



**ANNUAL INFECTION PREVENTION &
CONTROL PROGRAMME**

2025 / 2026

This Programme may be altered if significant new risks are identified, or resources do not allow the activity to be undertaken.

Approval:

NHS Greater Glasgow & Clyde Board Infection Prevention
and Control Committee

Submitted to:

NHS Greater Glasgow & Clyde Acute Infection Prevention
and Control Committee

NHS Greater Glasgow & Clyde Partnerships Infection
Prevention and Control Support Group

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1. INTRODUCTION

Welcome to the 2025/26 NHS Greater Glasgow and Clyde Infection Prevention and Control Programme. This Programme has been developed on behalf of NHS Greater Glasgow and Clyde by the Board Infection Prevention and Control Committee and is largely informed by our requirement to comply with National Standards and Policies, e.g. Healthcare Improvement Scotland (HIS) Infection Prevention and Control (IPC) Standards for health and adult social care settings (2022), Scottish Government Standards on Healthcare Associated Infection (HCAI) and indicators, National Infection Prevention and Control Manual and NHS Education for Scotland but also includes reference to local priorities and initiatives.

The purpose of the Infection Prevention and Control Programme is to coordinate and oversee the efforts of the Infection Prevention and Control Committees and Teams in their mission to prevent and control infections. The Programme addresses both national and local priorities for infection prevention and control and extends its scope across healthcare facilities, including care and residential homes. The operational delivery of the program is subject to regular monitoring and review, with progress reported through a detailed work plan.

To support infection prevention and control (IPC) practices, the Infection Prevention and Control Quality Improvement Network (IPCQIN) was established in 2020, focusing on delivering agreed workstreams. Our three-year strategy document is in its final draft and will be shared in the coming weeks. Our aim for 2025/26 is to celebrate and share the work of the IPCT more widely.

Infection prevention and control responsibilities are not limited to our Infection Prevention and Control Committees and Teams; they extend to everyone. Service users of NHS Greater Glasgow and Clyde require adherence to best practices outlined in the National Infection Prevention and Control Manual and the NHS GGC IPC Assurance and Accountability Framework.

www.nhsggc.scot/downloads/assurance-and-accountability-framework-v3

Thank you for contributing to the safety of patients, staff, and visitors.



Sandra Devine – Director Infection Prevention and Control (DIPC)

For more information on Infection Prevention and Control click on the icon on your PC or use link below



www.nhsggc.scot/hospitals-services/infection-prevention-and-control

2. KEY PRIORITY AREAS NHS GREATER GLASGOW AND CLYDE 2025/26

Requirement	Action to be taken by	Linked to the Quality Strategy & Board Objectives
Support the work of the Scottish COVID and Scottish Hospitals Inquiry.	NHSGGC Board	Healthcare is safe for every person every time. Better Care.
Healthcare Improvement Scotland (HIS) Infection Prevention and Control (IPC) Standards for health and adult social care settings 2022 - Implement systems and processes to meet the above standards and ensure that all sites in NHSGGC are demonstrating compliance with the standards.	NHSGGC Board	Healthcare is safe for every person every time. Everyone has a positive experience of healthcare. Better Health and Better Care.
Standards on Healthcare Associated Infection (HCAI) and indicators on antibiotic use for Scotland - To maintain MRSA / MSSA bacteraemia at the 2023/24 baseline until 2026. DL(2025)05.	NHSGGC Board	Healthcare is safe for every person every time. Better Health and Better Care.
Standards on Healthcare Associated Infection (HCAI) and indicators on antibiotic use for Scotland - To maintain <i>Clostridioides difficile</i> infection at the 2023/24 baseline until 2026. DL(2025)05.	NHSGGC Board	Healthcare is safe for every person every time. Better Health and Better Care.
Standards on Healthcare Associated Infection (HCAI) and indicators on antibiotic use for Scotland – to maintain E.coli bacteraemia at the 2023/24 baseline until 2026, DL(2025)05.	NHSGGC Board	Healthcare is safe for every person every time. Better Health and Better Care.
Implement Infection Prevention and Control (IPC) Elements contained within the Excellence in Care Framework.	Associate Nurse Director Infection Prevention and Control (ANDIPC)	Healthcare is safe for every person every time. Everyone has a positive experience of healthcare. Better Health and Better Care.

