

Infection Prevention and Control

Annual Report 2023/24



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Welcome

This annual report presents a summary of the work programme, outcomes and impacts for infection prevention and control (IPC) across the organisation for the period from 1 April 2023 until 31 March 2024. It describes the overall work programme as well as detailing some of the areas of improvement, success and where challenges remain.

As Greater Glasgow and Clyde continues to recover and remobilise after the COVID-19 pandemic, it is essential that we refocus on the full breadth of our IPC programme. We must remain vigilant to the challenges yet to emerge and be prepared to respond appropriately to the variety and range of pathogens that we now see.

Much of our work will be proactive, with a clear emphasis on training, education, supporting best practice and learning from incidents. The IPC Quality Improvement Network continues to deliver on workstreams that supports continuous improvement and innovation and I urge anyone interested in participating in this group to contact us. We hope the newsletters and updates are helpful and support shared learning across our organisation.

A key priority this year is the development of the 3 year IPC Strategy for NHSGGC and we have reached out to members of the public, patients & their families and colleagues to ensure that this strategy reflects the expectations and needs expressed. We hope those who responded will be assured that we heard what you said and that our strategic plan will demonstrate how we plan to address issues raised.

We welcomed new members to our team, specifically the inclusion of 3 IPC Healthcare Support Workers. We hope that as we continue the diversify of roles we will ensure that we are a service fit for the future and able to further support clinical teams to implement evidence-based IPC practices to enhance patient safety in a diverse organisation. We also hope to add to the IPC evidence base by having a clear focus on research and innovation within GGC.

Our performance this year against the Scottish Government Standards on Healthcare Associated Infections continues to improve (table below), despite GGC delivering care to some of the most complex patients in the West of Scotland. The prevention and control of infection is delivered by frontline clinical staff with IPCT support and we would like to acknowledge that and celebrate this success.

April 2023 to March 2024 (rolling year)

Year end Q1-2024	GGC rate per 100,000 OBDs	SCOTLAND rate per 100,000 OBDs	STATUS for year end
CDI	13.9	14.5	Below national rate
ECB	34.4	36.4	Below national rate
SAB	17.5	18.2	Below national rate

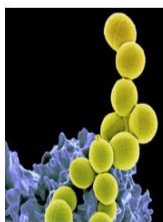
The number of patients with *C. diff* in GGC is lower than in the rest of Scotland. *C. diff* causes life threatening gastrointestinal infections especially in the elderly. This is a distressing and debilitating infection associated with antibiotics. Preventing this infection promotes patient safety and wellbeing.



The number of patients with ECB in NHSGGC is lower than in the rest of Scotland. It is the most common type bloodstream infection in the UK and is closely associated with how we manage urinary catheters. Catheters can cause urinary infections and this bacteria can travel into the patients bloodstream. ECB can also cause the infections associated with SABs. As with SAB prevention will save lives.



The number of patients with SAB in NHSGGC is the same as the rest of Scotland even though our patient population is more vulnerable. *S. aureus* can cause extremely serious infections in the heart, prosthetic joints and vascular devices. Preventing this infection saves lives.



We hope you find the information within this IPC Annual Report informative and are assured that the IPCT will continue to strive to provide the best service possible.

Sandra Devine

Director of Infection Prevention & Control NHS Greater Glasgow and Clyde

Introducing our Team

Our Vision

To promote a safer environment for patients, staff and service users in all areas of health and social care within NHS Greater Glasgow and Clyde, and that no person is harmed by a preventable infection.

Our Team Values



The IPCT provides a comprehensive and innovative infection prevention and control service for all healthcare workers, patients, residents and visitors within NHSGGC Acute and Community Services including Care Homes.

The Senior Management Team includes a Director of Infection Prevention and Control (DIPC), Lead Infection Control Doctor (LIPCD) Dr Linda Bagnade and Associate Nurse Director for Infection Prevention and Control (ANDIPC) Ms G Bowskill. The team is supported by an IPC Nurse Consultant (NCIPC) Ms L Pritchard and dedicated business and administrative support.

The Infection Prevention and Control Service in NHSGGC has a local Infection Prevention and Control Team (IPCT) in each sector:

- Clyde
- North
- South (Adults)
- South (Paediatrics); and
- Health and Social Care Partnerships (HSCPs)

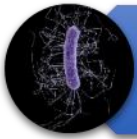
The local IPCTs consist of an IPC Doctor, Lead IPC Nurse, a combination of Senior Infection Control Nurses and Infection Control Nurses, and an administrator (in certain Sectors). The IPCTs cover all hospital sites, and provide a service to mental health in-patient sites and directly managed community NHS services. The IPCT is supported by a dedicated Surveillance Team led by a Surveillance Operations Manager Ms N Heddo.

The primary role of the IPCT is the prevention of healthcare-associated infections (HCAI). Patients are often more vulnerable to infection, therefore, any contact they have with the healthcare environment has the potential to cause harm to the individual.

The key functions of the department are:

- IPC advice and support to healthcare workers to ensure patient safety is prioritised and patients have best clinical outcomes possible.
- Policy and guideline provision
- Education
- Surveillance
- Outbreak and incident management
- Audit
- Provision of IPC advice to patients, parents and visitors

Performance at a Glance - April 2023 to March 2024:



CDI - Below NHS Scotland rate



ECB - Below NHS Scotland rate



18,459 Infection Control Learn Pro Modules were completed



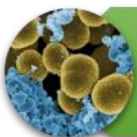
Managed 272 Ward Closures



88 Audits of Wards PVC and CVC practice



33,899 Patient Referrals



SAB - Below NHS Scotland rate

The IPCT provides highly specialised advice to the Board's Senior Management Team (SMT) on compliance with national mandatory requirements, standards and best practice, and takes the lead in supporting the implementation of these throughout the organisation on a Board and Sector level.

The department advises operational staff on the implementation of both national and NHS GGC IPC Policies and Procedures. The service is provided to all clinical and non-clinical disciplines within the organisation.

The IPC department:

- Provides IPC education to pre and post registration courses at higher and further education establishments.
- Delivers up-to-date education and training in a variety of modes, including mandatory online, face-to-face local and MS Teams education sessions. Other formats also include local posters and stands for drop-in learning opportunities.
- Produces an annual programme presented and approved by the Board Infection Control Committee (BICC) and updates to the programme are presented at each bi-monthly meeting.

