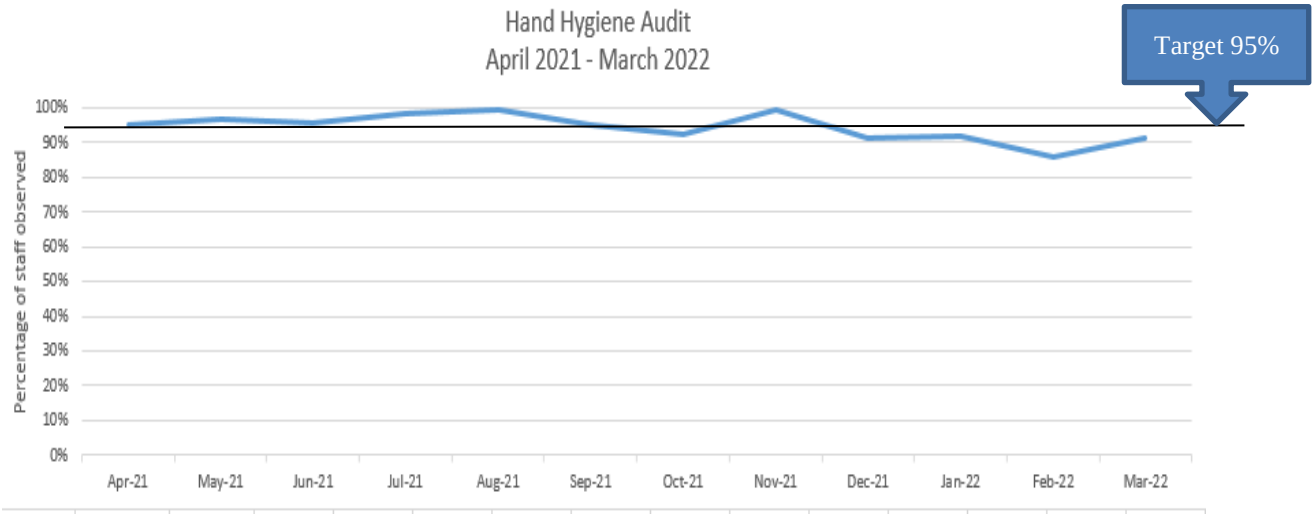



Table 12 shows the breakdown by clinical area; were the hand hygiene techniques applied when performing the 6 key moments (There is a key incorporated into the table which quickly identifies if areas have improved ↑, remained the same – or decreased ↓). Areas meeting the target have been highlighted in green with areas requiring improvement highlighted in red.

**Table 12**

**Compliance Rate in Clinical Areas**

| | Mar 22 | Feb 22 | Jan 22 | Dec 21 | Nov 21 | Oct 21 | Sept 21 | Aug 21 | July 21 | June 21 | May 21 | April 21 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Arran 1 | 70% ↑ | 10% – | 10% ↓ | 100% | 100% ↑ | 50% ↓ | 100% | 100% | 80% – | 80% ↓ | 100% ↑ | 60% |
| Arran 2 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% ↑ | 90% |
| Iona 1 | 60% ↓ | 100% | 100% | 100% | 100% ↑ | 90% – | 90% ↓ | 100% | 100% | 100% | 100% | 100% |
| Iona 2 | 90% ↓ | 100% | 100% | 100% | 100% ↑ | 90% – | 90% ↓ | 100% | 100% | 100% | 100% | 100% |
| Iona 3 | 100% | 100% | 100% | 100% | 100% | 100% ↑ | 80% ↓ | 100% | 100% | 100% | 100% | 100% |
| Lewis 1 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Lewis 2 | 80% ↓ | 100% ↑ | 90% – | 80% ↓ | 90% ↑ | 80% ↓ | 90% ↓ | 100% | 100% | 80% – | 80% ↓ | 100% |
| Lewis 3 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 90% ↓ | 100% ↑ | 90% |
| Mull 1 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Mull 2 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Health Centre | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Atrium | 60% ↓ | 100% | 100% | 100% | 100% | 100% ↑ | 90% – | 90% – | 90% ↓ | 100% | 100% | 100% |
| Sports | 100% ↑ | 0% ↓ | 100% | 100% | 100% | No data available. Baseline data set in November 21 | | | | | | |
| Crafts | 100% | Closed | Closed | Closed | 100% | No data available. Baseline data set in November 21 | | | | | | |
| Gardens | 100% | 100% | 100% | 100% | 100% | No data available. Baseline data set in November 21 | | | | | | |
| Family Centre | 100% | 100% ↑ | 80% – | 80% ↓ | 100% | No data available. Baseline data set in November 21 | | | | | | |