Support the work of the Infection Prevention and Control Quality Improvement Network (IPCQIN)	Deputy Nurse Director (Acute Services) & DIPC	Healthcare is safe for every person every time. Everyone has a positive experience of healthcare. Better Health and Better Care.
Implement the systems and processes re New Build and Renovation Projects as outlined in DL(2023) 03	NHSGGC Board	Healthcare is safe for every person every time. Everyone has a positive experience of healthcare.
Produce an IPC Annual Report 2023-2024	DIPC	Healthcare is safe for every person every time.
Complete IPC 3 year Strategy for NHSGGC	DIPC	Healthcare is safe for every person every time.

3. ADDITIONAL RECOMMENDED ELEMENTS

Requirement	Action to be taken by	Link to the Quality Strategy Outcomes & Board Objectives
<p>Topic –Healthcare Associated Infection Reporting Template (HAIRT) Prepare bi- monthly reports on IPC activity within NHSGGC</p>	<p>HAI Executive Lead (Executive Nurse Director) & Director Infection Prevention and Control</p>	<p>Healthcare is safe for every person every time. Better Care.</p>
<p>Topic - Surveillance Surveillance remains paused Nationally however local surveillance of caesarian section, hip arthroplasty and cranial and spinal surgery in the Institute of Neurological Sciences continues.</p>	<p>IPCT/Surveillance team</p>	<p>Healthcare is safe for every person every time. Better Care.</p>
<p>Topic – Education Implement HIS HAI Standards 2022 (Standard 2). Promote NHS Education for Scotland (NES) Scottish Infection Prevention and Control Education Pathway (SIPCEP) within all disciplines.</p>	<p>IPC Education Sub-Group/ NHSGGC Learning & Education</p>	<p>Staff feel supported and engaged. Better Workforce.</p>
<p>Topic – IPC Standard Operating Procedures (SOP) Ensure staff have access to the National IPC Manual. Implement HIS Infection Prevention and Control (IPC) Standards for health and adult social care settings 2022 (Standard 6). To produce service-wide Standard Operating Procedures (SOPs) or Aide memoire where required.</p>	<p>IPCT</p>	<p>Healthcare is safe for every person every time. Staff feel Supported and engaged. Better Care & Better Workplace.</p>
<p>Topic – Decontamination Comply with national directives/standards on decontamination of communal patient care equipment and re-usable devices. Implement HIS Infection Prevention and Control (IPC) Standards for health and adult social care settings 2022 (Standard 7).</p>	<p>NHSGGC Head of Decontamination & ICD (Decontamination)</p>	<p>Healthcare is safe for every person every time. Better Care.</p>
<p>Topic –Assurance and Reporting – There is a clear assurance and accountability framework which describes reporting from point of care to NHS Board in relation to HAI risks and events. HIS Infection Prevention and Control (IPC) Standards for health and adult social care settings 2022 (Standard 1).</p>	<p>HAI Executive Lead (END) & Director Infection Prevention and Control (DIPC)</p>	<p>Healthcare is safe for every person every time. The best use is made of available resources. Better Health and Better Value.</p>

Requirement	Action to be taken by	Link to the Quality Strategy Outcomes & Board Objectives
<p>Topic – Antimicrobial – Support the work of the Antimicrobial Management Team (AMT) in implementing the recommendations contained in ScotMARAP 2014 -2018 DL (2025) 05 and Healthcare Associated Infection (HCAI) standards and antibiotic use indicators for Scotland.</p>	IPCT	Healthcare is safe for every person every time. Staff feel supported and engaged. Better Health and Better Care.
<p>Topic –Person Centered Care - NHSGGC must secure public involvement in issues related to HAI and have systems and processes in place which provide patients and the public with information on HAI issues.</p>	IPCQIN	Everyone has a positive experience of healthcare. Staff feel supported and engaged. Better Care and Better Workplace.
<p>Topic – Research - NHSGGC will collaborate with universities and other relevant organisations to support research initiatives.</p>	IPCT	The best use is made of available resources. Better health, Better Care, Better Workplace and Better Value.
<p>Topic – Workforce – The workforce plan will continue to be updated and aligned to the Scottish Government IPC Workforce Strategy.</p>	DIPC/IPCT Business Manager (BM)	The best use is made of available resources
<p>Topic – HAI SCRIBE – A system will be put in place to ensure that controls required with respect of the HAI SCRIBE process are standardized and applied consistently.</p>	IPCT EFM, minor works and capital planning teams.	The best use is made of available resources
<p>Topic – MRSA / Carbapenamase-producing enterobacteriaceae (CPE) Key Performance Indicators (KPIs) - Support clinical staff to complete MRSA/CPE Clinical Risk Assessment DL(2024)01</p>	NHSGGC Board	Healthcare is safe for every person every time. Staff feel supported and engaged.