The specific roles and responsibilities for IPCT can be found in the Infection Prevention and Control Assurance and Accountability Framework:

<https://www.nhsggc.org.uk/your-health/infection-prevention-and-control/ipct-assurance-and-accountability-framework/>

Policies and Guidelines

The Board intranet site contains an IPCT webpage hosting a comprehensive set of standard operation procedures (SOPs), guidelines, aide memoires, etc. as well as linked policies from other specialties e.g. Estates. It also has a direct line to the National Infection Prevention and Control Manual.

The IPCT webpage is where service users, their visitors and anyone providing support can easily access up-to-date National Guidance and information on infections and the current IPC measures in place.



Checklist on this site ensures that Healthcare Workers have the core information they require to manage patients with infections

Education

The Infection Prevention & Control (IPC) Team have continually delivered education to staff, but the SARS-CoV-2 pandemic highlighted the importance of regular education. IPC regularly review and update the content of the education sessions and also the delivery to ensure that it was delivered in a way that was accessible to all staff involved in health care delivery and support regardless of ward / department pressures and time constraints. The IPC Team have sought to develop education that is innovative to promote equitable learning. The primary aim of IPC education is to equip health care workers with the knowledge and competencies necessary for delivering safe and effective care. By doing so, it aims to reduce Healthcare

Associated Infections and combat antimicrobial resistance, resulting in safeguarding both patient and HCWs.

We aim to deliver education in ways that support the needs of clinical teams

Short education sessions at ward level, using materials such as “Question of the Week” and “Spot the Mistake” posters and toolbox talks enables the IPCT to deliver education to ward/department teams and they worked together to drive quality improvement and reduce IPC risks.

The Statutory mandatory training module “Standard Infection Control Precautions” is a core training requirement for all staff via Learn-Pro. This has recently been updated to reflect the post-pandemic guidance. From April 2023 to March 2024, 18,459 staff members undertook this Learn-Pro module, including 10,882 Nursing & Midwifery staff, 1,530 Medical staff, 4,849 Administration and Ancillary staff and 1,153 Allied Health Professional (AHP) staff.

In addition to staff being directed to the National Infection Prevention & Control Manual, a comprehensive IPC Portal is available containing guidance documents, care checklists and aide memoires. The IPCT is responsible for the ongoing maintenance and review of the IPC Portal.



On discussion with staff and from feedback at sessions staff have voiced the challenges in attending education sessions even when held in their own ward. To help to address this, the IPCT have devised education titled “Do You Have a Minute” where the IPCN will speak to staff for no more than 1 minute and may cover new guidance, scenarios or existing IPC subjects.

Infection Prevention and Control Quality Improvement Network (IPCQIN)

Network's 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.

NHS Scotland Quality Strategy ambitions state “**there will be no avoidable harm to people from the healthcare they receive.**” Healthcare associated infection is estimated to affect 4.5% of all patients who receive care. One of NHS Greater Glasgow and Clyde’s quality ambitions is to strive for excellence in the reduction of preventable infections. The NHSGGC Quality Strategy

is a framework that outlines how we intend to continuously improve the quality of care to our patients, carers and communities. The Quality Strategy Group has agreed that IPC is one of three key strategic priorities within NHSGGC, therefore, the Infection Prevention and Control Quality Improvement Network (IPCQIN) is being taken forward as a programme of the Quality Strategy Work-plan, thus providing the structure, methodology and expertise required.

To support and deliver on the IPCQIN Operational Group's objectives, three workstreams have been established with two more proposed i.e. new methodologies and technology to improve the cleaning of near patient equipment and the assessment on admission of patients to identify infection and support patient placement.

Each of these work streams is progressing but each is a significant challenge and has many subtopics to explore and implement actions from. It is however our ambition to extend the scope of this network into the following areas:

- Reducing Infections Associated with the Use of Urinary Catheters;
- Promotion on novel technologies and products to support effective Hand Hygiene;
- Use of technology to promote patient involvement and experience.

A work plan has been agreed upon and is used as a live document to support the monitoring of actions and provide assurance of the progress within each work stream.

The IPCQIN publishes a newsletter every two months to support sharing improvement practices and promoting good ways of working.

The IPCQIN have created a SharePoint site that supports the work from a programme management perspective for live collaborative working. The Network members use the SharePoint site to contribute and update the work plan, newsletter and any other updates.

1. Person Centred Care - Infection Prevention and Control Work Stream

The group is focused on effectively engaging with patients, carers and the public in the planning and delivery of services and to be able to demonstrate that we are listening and learning from people who use and work within NHSGGC services.

With the support of the Patient Experience and Public Involvement Team (PEPI) and the Person Centred Health and Care Team (PCHC), recruitment is underway to invite people with lived experience to join the network.

Only by listening to patients can we determine what matters to them in preventing avoidable infections

Patient Information Leaflets (PILs) are available as an icon on ward iPads. Work is ongoing to provide narrated videos of the PILs. This will allow patients to access this information from their own phone and tablet or ward iPad.

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

The workstream is focused on increasing awareness of SAB prevention across GGC across all professional groups and to identify barriers to good SAB prevention practices. There are currently four well-established SAB Groups that feed into this workstream in the North, South, Clyde and Regional Services Sectors. The work of the SAB Groups informs this workstream and ensures that there is a seamless approach across all sectors with minimal variation. Data is now available on the Micro-Strategy site for all IPC access device groups.

SAB Groups

These groups have undertaken various initiatives to improve awareness of SAB prevention, for example:

- Engaging with clinical staff across sites to raise awareness.
- Undertaking investigations of unknown SABs to identify the source and learn lessons.
- Focussed education improvement work has been undertaken by the North Sector to improve IVAD associated SABs, Scrub the Hub Posters and targeted improvement in 'hot spot' areas.

SAB Groups deliver the improvements in our National rates

- The South Sector have been undertaking focussed work on education and raising awareness of SABs across all staff groups. Data analysis has been carried out to support identifying any 'hot spot' areas.
- Development of a PVC Care and Maintenance Poster has been carried out by the Clyde Sector, and ward-based sessions have been running to focus on local data regarding PVC care plans and patient stories.
- The Regional Service continue to focus on SAB improvement work and review data with the IPCT to identify areas for improvement.