***Covid Compliance Audits***

A Safe Covid practice audit tool was developed and implemented in November 2020 and are undertaken in conjunction with the existing monthly hand hygiene audits. Covid audits are completed by a member of staff within all clinical areas within the hospital and are based on that individual's perception of compliance. Initially 12 clinical areas were monitored however in November 2021 it was agreed to include all individual areas within the Skye Centre. In November 2021 16 clinical areas are monitored and audits sent to the CQIF by the 20th of each month. Chart 2 shows the overall compliance for the reporting period over the last 12 months. The current target set by the Infection Control Committee is 95%

Chart 2 shows the overall compliance in clinical areas and Chart 3 shows the overall compliance in non-clinical areas

**Chart 2**

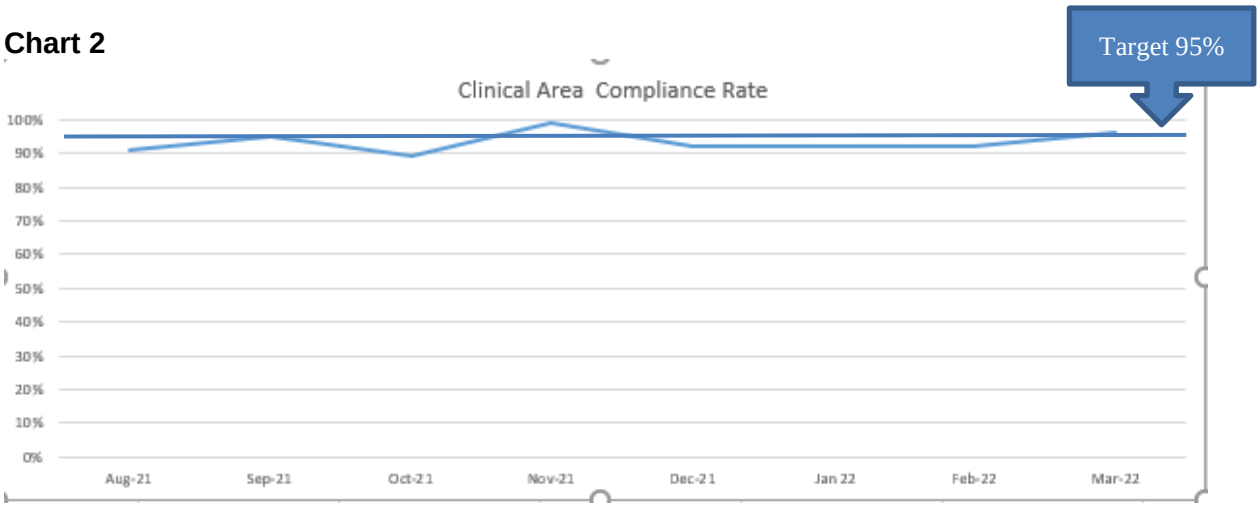
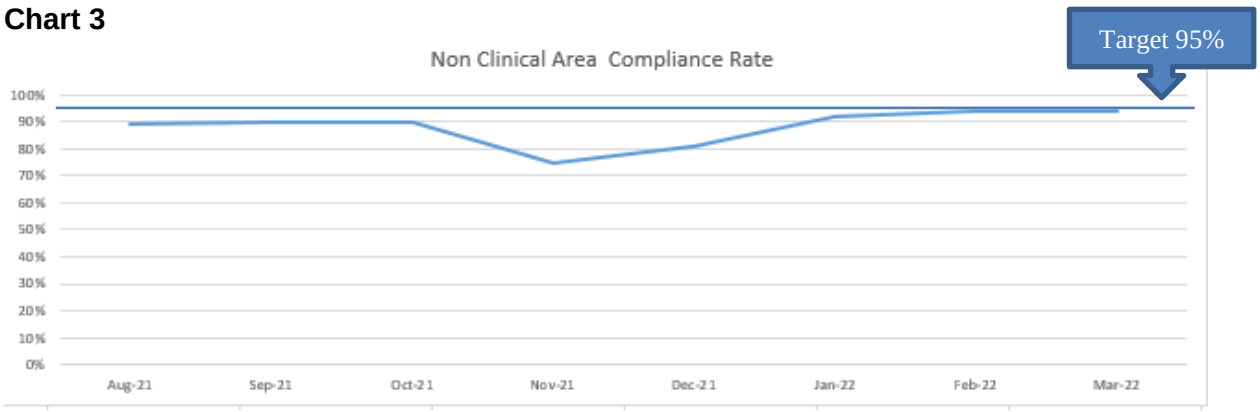



**Chart 3**




The SNIC and the CQIF continually review the audit tool in line with national guidance.

