



Infection Prevention and Control
Assurance and Accountability
Framework

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Lead Manager:	Director Infection Prevention and Control
Responsible Director:	Executive Director IPC
Approved by:	Board Infection Control Committee
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Introduction

The NHS Scotland Health Boards and Special Health Boards - Blueprint for Good Governance (2022) sets out clearly the elements that should be considered when describing good governance within NHS organisations. This document aims to embed these principles into a Governance and Quality Assurance Framework for the Infection Prevention and Control (IPC) Service for NHS Greater Glasgow and Clyde. This document will describe how IPC set and deliver strategic aims, the risk management process and how IPC assures stakeholders and the public that the IPC service is focused on delivering on key national and local priorities, underpinned by the organisational objectives of better health, better care, better workplace, and better value. It will also describe how IPC use information from point of care to NHS Board to improve outcomes for patients. It is essential that everyone in the organisation is aware of their individual responsibility with regards to the prevention and control of infection and this document describes this.

1. Roles and Responsibilities

NHS Boards in Scotland have public health responsibilities to make arrangements for the surveillance, prevention, treatment and control of communicable diseases. The public health responsibility covers the entire population of an NHS Board including patients and staff within the health service.

Scheme of Delegation and Control

<p>Chief Executive</p> <p>HDL(2024)11ⁱⁱ</p>	<p>The Chief Executive is ultimately responsible for ensuring successful prevention and control of infections within their NHS Board area. This accountability requires that the Chief Executive:</p> <ul style="list-style-type: none">• Is aware of their legal responsibilities to identify, assess and control risks of infection in the workplace,• Appoints an Executive Lead to be the Healthcare Associated Infection (HAI) Executive Lead,• Appoints either a Clinical Lead and/or Infection Control Manager to have responsibility for the IPC service with sufficient resource to provide IPC support and advice and is able to demonstrate clear lines of governance throughout the organisation, and• Ensures that prevention and control of infection is a core part of their organisation’s clinical governance and patient safety programmes. <p>The Chief Executive has delegated to the Executive Director IPC the role of Executive Lead for Infection Prevention and Control (IPC) in NHSGGC.</p>
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Executive Lead for IPC

HDL(2024)11

The HAI Executive Lead holds delegated accountability for the IPC service function within their portfolio answering directly to the Chief Executive in line with the Board's internal scheme of delegation. HAI Executive Leads are responsible for:

- Annual workforce planning to establish an IPCT appropriate to the size and complexity of the Board, in line with the requirements of the Health and Care (Staffing) (Scotland) Act 2019,
- Responsible for the management of any IPC associated risks which have been escalated to ensure appropriate mitigation steps are taken,
- Ensure the IPC service can provide the function required and have an appropriate work programme which supports provision and continuous improvement, and
- Responsible for chairing the NHS Healthcare Associated Infection Executive Committee (HAIEC)/ Infection Control Committee (ICC)
- Oversee and ensure relevant and required IPC/ healthcare associated infection (HCAI) reports are published and/or sent to the appropriate National Board/Scottish Government.

<p>Director Infection Prevention and Control</p> <p>HDL(2024)11</p>	<p>The DIPC will:</p> <ul style="list-style-type: none"> • Co-ordinate IPC throughout the Board area • Deliver the Board approved Infection Control Programme in conjunction with the Board Infection Control Committee (BICC) and Senior IPCT • Provide clear mechanisms for access to specialist infection control advice and support. • Assess the impact of all existing and new policies and plans on HAI, and make recommendations for change • Challenge non-compliance with local and national protocols and guidance relating to prevention and control of infection, decontamination, antimicrobial prescribing and cleaning • Report directly HAI Executive Lead • Be an integral member of the organisations clinical governance structures • Produce the Healthcare Associated Infection Reporting Template (HAIRT) report for the NHS Board.
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All staff are responsible for establishing, maintaining and supporting a coordinated approach to infection prevention in all areas of their responsibility. All staff have responsibility for complying with the National Infection Prevention and Control Manual and the Boards IPC standard operating procedures and attending mandatory infection prevention and control training. All staff should aim to be proactive in identifying and addressing infection risks in their area of work and ensure they work towards reducing healthcare associated infections in order to improve patient safety and to meet local and national targets.