3. Standard Infection Control Precautions (SICPs) Workstream

The focus of the SICPs workstream is to improve all acute and mental health areas' compliance with all standard infection prevention and control precautions. Both proposed new workstreams will be included in this category.

Other Improvement Work:

- The Vascular Access Device (VAD) education module is now a standing agenda item for the IPQCIN, to support the development of the e-learning module and the communication plan for the work stream.
- The HSCP IPCT together with the Care Home Collaborative developed an education resource aligned to the sector specific Care Home Infection Prevention & Control Manual. The resource, a short 18 minute video, is based on the ten elements of standard infection control precautions (SICPs). To coincide with World Hand Hygiene Day on 5 May 2023, two short video clips were developed by the workstream. All videos are available on the resource section of the Care Home Collaborative webpage. A poster developed by the work stream to promote the resource was issued directly to care home managers. Social media platforms were also used to promote the resources with a series of tweets issued to coincide with the launch of the video. <https://vimeo.com/175206023>, <https://vimeo.com/175206023>
- Work is underway to develop a measurement plan for CVC PVC process data to capture information from teams across the wards/departments in a standardised approach.
- The IPCQIN is linked in to the NHSGGC Quality Improvement Network to ensure any opportunities for learning and training from the Quality Improvement Team are disseminated through the IPCQIN.

Surveillance

NHS GGC uses an electronic patient management system ICNET, which links information from hospital systems (e.g. laboratories, theatres and Track care) and ensures that results are received in real time (every 15 minutes) by the teams who in turn can act upon this promptly. A full record of the patient's diagnosis and management is included in the system, which facilitates documentation audit. The system allows the IPCT to view the records of any patient referred via this system in any hospital across the board.

Surveillance allows us to identify problems quickly and implement improvements promptly

June 2023 Clostridium difficile infection (CDI) increases investigation:

As a response to the increase in CDI cases in June 2023, IPCT carried out an investigation and a historic review of the NHS GGC CDI trends from January 2018 to September 2023.

Epidemiological analysis suggested CDI cases variation was strongly correlated with antibiotic usage (Figure 6 of the SBAR is shown below) as it is also evidenced in the literature. This is an example of multidisciplinary collaborative scientific work between IPC team, the antimicrobial

pharmacy and business intelligence teams.

Figure 1. Relationship between monthly healthcare-associated CDI cases (dark blue line) with bed occupancy (A) and 4C antibiotic categories: (B) Cephalosporin's, (C) Clindamycin, (D) Co-amoxiclav, and (E) Quinolone. Variables were Z-score standardised (Y-axis) to the same scale for better visualisation.



Staphylococcus aureus bacteraemia (SAB) sector groups:

IPC Surveillance Team supported the NHS GGC SAB Sector Groups that were re-established during this year, with data and visualisations. Reports on historic (April 2017 – August 2023) healthcare associated SAB cases, incidence trends and locations were presented to the groups to aid with targeted interventions. IPCT continue to support these groups with monthly and quarterly reports related to SAB cases.

Ward closures heat maps:

Our IPC data team creates a data base of closed wards reported by our ICNs within each Sector. The details on the closure/opening dates, numbers of days closed and the reason for closure are gathered for each closed ward (see a summary in the table below). Data is processed and summarised visually using heat maps which are requested by our LICNs for specific sites and time periods. An example of a ward closure heat map is provided below.

Table 1. A summary of closed wards across GGC acute and HSCP reported to our data team for each period, and the reason for closure.

Reason	No of closed wards	
	2022 - 2023	2023 - 2024
Chickenpox	1	-
COVID-19	318	160
Group A Streptococcus	1	-
Influenza	10	15
Norovirus	33	47
Respiratory illness	-	1
RSV	1	1
Suspected Gastroenteritis	29	44
Total	393	268