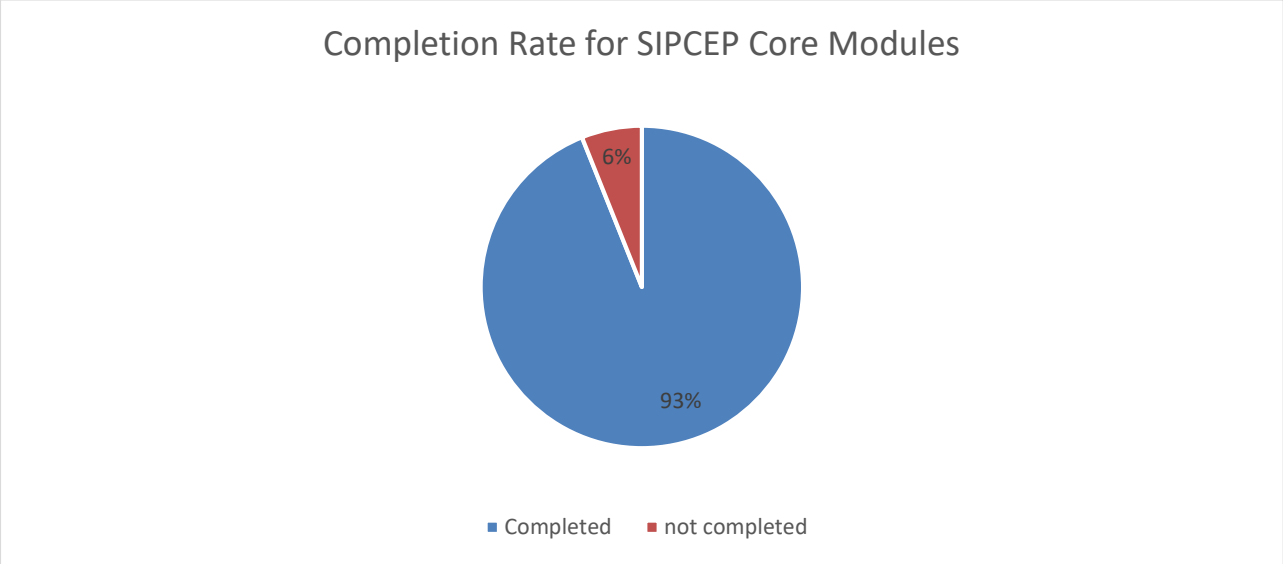
**Education and Online modules**

Staff education in the general principles of infection control is of significant importance. The hospital aims to sustain the low incidence of HAI and manage BBV Infection effectively and ensure safe working practices. Infection Control training is monitored by the Learning Centre and reported directly to line managers. Quarterly reports are presented to the Infection Control Committee.

An introduction to Infection Control continues to feature as part of the corporate Health and Safety Training Programme for clinical / non-clinical staff, due to Covid there were no courses delivered as this is a face-to-face method of teaching. The topics covered include the infection control structure, BBV awareness, hand hygiene, the management of patients with loose stools the management of clinical waste and Safe Management of Linen. This training has been delivered to both new staff and students during the review period.

**Scottish Infection Prevention and Control Education Pathway (SIPCEP)**
The Senior Management Team, in August 2017 requested that all staff must complete four core modules. From the current number staff employed within the hospital (n=687) Chart 4 shows the percentage of staff who have completed all four modules over the reporting period.

**Chart 4**




The current completion target set by the Infection Control Committee is 95% therefore this has been some slight slippage in this area. When analysing the data the variance for this can be attributed to newly employed staff who are required to complete the on-line modules within one month of employment.