All areas have a responsibility for ensuring staff engagement in the investigation of infection incidents, outbreaks and for developing and implementing action plans in order to address areas of risk.

Title	Role	Responsibilities
NHS Board/Executive Lead for IPC	Accountable	<ul style="list-style-type: none"> • Is aware of their legal responsibilities to identify, assess and control risks of infection in the workplace. • Has appointed a Director of Infection Prevention and Control/Infection Control Manager as required by HDL (2024)11 with sufficient resources to undertake this role. • Is aware of factors within services deliverer / NHS Boards which promote low levels of HAIs and ensures that appropriate action is taken. • Has designated the prevention and control of infection as a core part of their organisation’s clinical governance and patient safety programmes. • Ensures that where appropriate the NHS Board are appraised of issues that significantly impact on patient safety. • The Board will support the provision of adequate resources to secure effective prevention and control of healthcare associated infections. • Ensures that Induction & Mandatory Training programmes are in place and are being monitored. • Reviews and approves the infection prevention and control annual IPC programme and work plan. • Ensures that staff have access to and adhere to National Infection Prevention and Control Manual and infection prevention and control standard operating procedures.

Title	Role	Responsibilities
Director Infection Prevention and Control	Responsible	<ul style="list-style-type: none"> • Manages the Infection Prevention & Control Team within the organisation. • Oversees local infection prevention and control guidelines and their implementation. • Reports directly to the HAI Executive Lead. • Oversees the production of the annual IPC Programme and workplan. Progress will be reviewed every two months via the IPC Committees. • Advises the board regarding resources required to support improvements in infection prevention & control. • Supports the Infection Prevention and Control team in the development and implementation of HIS infection prevention and control standards. • Ensures new & existing national guidance is implemented promptly within the organisation and that the Infection Prevention and Control annual work plan is amended as required incorporating new national guidance. • The DIPC will be an integral member of the organisation’s governance structures. • Provide clear mechanisms for access to specialist infection control advice and support. • Assess the impact of all existing and new policies and plans on HAI and make recommendations for change. • Challenge non-compliance with local and national protocols and guidance relating to prevention and control of infection, decontamination, antimicrobial prescribing and cleaning. • Produce the Healthcare Associated Infection Reporting Template (HAIRT) report for the NHS Board. • Ensures that where appropriate the NHS Board/HAI Executive Lead are appraised of issues that significantly impact on patient safety. • Supports the work of colleagues involved in the built environment.

Title	Role	Responsibilities
Lead Infection Prevention and Control Doctor (LICD)	Responsible	<ul style="list-style-type: none"> • The job holder reports directly to the DIPC on all issues relating to IPC and is responsible for supporting the DIPC and the ANDIPC to deliver the IPC Programme and associated IPC Work Plan. • The job holder attends Board IPC Committee meetings and other groups relevant to the prevention of infection. • Acts as a key member of the Senior IPC Management Team. • Co-ordinate the available Infection Control Doctors (ICD) sessions across NHSGGC and lead on team job planning for ICDs. • DIPC supports the lead ICD to undertake the above. • Supports the work of colleagues involved in the built environment. • Ensures that where appropriate the NHS Board/HAI Executive Lead are appraised of issues that significantly impact on patient safety in conjunction with the DIPC. • Provides leadership to ICDs.

Title	Role	Responsibilities
Infection Control Doctor(ICD)	Responsible	<ul style="list-style-type: none"> • The job holder reports directly to the LICD and is responsible for supporting the LICD and IPCT to deliver the IPC Programme and associated IPC Work Plan. • Review and gives advice on clinical cases where infection control aspect is present as required. • Leads on investigation and management of incidents and outbreaks with IPCNs. • Participates in review of surveillance data. • Reviews and advises on clinical infection control aspects of built environment. • Provides infection control advice to various services and teams as required. • Attends relevant meetings and reports on infection control issues. • Supports IPCT on development of policies, guidance documents, SOPs. • Represents IPCT on various national groups and organisations as required. • Supports the work of colleagues in the built environment. • Ensures that where appropriate the LICD is appraised of issues that significantly impact on patient safety.