4. ACTIONS REQUIRED TO MEET KEY PRIORITY AREAS

Objective: To reduce MRSA/ MSSA Bacteraemia		
Objective to be achieved by the following actions	Action by	Timescale
Continue the enhanced surveillance of MRSA / MSSA bacteraemia. Data will be available via the IPC Dashboard in real time.	IPCT / Operational Manager Surveillance Healthcare Scientist	Ongoing Dashboard
Produce a report on the incidence and possible causes of MRSA / MSSA bacteraemia for distribution to the IPCQIN, SAB subgroups, and the Sector Clinical Governance Groups. The format of these and other reports will be reviewed and updated.	Operational Manager Surveillance Advanced Healthcare Scientist	Quarterly
Patients with <i>Staphylococcus aureus</i> bacteraemias (SABs) will be monitored to day-30 and if the patient dies and SAB is listed as an underlying or contributory factor on the patient's death certificate the IPCT will generate a Datix referral. A Datix referral will also be generated if the SAB is considered to be an avoidable harm.	IPCTs / Sector Teams	Ongoing
Carry out Peripheral Vascular Catheter (PVC) and Central Vascular Catheter (CVC) audit in areas where a SAB is considered to be device related. This information will be reported to the Lead and Chief Nurses for that area and will be included in the Sector / Directorate SAB report. Sector reports will include details on SABs which have resulted in a Datix referral.	IPCT / IPC Data Team	Monthly
Support the NHSGGC SAB Groups. Progress with these groups will be monitored by the IPCQIN.	Chief of Medicine (CoM), Chief of Nursing/Midwifery (CoN/M), IPCT, Antimicrobial Management Team (AMT) and Education Leads	Ongoing

Objective: To meet HIS HAI Standards (2022)		
Objective to be achieved by the following actions	Action by	Timescale
Continue to provide IPC support to the organisation to facilitate Healthcare Environment Inspectorate (HEI) compliance monitoring against the Healthcare Improvement Scotland Infection Prevention and Control (IPC) Standards for health and adult social care settings (2022).	Nurse Consultant IPC (NCIPC)	Ongoing
Objective: To reduce Clostridioides difficile Infection (CDI)		
Objective to be achieved by the following actions	Action by	Timescale
Continue production and feedback of <i>Clostridioides difficile</i> Statistical Process Control Charts (SPCs) or interval charts.	IPCT	Monthly Dashboard
Objective: To reduce E.coli bacteraemia		
Objective to be achieved by the following actions	Action by	Timescale
Produce a report on the incidence and possible causes of ECB bacteraemia for distribution to the IPCQIN, SAB subgroups, and the Sector Clinical Governance Groups. The format of these and other reports will be reviewed and updated.	IC Data Team	Ongoing
Objective: To implement IPC elements of excellence in care framework		
Objective to be achieved by the following actions	Action by	Timescale
Lead on HAI initiatives as part of the National Excellence in Care Nursing agenda. Support nurses / midwives to implement IPC initiatives in Excellence in Care (EiC).	NCIPC	Ongoing

5. ACTIONS REQUIRED TO MEET NATIONAL AND MANDATORY REQUIREMENTS

SURVEILLANCE AND QUALITY IMPROVEMENT PROGRAMMES DIRECTED BY THE INFECTION PREVENTION AND CONTROL QUALITY IMPROVEMENT NETWORK		
<i>Objective: To undertake surveillance and quality improvement programmes which are compliant with national requirements and which are designed to achieve reductions in HAI. Develop new systems/processes in order to offer a more comprehensive targeted surveillance system for clinicians in NHSGGC.</i>		
Objective to be achieved by the following actions:	Action by	Timescale
IPCT will carry out alert organism / condition surveillance as per the National IPC Manual.	IPCT	Ongoing
MRSA and <i>C. difficile</i> SPCs or where appropriate interval charts will be issued monthly to all in-patient areas within NHSGGC (acute).	IPC Data Team	Monthly
Gram negative organisms in RHC high risk areas (paediatric haemato-oncology. Neonatal Intensive Care Unit (NICU RHC) and Paediatric Intensive Care Unit will continue be monitored using SPC charts for Blood Cultures using a methodology supplied by ARHAI Scotland. These charts are returned to these areas monthly. In addition all positive gram negative blood cultures in this area have a clinical review undertaken by IPCT and relevant clinical team and a monthly report on individual cases is returned to these areas.	IPC Data Team & IPC Paediatric Team	Monthly
Prepare a report on Infection Prevention Control activities and exceptions for each sector.	IPCT and IPCT Data Team	Monthly
Prepare Surgical Site Infection (SSI) reports for the acute service based on voluntary SSI surveillance (nationally paused) but also specific SSI surveillance if requested by service users.	Surveillance Operational Manager / Surveillance Nurses / IPCTs	Monthly and as required Dashboard