Glasgow Royal Infirmary (GRI) ward closures. Status at 08:00 am 22nd May 2024

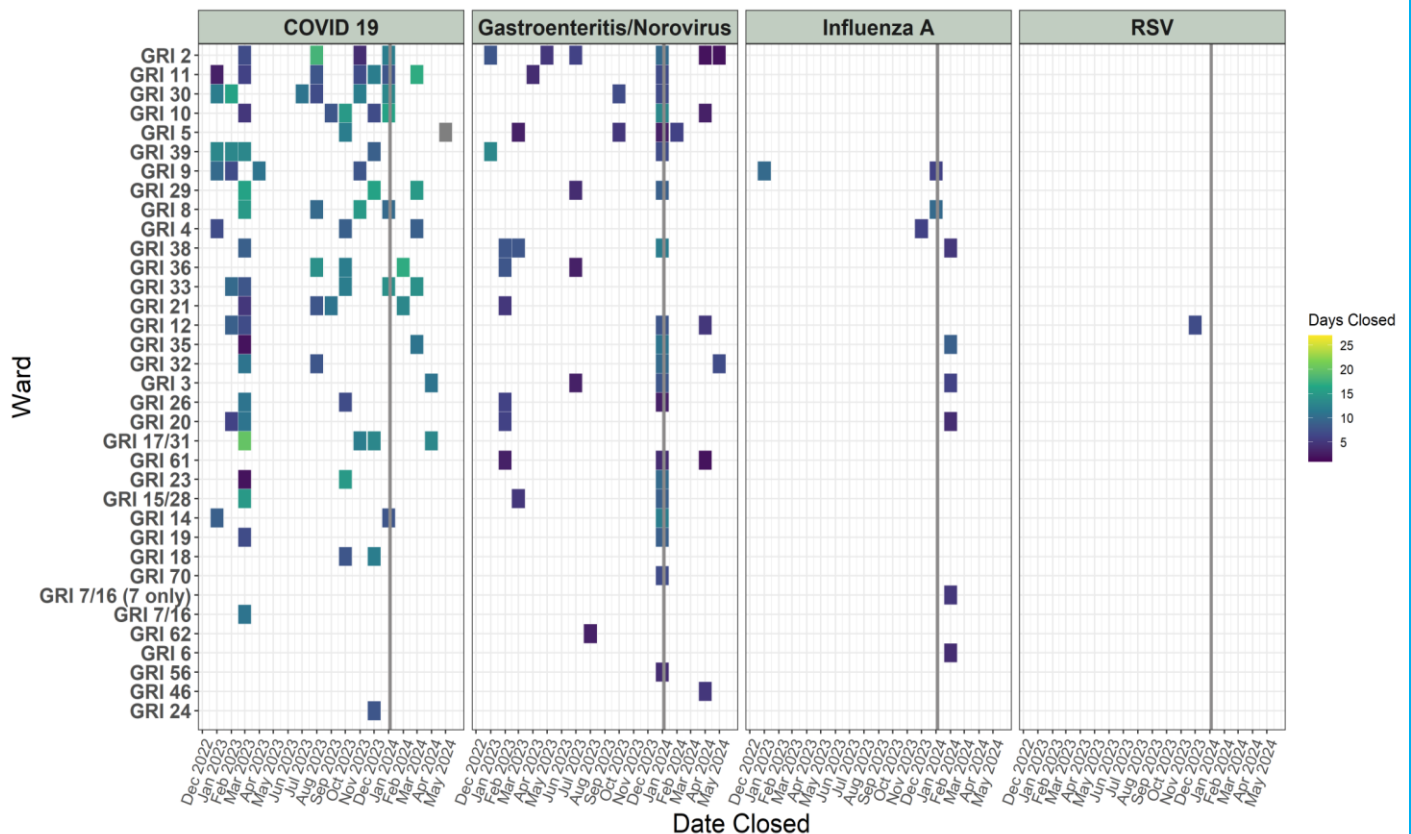


Figure 2 shows GRI ward closures from January 2023 to May 2024. Tiles represent the month the ward closed colour-coded with the number of days closed. The lighter the colour (yellow) the longer the closure. Grey tiles represent currently closed wards at the status time and date above. Wards with the most closures over the entire period are placed at the top. Grey lines divide the period from January 2023 to January 2024, and from January 2024 up to the report status time and date.

GGC Performance in management of Scottish Government Healthcare Associated Targets (National Programmes)

Scottish Government Standards on Healthcare Associated Infections Indicators (SGHAI) set for 2019-2024 for SAB, CDI and ECB are presented in this report. Available at: [https://www.sehd.scot.nhs.uk/dl/DL\(2023\)06.pdf](https://www.sehd.scot.nhs.uk/dl/DL(2023)06.pdf)

Overall cases

Figure 1 shows total cases of *Clostridium difficile* infection (CDI), *Staphylococcus aureus* bacteraemia (SAB) and *Escherichia coli* (ECB) bacteraemia from 1st April 2022 to 31st March 2023, and from 1st April 2023 to 31st March 2024, based on ARHAI definitions.

- **240** cases of healthcare associated *Clostridium difficile* infection in 2023 – 2024 compared to **220** cases in 2022 – 2023.
- **313** cases of healthcare associated *Staphylococcus aureus* bacteraemia in 2023 – 2024 compared to **320** cases in 2022 – 2023.
- **610** cases of healthcare associated *Escherichia coli* bacteraemia in 2023 – 2024 compared to **589** cases in 2022 – 2023.

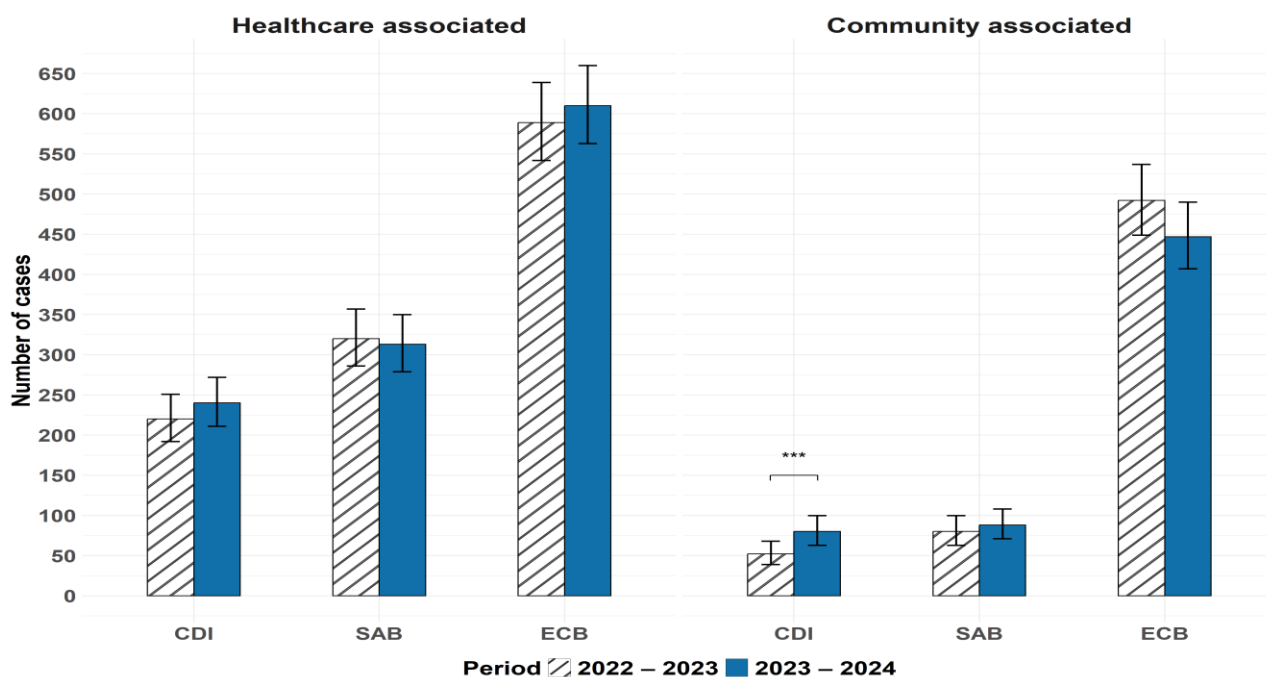


Figure 3 Comparison of the total healthcare associated and community cases for *Clostridium difficile* infection (CDI), and *Staphylococcus aureus* (SAB) and *Escherichia coli* (ECB) bacteraemia. Bars show the total cases in period 2022 – 2023 (black stripes) compared to the 2023 – 2024 (solid blue) period for each organism with significant (p-value < 0.001) comparisons indicated by three asterisks (***). 95% confidence intervals (error bars) and p-values were estimated using exact Poisson tests. For SAB healthcare associated infections, cases are slightly lower in the 2023 – 2024 period, whereas CDI and

ECB cases increased in the 2023 – 2024 period. Community associated cases in 2023 – 2024 period decreased for ECB, but increased for CDI and SAB.