Title	Role	Responsibilities
Associate Nurse Director Infection Prevention and Control (ANDIPC)	Responsible	<ul style="list-style-type: none"> • The ANDIPC is a clinical expert in the specialist clinical field of IPC. The ANDIPC practices at an advanced clinical level and exercises higher levels of judgement, discretion and decision-making in clinical care throughout NHSGGC. • The ANDIPC provides clinical leadership, expert practice, and advanced knowledge; integrating research evidence into practice. • The ANDIPC is an expert resource both internal and external to NHSGGC in the field of IPC and manages the IPC nursing team and administrative assistants across NHSGGC. • The ANDIPC monitors and improves standards of care through supervision of practice, clinical audit, disseminating research, teaching and supporting professional colleagues and the provision of skilled professional leadership. • Supports the work of colleagues involved in the built environment. • Ensures that where appropriate the LICD/DIPC/ Executive Lead are appraised of issues that significantly impact on patient safety. • Provides leadership to ICN teams.

Title	Role	Responsibilities
Nurse Consultant Infection Prevention & Control (NCIPC)	Responsible	<p>The NCIPC is a senior member of the IPC Team who under the leadership of the ANDIPC provides strategic and clinical leadership in IPC across NHSGGC as it relates to nursing, midwifery and health visitors, and other professional groups.</p> <ul style="list-style-type: none"> • Contributes to the delivery and achievement of NHS Scotland Healthcare Associated Infection Policy and Guidelines. • Ensure NHSGGC has consistent standards and training strategies in place to minimise the risk of healthcare associated infection (HAI) to patients, staff, visitors and others. • Through close collaboration with the higher education sector, contribute to the development of education, training and development of nurses, midwives and health visitors and other healthcare workers. • Supports the work of colleagues involved in the built environment. • Is an active participant in the IPC Quality Improvement Network. • Ensures that where appropriate the LICD/DIPC/ANDIPC/Executive Lead are appraised of issues that significantly impact on patient safety.

Title	Role	Responsibilities
Infection Prevention & Control Committees	Approval and Implementation	<ul style="list-style-type: none"> • Commissions/reviews and approves (BICC) infection prevention and control SOPs for the Board. • Ensures that national infection prevention and control policies & procedures are implemented to ensure that as far as possible patients are protected from preventable infections. • Ensures that infection prevention and control activities maintain a high profile within the organisation by meeting formally every two months. • Ensure all actions from actions plans developed in response to the management of incidents and outbreaks are complete and shared in order to support organisational learning. • Review and comment on the HAIRT. • Ensure reporting requirements as outlined in Chapter 3 of the NIPCM are adhered to. • Ensure that infection surveillance systems are in place to minimise the risk of infection. • Ensure that an appropriate education and training programme is available for all Board staff. • Ensure that information is available for patients, staff & visitors on the arrangements for preventing and controlling healthcare associated infections. Information will be available via the Infection Prevention & Control homepage. • Ensures that where appropriate the NHS Board are appraised of issues that significantly impact on patient safety.

Title	Role	Responsibilities
Infection Prevention and Control Teams (IPCT)	Lead and support	<ul style="list-style-type: none"> • Ensure that advice on infection prevention and control is available. • Ensure that compliance with IPC policies are monitored by the IPCT, and sector and directorate SMTs as appropriate. • Identify, control and investigate outbreaks with other colleagues and agencies as appropriate. • Ensure the provision of appropriate education to all grades of staff working in NHSGGC as per the IPC Education Strategy. • Provide specialist advice to key committees, groups, departments or individual staff members in relation to IPC practice. • Carry out alert organism/disease/condition and Surgical Site Infection (SSI) surveillance. • Ensure liaison with the Occupational Health Service (OHS) with regard to staff health and transmission of infectious diseases. • Adhere to the Board Policies. • Supports the work of colleagues involved in the built environment. • Ensures that where appropriate the ANDIPC/ICD are appraised of issues that significantly impact on patient safety. • Demonstrate leadership with regards to the application of IPCT standards.

