

The Scottish Patient Safety Programme (SPSP) – Healthcare Associated Infection Improvement Team (HAIIT), with the support of project teams in local NHS Boards and Health Protection Scotland (HPS) aims to provide a co-ordinated improvement resource that supports NHS Boards to deliver sustained improvements in the Prevention and Control of HAI.

We work proactively with teams from NHS Boards to develop and test different approaches to reduce HAIs , primarily in acute care, and to build capacity and capability around improvement science and support sustained, reliable systems and processes.



Improvement Projects

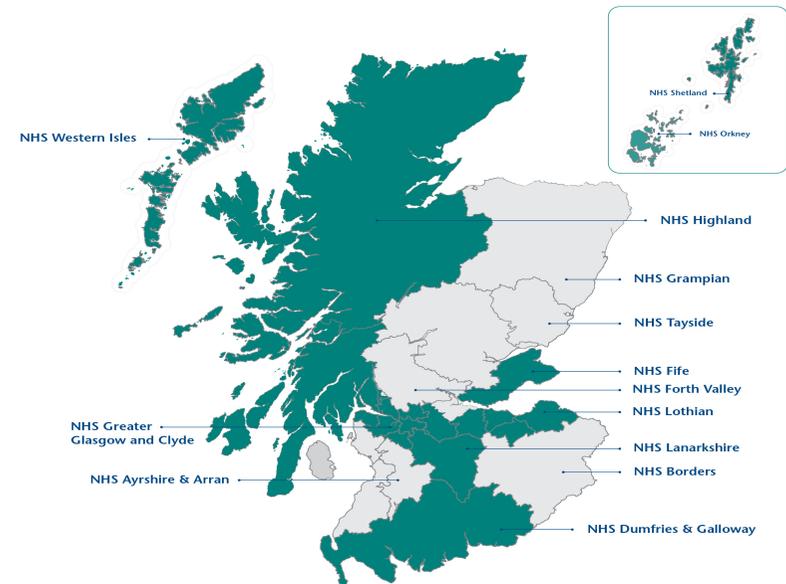
The HAIIT have had requests from 15 NHS Boards and are currently working with 12 NHS Boards on 14 improvement projects. These include:

- Achieving reliable processes around compliance with Standard Infection Control Precautions (SICPs)
- Implementation of peripheral venous cannulae (PVC) insertion and maintenance bundles
- Implementation of catheter-related urinary tract infections (CAUTI) prevention bundles;

The 12 NHS Boards we are supporting are:

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|------------------------------|--------------------------------|
| 1. NHS Dumfries and Galloway | 7. NHS Fife |
| 2. NHS GG&C | 8. NHS Shetland |
| 3. NHS Highland | 9. Western Isles |
| 4. NHS Lanarkshire | 10. Scottish Ambulance Service |
| 5. NHS Lothian | 11. State Hospital |
| 6. NHS Orkney | 12. Golden Jubilee |

Map identifying participating NHS Boards



Progress:



➤ Data

From the 14 ongoing projects local data is being collected in eight. We are currently collected data on 3 of our projects at present and although not reliable as yet, project teams are aware of fluctuations in data and acting as a result Planning is underway to structure data collection and evaluation supported by HAIT.

➤ Engagement

Contributing towards the long term outcome of sharing learning and building capacity, a national learning event was hosted in March 2016. This was attended by 120 delegates from across Scotland. The day was opening by the Diane Murray, Associate CNO and the focus was on sharing the learning from the HAI improvement projects supported by the HAIT.

➤ Evaluation

The HAIT are evaluation the impact of the programme using the logic model, identifying activities of the HAIT, Inputs and short, medium and long term outcomes. This approach is underpinned by local impact evaluations with project teams and data measurement linked to outcomes.

- 72% of project members having hugely or fully increased their confidence to use QI to test changes.
- 91% of respondents tell us that working with HAIT have improved collaborative working between teams in their NHS boards.

Evaluation conclusions:

The two main points that come out of this evaluation are that:

- Respondents indicated that the project had been meeting their expectations and increasing their confidence in using quality improvement methodology to test changes.
- Based on feedback received, the project was improving collaborative working between teams in the respective boards.

To find out more please contact: hcis.HAIimprovement@nhs.net

You can also follow us on twitter: [@spsphai](https://twitter.com/spsphai)



Next steps:

The HAIT will continue to support improvement projects in NHS Boards to improve infection control outcomes. Facilitating proto- typing work and achieving sustainability at local level before scaling up and spreading. This links with HAIT long term aims.

The HAIT will continue to foster a HAI learning community by hosting topic specific workshops and networking days for NHS Boards to learn and share their work. Where applicable this will be done in partnership with other SPSP programmes such as Acute Adult and MCQIC.

Working with strategic partners such as NES and HPS, the HAIT will continue to inform and influence the national infection prevention and control conversation; increasing improvement capacity within NHS Board project teams in order to implement sustainable change ideas

The HAIT will plan for Phase two of the programme with Scottish Government sponsors, HPS and HIS.