Annual and monthly incidence rates of CDI, SAB and ECB in the NHS Greater Glasgow and Clyde

Incidence rates were estimated for hospitals (mainly acute) with available monthly occupied bed days' data. The upper warning (UWL 2SD) and control (UCL 3SD) limits represent the +2 and +3 standard deviations from the average incidence rate, respectively.

Clostridium difficile infection

The 2023 – 2024 incidence rate was **18.6** per 100,000 occupied bed days compared to **17.7** in the 2022 – 2023 period.

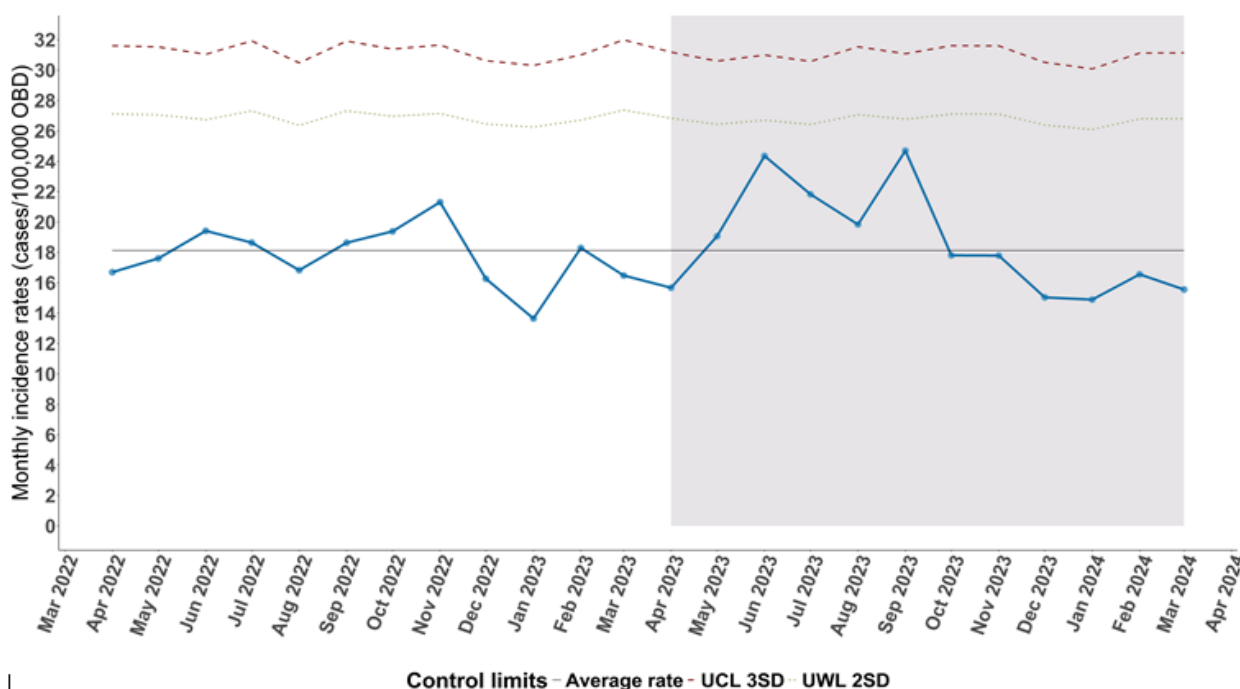


Figure 4 Monthly Greater Glasgow and Clyde Clostridium difficile infection incidence rates (cases per 100,000 occupied bed days (OBD)). Monthly Clostridium difficile infection incidence rates fluctuate around the average rate (18.1), estimated from April 2022 to March 2024. Notice most incidence rates are below a 2 SD upper warning limit (UWL - green dotted line) in which June and September 2023 had the highest monthly incidence rate. SPC U-chart control limits (UCL 3SD and UWL 2SD) were estimated accounting for the period average rate as a baseline, and monthly acute hospital bed occupancy.

Staphylococcus aureus bacteraemia

The 2023 – 2024 incidence rate was **25.3** per 100,000 occupied bed days compared to **25.7** in 2022 – 2023 period.