Title	Role	Responsibilities
Chief Nurses/Chief of Medicine/ Clinical Directors/ Service Directors	Operational	<ul style="list-style-type: none"> • Have designated infection prevention and control responsibilities with identified outcome measures, e.g. monthly hand hygiene audit and the twice yearly auditing of standard infection control precautions. • Responsible for monitoring compliance with the NIPCM and local standard operating procedures. This responsibility also extends to the evaluation and purchase of equipment and supplies. • Identifies any resources required to implement the infection prevention & control programmes within their Groups. • Attend the infection prevention & control committees if nominated by service directors. • Discuss any outbreaks, serious problems or hazards relating to infection prevention and control and ensure action plans are completed and infection prevention & control is a standing agenda item at all clinical governance committees. • Supports the work of colleagues involved in the built environment. • Ensures that where appropriate the IPCT are appraised of issues that significantly impact on patient safety. • Demonstrate leadership with regards to the application of IPCT standards. • Ensures that mandatory IPC training is supported for all staff.

Title	Role	Responsibilities
Service Managers and Lead Nurses	Operational	<ul style="list-style-type: none"> • Ensures that the cleanliness of hospital and healthcare premises are of the highest standards. The expectation for this should be included in the KSF for Lead Nurses. They will liaise with and act on behalf of patients to ensure a cohesive approach is taken which will include housekeeping, facilities management and infection prevention and control. • Monitors compliance with the infection prevention & control policies/procedures and associated policies. • Ensures Team Leaders release staff to attend infection prevention and control training programmes. • Ensures infection prevention & control responsibility & accountability is included all job descriptions & KSFs. • Supports the work of colleagues involved in the built environment. • Ensures that where appropriate the IPCT are appraised of issues that significantly impact on patient safety. • Demonstrate leadership with regards to the application of IPCT standards.

Title	Role	Responsibilities
Team Leaders/ Ward Managers	Operational Implementation	<ul style="list-style-type: none"> • Ensures infection prevention & control responsibility & accountability is included in all job descriptions & KSFs for staff in the team. • Monitors compliance with the infection prevention & control policies (NIPCM)/procedures. • Notifies the Infection Prevention & Control Team promptly when clients with known or suspected infection are admitted and ensures an infection risk assessment & care plan is instigated based on the advice included in the National Infection Prevention and Control Manual National Infection Prevention and Control Manual: Home. • Ensures that all staff are up to date with mandatory training for infection prevention and control (including new starters). • Releases staff to attend induction and mandatory infection prevention and control training programmes and inform the infection prevention & control team of any additional specific training requirements relating to infection prevention & control. • Ensure that all IPC audits as part of CAS are completed and that action is taken if required. SICPs 6 monthly and HH monthly. • Supports the work of colleagues involved in the built environment. • Ensures that where appropriate the IPCT are appraised of issues that significantly impact on patient safety. • Demonstrate leadership with regards to the application of IPCT standards.

Title	Role	Responsibilities
All Employees	Adherence	<ul style="list-style-type: none"> • Be aware of infection prevention and control policies & procedures and know how to access them. • Know how and when to contact the Infection Prevention & Control Team. • Promptly notify the Infection Prevention & Control Team of any infection risks. • Attends induction and mandatory infection prevention and control training sessions as/when required. • Protects patients from infection by undertaking procedures correctly every time, for every patient, in every health and care setting.

2. NHSGGC Infection Control Committees & Associated Committees

The BICC is a standing committee within NHSGGC with a range of multi-disciplinary members. This committee may set-up standing or ad hoc sub-groups to address particular issues, e.g. decontamination, vCJD, policy development. The committee is chaired by the Executive Director IPC and membership includes; the Head of the Antimicrobial Team, Director Infection Prevention and Control, Associate Nurse Director IPC, Nurse Consultant IPC, Lead IPC Doctor, Acute and Partnership Services, Occupational Health, Pharmacy, Consultant in Public Health Medicine, Infectious Diseases Consultant, Health & Safety, Facilities Services and lay representatives.

