



**ANNUAL INFECTION PREVENTION & CONTROL
PROGRAMME**

2022 / 2023

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

INTRODUCTION

Welcome to the 2022/2023 NHS Greater Glasgow and Clyde Infection Prevention and Control Programme. This Programme has been developed on behalf NHS Greater Glasgow and Clyde by the Board Infection Prevention and Control Committee.

The Infection Prevention and Control Programme exists to co-ordinate and monitor the work of the Infection Prevention and Control Committees and Teams in preventing and controlling infection through effective communication, education, audit, surveillance, risk assessment, quality improvement and development of policies and procedures. The Programme addresses the national and local priorities for infection prevention and control and extends throughout healthcare, health protection, health promotion and into care and residential homes. Operational delivery of the programme is regularly monitored and reviewed and reported through the detailed work plan. To further support IPC in practice the Infection Prevention and Control Quality Improvement Network (IPCQIN) was set up in 2020 and the vision of the network is that; we influence and support our staff, patients and carers to continuously improve person centered infection prevention and control practices, ensuring a safe and effective care experience. There are currently three work streams and we would welcome the participation of any members of staff who would like to contribute to the network:

1. Person-centred care – Infection Prevention and Control;
2. Reducing infections associated with the use of access devices;
3. Standard Infection Control Precautions (SICPs).

Infection prevention and control clearly does not rest solely within the domains of our Infection Prevention and Control Committees and Teams. Everyone has infection prevention and control responsibilities. Service users who depend on NHS Greater Glasgow and Clyde require all of us to follow best practice as described in the National Infection Prevention and Control Manual [National Infection Prevention and Control Manual: Home \(scot.nhs.uk\)](https://www.scot.nhs.uk/nipcm/) and the NHS GGC IPC Assurance and Accountability Framework [IPCT-Assurance-and-Accountability-Framework-V2](#)

The Infection Prevention and Control Committees and teams will co-ordinate delivery of this extensive body of work. All those involved in delivery of healthcare are encouraged to participate in this programme through your own infection prevention and control actions whether delivering or receiving healthcare.

NHS GREATER GLASGOW AND CLYDE

For more information on Infection Prevention and Control click on the icon on your PC or use link www.nhsggc.org.uk/infection-control



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1. KEY PRIORITY AREAS NHS GREATER GLASGOW AND CLYDE 2022/2023

Requirement	Action to be taken	Linked to the Quality Strategy & Board Objectives
Support the work of the Public Enquiry	NHSGGC Board	Healthcare is safe for every person every time. Better Care.
Provide IPCT advice on the management of cases of COVID 19	NHSGGC Board	The best use is made of available resources. Better Value.
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.
Healthcare Associated Infection (HCAI) standards and antibiotic use indicators for Scotland - To reduce MRSA / MSSA bacteraemia by 10% by 2023. DL(2022)13.	NHSGGC Board	Healthcare is safe for every person every time. Better Health and Better Care.
Healthcare Associated Infection (HCAI) standards and antibiotic use indicators for Scotland- To reduce <i>Clostridioides difficile</i> * infection by 10% by 2023. This data is now presented as Healthcare Associated and Community cases. DL(2022)13.	NHSGGC Board	Healthcare is safe for every person every time. Better Health and Better Care.
Healthcare Associated Infection (HCAI) standards and antibiotic use indicators for Scotland – to reduce E.coli bacteremia by 50% in 2023/24, with an initial reduction of 25% by 2021/22. . DL(2022)13.	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.

2. NATIONAL PROGRAMMES / MANDATORY REQUIREMENTS

Requirement	Action to be taken by	Link to the Quality Strategy Outcomes & Board
Topic –Healthcare Associated Infection Reporting Template (HAIRT) Prepare quarterly reports on IPC activity within NHSGGC	HAI Executive Lead (BND) & Director Infection Prevention and Control (DIPC)	Healthcare is safe for every person every time. Better Care.
Topic - Surveillance As per HDL (2006)38, CEL11 (2009) and DL (2022)19 With partners in ARHAI IPCT will develop an early warning system for high risk units.	IPCT	Healthcare is safe for every person every time. Everyone has a positive experience of healthcare. Better Care.
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.	IPC Education Sub-Group/ NHSGGC Learning & Education	Staff feel supported and engaged. Better Workforce.
Topic – IPC Policy 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) where required.	IPCT	Healthcare is safe for every person every time. Staff feel Supported and engaged. Better Care & Better Workplace.
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	NHSGGC Head of Decontamination / Decontamination Sub- Group / (CJD) Sub-Group	Healthcare is safe for every person every time. Better Care.
Topic –Assurance and Reporting – There is a clear accountability framework which describes reporting from point of care to NHS Board in relation to HAI risks and events. HIS Infection Prevention and Control	HAI Executive Lead (BND) & Director Infection Prevention and Control (DIPC)	Healthcare is safe for every person every time. The best use is made of available resources. Better Health and Better Value.
Topic – Antimicrobial – Support the work of the Antimicrobial Management Team (AMT) in implementing the recommendations contained in ScotMARAP 2014 -2018 DL (2022) 13 and Healthcare Associated Infection (HCAI) standards and antibiotic use indicators for Scotland.	NHSGGC Antimicrobial Utilisation Committee (AUC)	Healthcare is safe for every person every time. Staff feel supported and engaged. Better Health and Better Care.