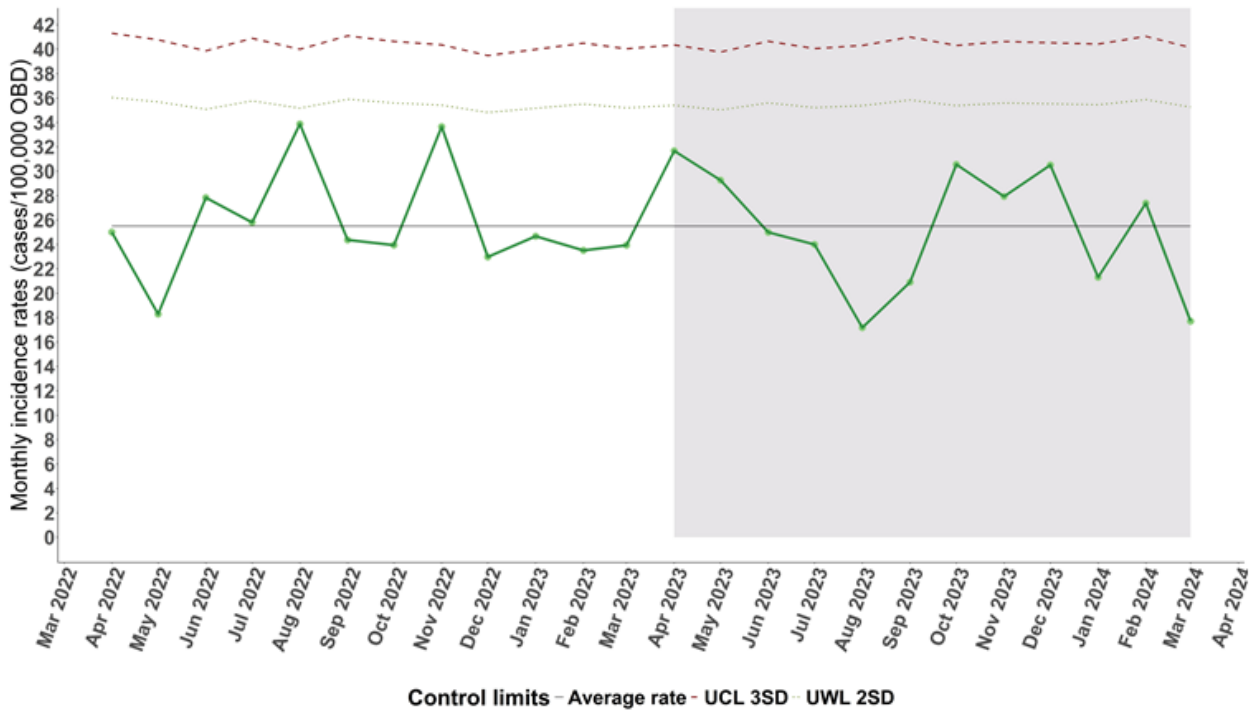


Figure 5 Monthly Greater Glasgow and Clyde *Staphylococcus aureus* bacteraemia incidence rates (cases per 100,000 occupied bed days (OBD)). Monthly *Staphylococcus aureus* bacteraemia incidence rates fluctuate around the average rate (25.5) estimated from April 2022 to March 2024. Most incidence rates between April 2023 and March 2024 (grey background) are below/around the average rate (black solid line). The highest incidence rates are in the 2022 – 2023 period (August and November 2022). SPC U-chart control limits (UCL 3SD and UWL 2SD) were estimated accounting for the period average rate as a baseline, and monthly acute hospital bed occupancy.

Escherichia coli bacteraemia

The 2023 – 2024 incidence rate was 44.7 per 100,000 occupied bed days compared to 44.8 in 2022 – 2023 period.

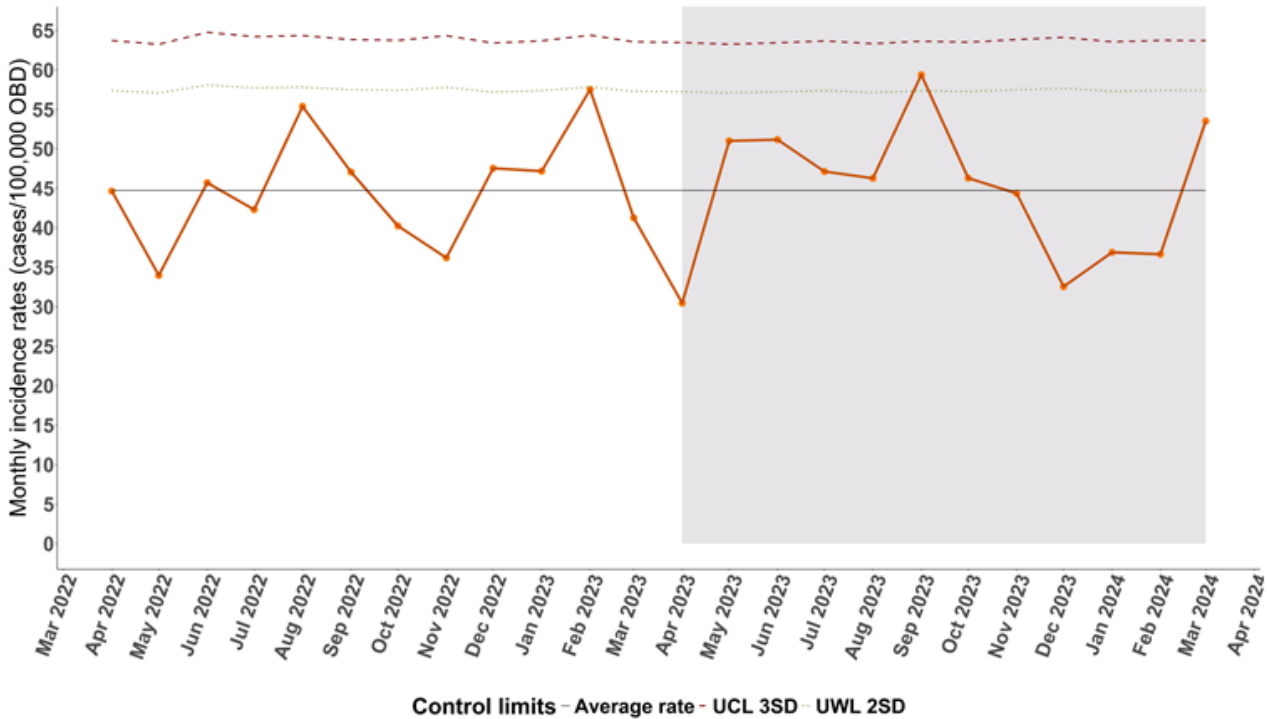


Figure 6 Monthly Greater Glasgow and Clyde *Escherichia coli* bacteraemia incidence rates (cases per 100,000 occupied bed days (OBD)). Monthly *Escherichia coli* bacteraemia incidence rates fluctuate around the average rate (44.7) estimated from April 2022 to March 2024. Although most incidence rates between April 2023 and March 2024 (grey background) are below a 2 SD UWL (green dotted line) or average rate (black solid line), there was an increase in September 2023.

Enhanced Surveillance

Key information is collected on these specific infections during surveillance, however, in GGC we collect additional information (**enhanced**) which includes:

- Date of admission to hospital
- Hospital, ward and clinical specialty where the specimen was aspirated
- Origin of infection and where the infection is considered hospital acquired, the hospital and clinical speciality the bacteraemia was attributed to.