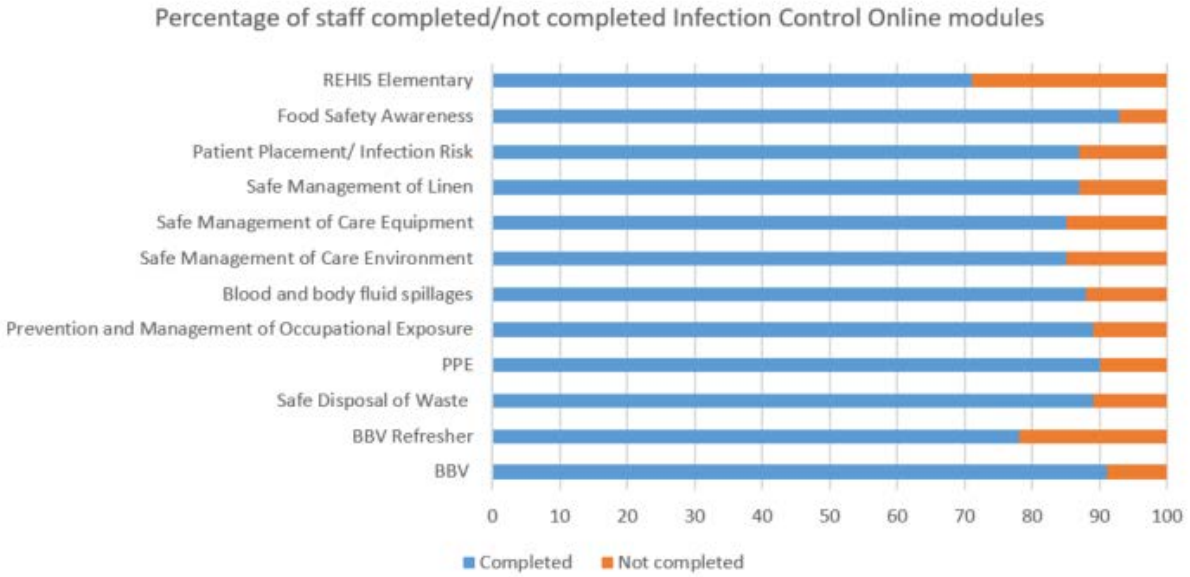
Online Modules

Chart 13 shows all other on-line mandatory modules that required to be completed as part of Infection, Prevention and Control, this also included Royal Environment Health Institute of Scotland (REHIS) Elementary Food Hygiene On-line Module and Blood Borne Viruses (BBV) on-line Modules

REHIS Elementary Food Hygiene online module required to be completed by Occupational Therapists and those in a position of responsibility i.e., Senior Charge Nurses, Charge Nurses and those who are directly involved in food preparation i.e., Catering staff and those who are responsible for the service of food at ward level will be required to complete the online module.

Blood Borne Viruses (BBV) Training Module is open to all staff but is of relevance to clinical staff involved in direct patient care. This is a mandatory module for clinical staff with refreshers being undertaken biennially.

**Chart 13**




An introduction to Infection Control continues to feature as part of the corporate Health and Safety Training Programme for clinical / non-clinical staff of which there were 0 courses scheduled due to the pandemic. The topics covered include the infection control structure, BBV awareness, hand hygiene, the management of patients with loose stools, the management of clinical waste and the safe management of linen. Inductions for new staff including students have continued.

**Person Centred Improvement Team/Patient Partnership Group**

The SNIC attends the Patient Partnership meetings as required to discuss any Infection Control issues that patients may have. Written communication has been developed in conjunction with the Person Centred and Improvement Lead to appraise patients of Covid, the limitations/restrictions in place and the Covid vaccinations.

**Infection Control Updates**

Infection control updates continue to be disseminated throughout the year. These updates provide information on infection control news and developments, both locally and nationally. The information is conveyed via the hospital intranet, staff bulletins, Vision magazine and through internal e-mails. More recently the Infection Control Team have used “all users” emails and test messaging system to communicate throughout the hospital in relation to Covid issues. The Infection Control Team are keen to utilise the onelan system within the hospital in the future to promote infection, prevention and control.

## 7. Quality Improvement Activity

The focus of the year has been to minimise the risk of Covid transmission therefore some of the improvement activities projected for the year were on hold. However, one area of improvement was:

- The improvement of Hand Hygiene and Covid audit submission

## 8. Planned Quality Assurance/Quality Improvement for the next year

Since recruiting to the CQIF for Infection control post in July 2021 there has been significant improvement in audit activity and improvement. In addition to the CQIF for Infection Control has increased resilience within the department and has been an asset during the third wave of the pandemic. It is hoped that this post will be made a permanent full time post beyond the 12-month secondment.

## 9. Identified issues and potential solutions

Challenges for incoming year

- To consider innovative ways to increase compliance with infection control training
- To monitor DATIX with specific attention being placed on items being coded as clinical waste
- Introduction Hand Hygiene Peer audits
- Review of all Cleaning Schedules and commencement of audits

## 10. Next Review Date

The next Infection Control Annual Report will be submitted to the Infection Control Committee and Clinical Governance Committee in May 2022.

**Acknowledgements**
The last 12months have been another difficult year and it is important to take this opportunity to acknowledge the commitment from staff, not only those who are patient facing but equally the support staff.