2. NATIONAL PROGRAMMES / MANDATORY REQUIREMENTS

<p>Topic – MRSA / Carbapenamase-producing enterobacteriaceae (CPE) Key Performance Indicators (KPIs) - Support clinical staff to complete MRSA/CPE Clinical Risk Assessment as per CNO (2013) 1. DL (2022) 19 * *refers only to MRSA screening</p>	<p>NHSGGC Board</p>	<p>Healthcare is safe for every person every time. Staff feel supported and engaged.</p> <p>The best use is made of available resources. Everyone has a positive experience of healthcare.</p>
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3. ADDITIONAL RECOMMENDED ELEMENTS

Requirement	Action to be taken by	Contribution to the Quality Strategy Outcomes
<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. Workstream of the IPCQIN.</p>	<p>NHSGGC Board</p>	<p>Everyone has a positive experience of healthcare. Staff feel supported and engaged. Better Care and Better Workplace.</p>
<p>Topic – Research - NHSGGC will collaborate with the Scottish Infection Research Network (SIRN), Universities and other relevant organisations to take forward research initiatives.</p>	<p>All</p>	<p>The best use is made of available resources. Better health, Better Care, Better Workplace and Better Value.</p>

4. SECTION 1

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 / Lead Nurse Surveillance	Ongoing Dashboard
Produce a report on the incidence and possible causes of MRSA / MSSA bacteraemia for distribution to the Acute Infection Control Committee (AICC) and the Sector Clinical Governance Groups.	IPCT / Lead Nurse Surveillance	Bi-monthly
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.	IPCT / IPC Data Team	Monthly
Use Quality Management Framework to underpin work on the reduction of harm caused by invasive devices supported by the IPCQIN.	NHSGGC	Ongoing
Sector reports will include details on SABs which have resulted in a Datix referral.	IPCT / IPC Data Team	Ongoing
Support the NHSGGC SAB Groups with clinical representation from all sectors. Progress with these groups will be monitored by the IPCQIN Operational and Steering Groups.	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
Support the work of the corporate inspections.	ANDIPC	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
Add surveillance information to SAB reporting document and target areas of higher than expected incidences for quality improvement process.	IC Data Team	Commence 22/23 Dashboard
Analyse available data to identify any risk factors which may be amenable to a local intervention.	IPCT	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).	ANDIPC	Ongoing

4. SECTION 2

ACTIONS REQUIRED TO MEET NATIONAL AND MANDATORY REQUIREMENTS

SURVEILLANCE AND QUALITY IMPROVEMENT PROGRAMMES		
<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 NHS GGC.</i>		
Objective to be achieved by the following actions	Action by	Timescale
NHSGGC will comply with HDL (2006) 38, CEL 11 (2009) and DL (2022) 19.	Lead Nurse Surveillance / Surveillance Nurses / IPCTs	Ongoing
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 will be monitored using SPC charts for Blood Cultures and or Blind Bronchial Alveolar Lavages.	IPC Data Team	Monthly
Prepare a report on Infection Prevention Control activities and exceptions for each sector within NHSGGC.	IPCT and IPCT Data Team	Monthly
Prepare Surgical Site Infection (SSI) reports for the acute service based on mandatory SSI surveillance but also specific SSI surveillance if requested by service users.	Lead Nurse Surveillance / Surveillance Nurses / IPCTs	Monthly and as required Dashboard
Prepare yearly annual report on SSI in NHS GGC	Lead Nurse Surveillance	Yearly

4. SECTION 2

ACTIONS REQUIRED TO MEET NATIONAL AND MANDATORY REQUIREMENTS

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 2 and the NHSGGC HAI Education.	AMT / Learning & Education / IPCT	Ongoing
Online educational programmes will continue to be updated and will reflect the general as well as the specific educational needs of the workforce.	NHSGGC IPC Education Sub- Group / Education Lead	Ongoing
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