In addition for ECB cases:

- Source/primary infection type and bacteraemia by system
- Risk factor: hospital admission in previous 30 days and other optional risk factors

In addition for SAB cases:

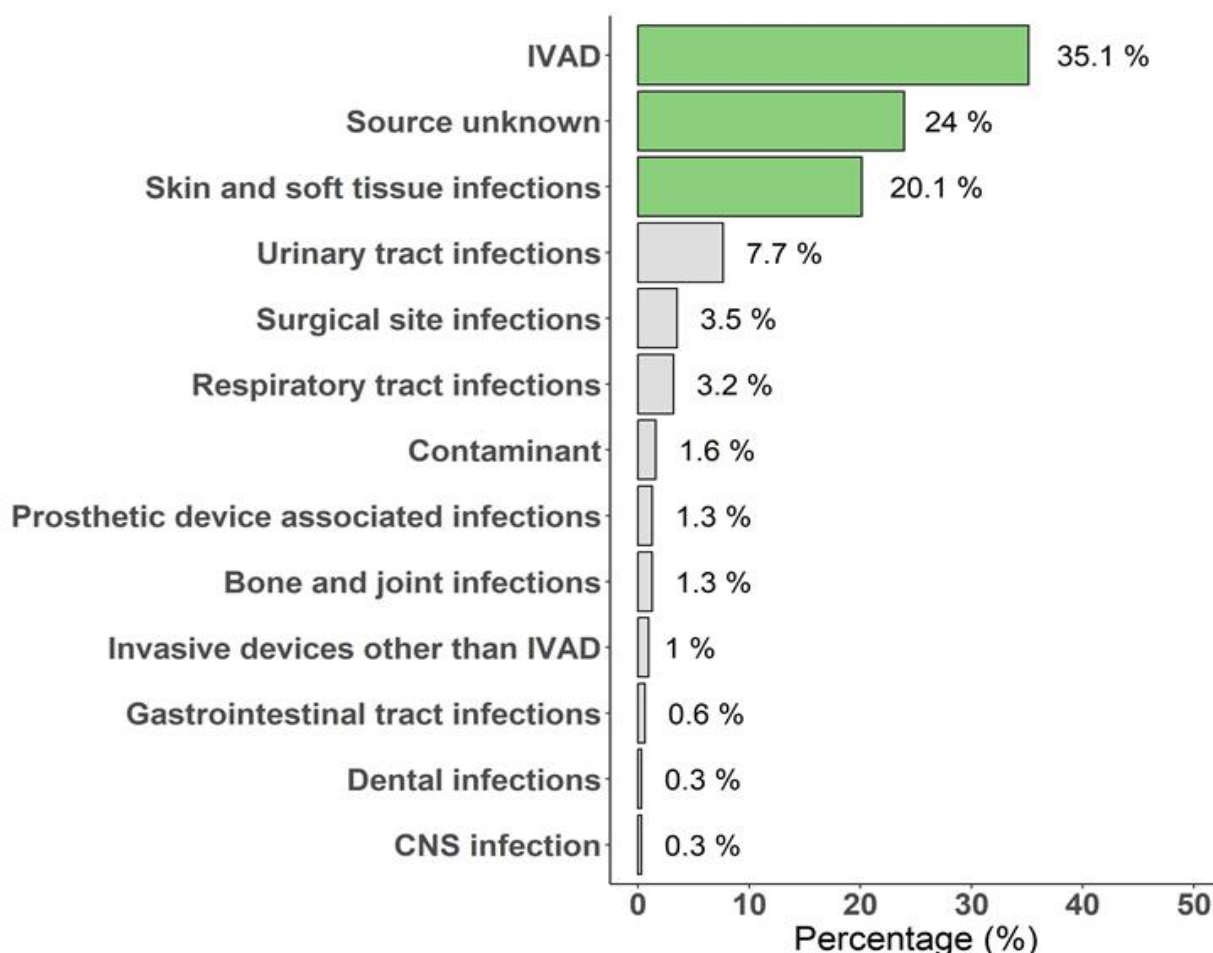
- Entry point and any deep seated or metastatic infection.

- Mandatory risk factor data (devices, skin factors and other risk factors)

Staphylococcus aureus bacteraemia

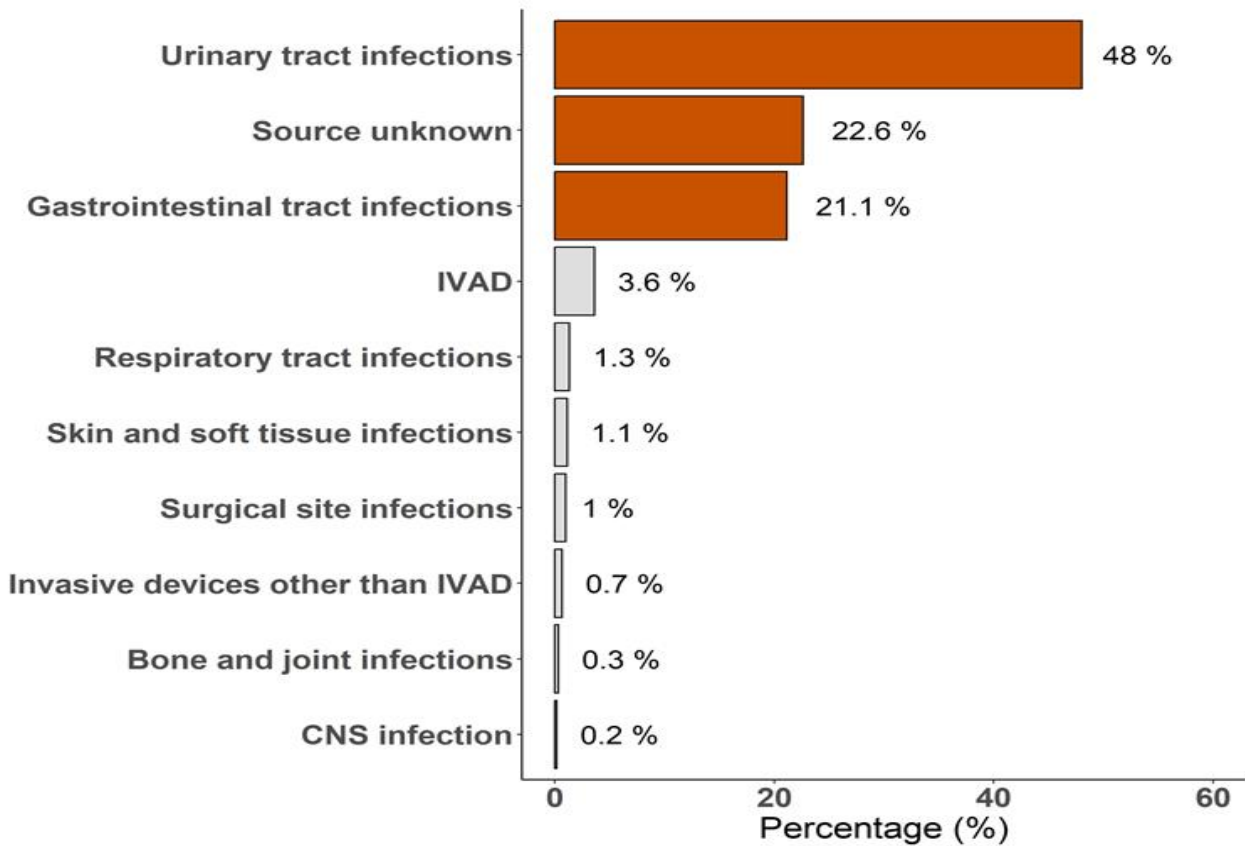
2.9% (9/313) of *S. aureus* bacteraemia were MRSA cases in the period 2023 – 2024 compared to 2.8% (9/320) MRSA cases in 2022 – 2023.