EDUCATION		
<i>Objective: To ensure that NHSGGC provides an educational framework for all HCWs</i>		
Objective to be achieved by the following actions	Action by	Timescale
Ensure that NHSGGC is compliant with the elements outlined in the HIS Infection Prevention and Control (IPC) Standards for health and adult social care settings (Standard 2)	AMT / Learning & Education / IPCT	Ongoing
Continue to review the IPC Education Strategy for NHSGGC.	NCIPC	Every 3 years
Report number of education modules undertaken by staff group in sector reports and the IPC report to the Acute Infection Control Committee (also submitted to the Acute Clinical Governance Committee).	IPCT / IPC Data Team	Bi-monthly
The IPCT will continue to support a single Infection Prevention and Control Induction Programme for staff throughout NHSGGC.	NHSGGC IPC Education Sub-Group / Learning & Education for HSGGC/NCIPC	Ongoing
Provide ongoing education to support Standard Infection Control Precautions (SICPs) and TBP application when delivering healthcare. Direct staff to modules in the Scottish Infection Prevention and Control Education Pathway (SIPCEP) and NES.	NHSGGC IPC Education Sub-Group /NCIPC	Ongoing
IPC POLICY / STANDARD OPERATING PROCEDURE (SOP)		
<i>Objective: To maintain and enhance the NHSGGC Infection Prevention and Control Internet Site</i>		
Objective to be achieved by the following actions	Action by	Timescale
There is planned programme for the review / updating of all Standard Operating Procedures (SOPs), Care Check Lists and Strategies as per HIS HAI Standards (2022), Standard 6.	NHSGGC IPC SOP Sub-Group	Ongoing
Develop new SOPs, Aide memoire and Strategies in response to emerging pathogens and new National Guidance. Support the implementation of NIPCM and prepare local SOPs or Risk Assessments as required.	NHSGGC IPC SOP Sub-Group	As required

DECONTAMINATION		
<i>Objective: To comply with national and EU regulations regarding decontamination</i>		
Objective to be achieved by the following actions	Action by	Timescale
Support the work of the NHSGGC IPC Decontamination Service	Decontamination ICD/ICNs	Ongoing

CLINICAL GOVERNANCE		
<i>Objective: To comply with NHS GGC Clinical Governance and Risk Management policies and procedures.</i>		
Objective to be achieved by the following actions	Action by	Timescale
The IPC service have structures and processes in place to identify, manage and communicate risks throughout the organization (risk register).	DIPC/IPC Business Manager	Bi-Monthly review
Provide monthly reports to the NHSGGC Acute Clinical Governance Committee.	Lead ICD	Monthly
Prepare the HAIRT/Summary HAIRT every two months. Presented to the AICC, BICC, PICSG, Board Clinical Governance Forum, Clinical and Care Governance Group and the NHS Board	DIPC/Surveillance Operational Manager	Bi-Monthly
Prepare monthly directorate reports for service areas.	IPCT/Surveillance Team	Monthly
Complete hot debrief on significant incidents and outbreaks. These will be submitted to the IPC committees to ensure shared learning throughout the organisation.	Chair of IMTs	Ongoing

MRSA/Carbapenamase-producing enterobacteriaceae (CPE) KEY PERFORMANCE INDICATORS (KPI)		
<i>Objective: To ensure that NHSGGC is compliant with DL(2024)01</i>		
Objective to be achieved by the following actions	Action by	Timescale
Monitor compliance with the MRSA and CPE Clinical Risk Assessment and return compliance monitoring figures to ARHA as per DL(2024)01. Include compliance figures in directorate report and in HAIRT.	NHSGGC / IPCT / IPC Data Team	Ongoing
Hand Hygiene Compliance		
<i>Objective: Adopt a 'zero tolerance' approach to non-compliance with Hand Hygiene</i>		
Objective to be achieved by the following actions	Action by	Timescale
To continue to support staff to undertake local hand hygiene audits.	NHSGGC Local Health Board Co-ordinator (LHBC)	Ongoing
Board Hand Hygiene co-ordinator will develop a share point for the organization with education and audit tools and results to support local improvement.	NHSGGC LHBC	October 2025
In the event of an incident or outbreak a hand hygiene audit will be instructed as soon as possible with results fed back to the area in real time and also to the IMT.	IPCT/NHSGGC LHBC	Ongoing