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
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 NHSGGC	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 / Education Lead	Ongoing
IPC POLICY / STANDARD OPERATING PROCEDURE (SOP)		
<i>Objective: To maintain and enhance the NHSGGC Infection Prevention and Control Policy Manual</i>		
Objective to be achieved by the following actions	Action by	Timescale
There will be a 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, Care Check Lists 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
Review assessment documentation in relation to the updated Advisory Committee on Dangerous Pathogens (ACDP) guidance on “transmissible spongiform encephalopathy agents: safe working and the prevention of infection”. www.gov.uk/government/publications/guidance-from-the-acdp-tse-risk-management-subgroup	NHSGGC CJD Sub-Group	Ongoing

Support the work of the NHSGGC IPC Decontamination Sub-Group (sub-group of BICC) to address operational / technical issues and give advice accordingly.	IPC Decontamination Sub-Group	Ongoing
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CLINICAL GOVERNANCE		
Objective: To comply with the principles outlined in the HIS Clinical Governance and Risk Management Standards 2005		
Objective to be achieved by the following actions	Action by	Timescale
The IPC service will have structures and processes in place to identify, manage and communicate risks throughout the organisation.	Director of Infection Prevention and Control	Ongoing
Use Datix Clinical Risk Management System to report specific HAI incidents and significant clinical incidents.	All NHSGGC	Ongoing
Use Datix to trigger clinical review for cases of severe <i>Clostridioides difficile</i> Infection or cases where <i>Clostridioides difficile</i> Infection appears on any part of the patient's death certificate.	All	Ongoing
Use Datix to trigger clinical review for cases of SAB where it appears on any part of the patient's death certificate.	All	Ongoing
Provide monthly reports to the NHSGGC Acute Clinical Governance Committee.	Lead ICD	Ongoing
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
ANTIMICROBIAL PRESCRIBING		
Objective: To support the work of the Antimicrobial Management Team in promoting prudent antimicrobial prescribing across NHSGGC and achieving the actions outlined in ScotMARAP 2014 -2018 & DL (2022) 13.		
Objective to be achieved by the following actions	Action by	Timescale
Support the Antimicrobial Management Team in promoting antimicrobial policies which limit broad-spectrum antibiotics agents implicated in <i>Clostridioides difficile</i> (CEL 11(2009)), MRSA and other similar infections.	AMT / NHSGGC	Ongoing
Use infection prevention and control data in relation to <i>Clostridioides difficile</i> and MRSA to quantify the effect of the implementation of the NHSGGC Infection Management Guideline and the <i>Clostridioides difficile</i> Associated Disease (CDAD) Management Guidance.	AMT / IPCT	Ongoing
Continue to support the application of guidance/ policies in NHSGGC to meet the requirements of ScotMARAP 2014 -2018 & Healthcare Associated Infection (HCAI) standards and antibiotic use indicators for Scotland.	AMT	Ongoing

MRSA/Carbapenamase-producing enterobacteriaceae (CPE) KEY PERFORMANCE INDICATORS (KPI)		
<i>Objective: To ensure that NHSGGC is compliant with CNO (2013)1 & DL (2022) 19</i>		
Objective to be achieved by the following actions	Action by	Timescale
Support clinical staff to complete the MRSA and CPE Clinical Risk Assessment.	NHSGGC / IPCT / IPC Data Team	Ongoing
Monitor compliance with the MRSA and CPE Clinical Risk Assessment and return compliance monitoring figures to ARHAI as per CNO (2013)1. Include compliance figures in directorate report and in HAIRT.	NHSGGC / IPCT / IPC Data Team	Ongoing
<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 audit compliance.	NHSGGC Local Health Board Co-ordinator (LHBC)	Ongoing
Continue to recruit members of the public to participate in hand hygiene audits.	NHSGGC LHBC	Ongoing
Select wards reporting 100% compliance and initiate QA audit.	NHSGGC LHBC	Ongoing

4. SECTION 3

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 workstreams.	GGC	Ongoing
Public information on HAI issues will be available through a variety of media including public information boards, patient information leaflets 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) and Partnership Infection Control Support Group (PICSG).	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 Research Group will support and encourage HAI research.	NHSGGC	Ongoing
NHSGGC will collaborate with SIRN, Universities and other relevant organisations to take forward applied and translational research initiatives.	NHSGGC	Ongoing

5. 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.