In 2023 – 2024, 35.1% (110/313) of all 320 *S. aureus* cases had a proven or probable entry point via IVAD, 24% (75/313) were unknown, and 20.1% (63/313) were skin and soft tissue related infections. The top sources are highlighted as green bars with several other sources at smaller proportion in grey.



Escherichia coli bacteraemia

In 2023 – 2024, **48%** (293/610) *E. coli* bacteraemia cases were related to urinary tract infection, **22.6%** (138/610) were unknown, and 21.1% (129/610) were due to gastrointestinal tract infection. The top sources are highlighted as orange bars with several other sources at smaller proportion in grey.



Carbapenemase-producing Enterobacterales (CPE) Surveillance:

CPE are a type of Enterobacterales that are resistant to carbapenem antibiotics. Infections caused by CPE are associated with high rates of morbidity and mortality and can have severe clinical consequences. Treatment of these infections is increasingly difficult as these organisms are often resistant to many and sometimes all available antibiotics.

Over the last decade CPE have spread throughout the world and are now endemic in healthcare facilities in many countries. Currently ARHAI Scotland guidance recommends screening inpatients who have had healthcare contact outside Scotland in the preceding 12 months and contacts of positive cases.

An increasing number of KPC, NDM and OXA CPEs have been detected across GGC since 2021. This may reflect changing travel patterns post COVID-19 travel restrictions. Longer term trends and associations with travel will be the subject of further investigation.

Membership of National Groups

- NHS GGC IPCT actively participate in work of national strategic and operational groups promoting and delivering IPC programmes and initiatives. The list below gives some examples of our involvement in this work.
- Scottish Surveillance of Healthcare Associated Infection Priority Programme Board (SOHNAPP).
- Data & Intelligence Priority Programme Oversight and Advisory Group, NHS Education for Scotland.
- NHS Education for Scotland (NES) ARHAI Education Oversight and Advisory Group.
- Scottish Microbiology and Virology Network Infection Prevention and Control Doctors Subgroup.
- Scottish Microbiology and Virology Network Steering Group.
- Antimicrobial Resistance Hospital Acquired Infection Scotland National Policies Guidance and Evidence Working Group.

Next Steps

The Scottish Hospitals Inquiry will begin to review evidence during this time and it will be important to capture themes, and where possible, demonstrate that we have taken prompt action to address the issues identified. It will be essential at this time to reach out to external and internal colleagues to help to build confidence in the services provided in the Queen Elizabeth University Hospital (QEUH) and the Royal Hospital for Children (RHC). Learning from HIS inspections and interactions with NHS Assure and performing well against the SG targets will provide assurance. Linking the work of the IPCQIN and the visibility of performance data both locally and Board wide via the IPC Dashboard will also support this ambition.

Conclusion

The content of this report details the broad range of IPC activities in place across NHS Greater Glasgow and Clyde. We hope it demonstrates that preventing and reducing the harm caused by healthcare associated infection has been and remains a clear priority for GGC. The commitment of teams within GGC working together across services to reduce the incidence of preventable HCAs and enhancing patient safety we hope is also demonstrated.

The IPCT will continue to work with others to achieve key Board priorities, i.e. the GGC Nursing Quality Strategy, Facing the Future Together and the implications of the implementation of the Health and Care (Staffing) (Scotland) Act 2019.

The World Health Organization (WHO) lists Antimicrobial Resistance (AMR) among the top 10 threats for global health. Reducing the amount of antibiotics used is therefore of vital importance

and is a clear priority now and in the future, and the IPCT will support antimicrobial stewardship throughout GGC and beyond.

We will explore opportunities to participate in research and quality improvement, and will specifically continue to support the work of the Infection Prevention and Control Quality Improvement Network.

Our aspirations are to support front line clinical teams to make avoidable healthcare associated infection a never event. Infections can have a significant impact on how patients experience healthcare, and can cause, pain, anxiety and in some instances can have severe or life changing outcomes for the individual. We will endeavour to put people at the centre of all we do and support teams to embed IPC practice into everything they do.

Glossary

ARHAI	Antimicrobial Resistance and Healthcare Associated Infection Group (part of Public Health Scotland)
BICC	Board Infection Control Committee
CDI	<i>Clostridioides difficile</i> infections
CVC	Central Vascular Catheter
ECB	<i>E. coli</i> bacteraemia
HAIRT	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).
HCAI	Healthcare Associated Infections
HIS	Health Improvement Scotland
ICNet	Infection Control Net – Surveillance software which links to Microbiology/ Virology, Trakcare (PMS) and Opera (Theatre Management system).
IPCD/N	Infection Prevention and Control Doctor / Nurse
IPCQIN	Infection Prevention and Control Quality Improvement Network
IPCT	Infection Prevention and Control Team
MRSA	Meticillin Resistant <i>Staphylococcus aureus</i> . A <i>Staphylococcus aureus</i> resistant to first line antibiotics; most commonly known as hospital acquired organism

PVC	Peripheral Vascular Catheter
SICPs	Standard Infection Control Precautions
SAB	<i>Staphylococcus aureus</i> bacteraemias
SMT	Senior Management Team
SOP	Standard Operating Procedure
WHO	World Health Organisation