6. ADDITIONAL RECOMMENDED ELEMENTS

PERSON-CENTRED CARE		
<i>Objective: To ensure that systems and processes are in place to secure public involvement in issues related to HAI and that these systems are linked to the NHSGGC Patient Experience framework</i>		
Objective to be achieved by the following actions	Action by	Timescale
Participate in NHSGGC outreach events that aim to involve the public in influencing services provided.	IPCT	Ongoing
Person-centred care is a key priority in the IPCQIN and there is a dedicated workstreams led by NCIPC.	IPCQIN/NCIPC	Ongoing
Public information on HAI issues is available be available through a variety of media including public information boards, patient information leaflets, QR Codes, videos and the interface between patients and members of the Infection Prevention and Control Team.	IPCT	Ongoing
Public representatives will continue to sit on the Board Infection Control Committee (BICC). IPCT will continue to try and recruit patients and members of the public for the IPCT governance groups.	IPCT	Ongoing
RESEARCH		
<i>Objective: To identify research opportunities in NHSGGC and support individuals/ teams to achieve their objectives</i>		
Objective to be achieved by the following actions	Action by	Timescale
The Infection Prevention and Control Team will support and encourage IPC research.	NHSGGC	Ongoing
NHSGGC will collaborate with other relevant organisations to support research initiatives.	NHSGGC	Ongoing

7. GLOSSARY

ACDP	Advisory Committee on Dangerous Pathogens
AICC	Acute Infection Control Committee
AMT	Antimicrobial Management Team
Alert organism alert condition	Any of a number of organisms or infections that could indicate, or cause, outbreaks of infection in the hospital or community.
ARHAI	Antimicrobial Resistance and Healthcare Associate Infection (Group)
Bacteraemia	Infection in the blood. Also known as Blood Stream Infection (BSI).
BICC	Board Infection Control Committee
CAUTI	Catheter-Associated Urinary Tract Infections
CDAD / CDI	<i>Clostridioides difficile</i> Associated Disease / <i>Clostridioides difficile</i> Infection (formerly <i>Clostridium difficile</i>)
CEL	Chief Executive Letter issued by Scottish Government Health Directorates (SGHD)
CMO	Chief Medical Officer
CPE	Carbapenamase-producing enterobacteriaceae
CVC	Central Vascular Catheter
<i>C. difficile</i>	<i>Clostridioides difficile</i> also referred to as <i>C. diff</i> (or <i>C-diff</i>) is a Gram-positive spore-forming anaerobic bacteria. <i>C. difficile</i> is the most common cause of gastrointestinal infection in hospitals.
CRT	Clinical Review Tool
DIPC	Director Infection Prevention and Control
FM	Facilities Management
HAI	Originally used to mean hospital acquired infection, the official Scottish Government term is now Healthcare Associated Infection . HAI are considered to be infections that were not incubating prior to contact with a healthcare facility or undergoing a healthcare intervention. It must be noted that HAI is not always an avoidable infection.
HAIRT	Healthcare Associated Infection Reporting Template
HEI	Healthcare Environment Inspectorate
HCW	Healthcare Worker
HDL	Health Department Letter
HIS	Healthcare Improvement Scotland
HSE	Health & Safety Executive
IPCAT	Infection Prevention Control Audit Tool
IPCN/T/O/D/M	Infection Prevention and Control Nurse / Team / Officer / Doctor / Manager
LHBC	Local Health Board Co-ordinator (Hand Hygiene)
MRSA / MRSA KPIs	Meticillin resistant <i>Staphylococcus aureus</i> . A <i>Staphylococcus aureus</i> resistant to first line antibiotics; most commonly known as a hospital acquired organism. MRSA Key Performance Indicators .
MSSA	Meticillin sensitive <i>Staphylococcus aureus</i>
PHPU	Public Health Protection Unit
PICSG	Partnerships Infection Control Support Group
PVC	Peripheral Vascular Catheter
SAB	<i>Staphylococcus aureus</i> bacteraemia
ScotMARAP	Scottish Management of Antimicrobial Resistance Action Plan
SHFN	Scottish Health Facilities Note . Building notes specifically related to IPC in the built environment.
SICPs	Standard Infection Control Precautions
SIPCEP	Scottish Infection Prevention and Control Education Pathway
SIRN	Scottish Infection Research Network
SOP	Standard Operating Procedure
SPC	Statistical Process Control Charts
SPSP / SPSI	Scottish Patient Safety Programme / Scottish Patient Safety Indicators
TBPs	Transmission Based Precautions
UUC	Urethral Urinary Catheter

The NHS Greater Glasgow & Clyde Infection Prevention and Control Programme recognise that a wide variety of healthcare is undertaken in diverse settings and this may lead to additional initiatives being undertaken locally.