Acute Infection Prevention and Control Committee (AICC) and Partnerships Infection Control Support Group (PICSG). The AICC and the PICSG both mirror the membership and Terms of Reference (TOR) of the BICC. These groups both report to the BICC and the chairs of both are members of the BICC to ensure flow of information. All of the groups contribute to and approve the Annual IPC Programme and IPC Work Plan, and review the contents of the HAIRT.

The DIPC will bring a summary HAIRT report to every NHS Board meeting as a standing agenda item. The full report also goes to the Board Clinical Governance Forum. This report will be informed by the outputs of the Board, Acute, and Partnerships Infection Control Committees and Groups.

3. Monitoring and Assuring of Healthcare Quality within IPC

The Health Act 1999 requires that NHSGGC; *“put and keep in place arrangements for the purpose of monitoring and improving the quality of health care which it provides to individuals”* (GGC

Clinical Governance Policy Improving and Assuring the Quality of Clinical Care).

Management and clinical governance can have a positive impact on the effectiveness of IPC by driving continuous quality improvement. Where

clinical governance and management encourage collaboration between healthcare managers and clinicians, change is more likely to be achieved than where there is unilateral governance. Change is also more likely to be achieved and sustained when the role of patients as partners in their healthcare is strengthened and where there is a shared understanding of the role of patients, healthcare workers and organisations in achieving the best possible outcomes.

IPC has a role to play in both quality improvement and in quality assurance. Quality assurance is defined as the process of checking that standards are met and encouraging continuous improvement (Public Health England). The NHS Scotland Quality Management Systems approach should underpin all QI initiatives within IPC in GGC.

[Quality Management Systems | ihub | Health and social care improvement in Scotland - Quality Management System Portfolio](#)

Infection Prevention and Control Quality Improvement Network (IPCQIN)

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.

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

To support and deliver on the IPCQIN Operational Group’s objectives; three work streams have been established:

IPCQIN Workstreams

1. Person-centered care – Infection Prevention and Control;

2. Reducing infections associated with the use of access devices;
3. Standard Infection Control Precautions (SICPs).

The network reports on progress through the GGC Governance Committees and an update on progress on the work streams is provided to the NHS Board in the HAIRT.

In the past several years an electronic patient management system (ICNet) has been introduced into NHSGGC. This system links information from hospital systems, e.g. laboratorys, theatres, TrakCare.

This ensures that results are received in real time (every 15 minutes) by the IPC Teams who in turn can act upon this promptly. A full record of patients' diagnosis and management is included in the system which facilitates documentation audit. Direct links to microbiology and theatre systems makes surveillance of less complex surgical procedures, e.g. cataract surgery, possible with minimal manpower. The system allows the IPC SMT to view the records of any patient referred via this system in any hospital across the board.

Alert Organism or Condition

All patients with alert organisms or conditions (AO/AC) are referred to the IPC Teams automatically from the laboratory information management system. These AO/AC are generally micro-organisms/infections which could potentially cause harm to others, e.g. tuberculosis, meningitis, or that have the potential to be a risk to the wider public health, e.g. multi-resistant organisms such as MRSA. They are referred specifically, so that additional precautions can be implemented such as Transmission Based Precautions (TBPs).

Patients with AO/AC are visited by an IPC Nurse (IPCN) who explains the condition and the precautions necessary to prevent spread, e.g. the requirement for isolation. Written information is left with the patient/relative and the patient/relative are advised that if they require further information the IPCN will visit again. Ward staff are given care plans or a check list with the precautions required to prevent spread and they are asked to review this daily. Advice on the correct antibiotics to administer to patients is given by the Consultant Microbiologist or antimicrobial pharmacist on request of the clinical teams.

Surgical Site Infections (SSI)

This is a list of the procedures where active surveillance is undertaken by IPC in NHSGGC. National mandatory surveillance was paused during the COVID 19 pandemic as had never recommenced, however the IPCT continued with limited local surveillance. This is a list of the procedures where active surveillance is undertaken by IPC in NHSGGC:

- Caesarean section
- Hip arthroplasty
- Cranial surgery (INS only)
- Spinal surgery (INS only)

Micro-Strategy – prospective tailored data provision on SSI, SAB, CDI and ECB

IPC have been working collaboratively with eHealth colleagues to incorporate several measures into the MicroStrategy dashboard. This enables staff to quickly view prospective information on SSI, SAB, CDI and ECB from point of care to Board level. The software platform has the benefits of providing users with the ability to view all key quality indicators in one screen to get a quick overview of hospital performance in real-time and also easily

interpret detailed information with data graphics.

This allows SCNs in the Acute Sector to access their own ward level data on each of the measures. Lead Nurses, Clinical Service Managers and General Managers will have access to the wards and hospitals included in their remit.

Acute Directors, the Chief Operating Officer and Chief Executive will also be able to view this information via the suite of reporting tools.

Point of Care to Board Reports

All of the above information is used to provide information and assurance from the Point of Care to the NHS Board. The full reporting structure is contained in Appendix 4.

HAIRT, HAI Monthly Totals and HEI Report can be viewed by clicking on the following link: www.nhsggc.scot/hospitals-services/services-a-to-z/infection-preventionand-control/

Audit

Audit is a way to assess the application in practice of national policies and standards to prevent infection. It allows IPC to target specific areas for support and education.

Standard Infection Control Precautions (SICPs) Audit

NHS Health boards are required to demonstrate the application of standard infection control precautions as the basis of all healthcare delivery

to prevent and control infection.

In 2012 the Chief Nurse for Scotland (CNO) recommended a programme of data collection to inform and provide evidence to Healthcare Environment Inspectors (HEI) of SICPs implementation and compliance (CNO, (2012)1). ⁱⁱⁱAll SICPs and hand hygiene audit undertaken across NHS GGC are now captured on the CAIR dashboard in Microstrategy.

At a glance, compliance with 6 monthly SICPs audit can be determined. Audit results and action plans for each audit are also visible to hospital and ward level.

SICPs Audit by IPCT for assurance

All SICPs audit activity by IPCTs will be recorded on CAIR using the new SICPs audit tool. As well as supporting local teams to complete action plans and re-audit programmes, the IPCT will undertake a programme of audit to provide assurance re the application of the audit process and strategy. IPCTs will develop their own programmes of audit of clinical areas as follows:

- All high risk areas (Emergency Departments, ICUs, NICUs, PICU and BMT) annually
- 20% of wards on a rolling annual programme
- Wards where SICPs audit has been requested as part of actions agreed at an IMT (see below)

SCN/departmental manager will be expected to complete all actions required from all audit. Where there is a discrepancy between IPC and SCN/departmental manager audit results, the IPCT will review the process and criteria used to undertake SICPs audit to ensure that the audit process and criteria for data collection is applied consistently by those involved in audit.

SICPs audit request by Incident Management Team

The IPCT will also undertake a programme of SICPs audit at the request of an IMT as part of the investigation of an incident where this is considered relevant.

Latest SICPs and hand hygiene audit activity will be discussed on all relevant IMTs and further audit activity described and agreed for report back to the IMT. Resulting completed action plans will be tabled at ongoing IMTs for assurance that all SICPs criteria are met. Results of audit will be captured in IMT minutes and incident debrief reports.

Risk Register

The IPC Risk Register is reviewed at each infection control committee and is submitted and considered for inclusion on the Corporate Risk Register.

4. Reporting of Incidents and Outbreaks

In 2015, ARHAI Scotland (formally known as Health Protection Scotland - HPS) published the first version of Chapter 3 of the NIPCM, and reporting of incidents and outbreaks became mandatory in Scotland using a reporting template in April 2016. Chapter 3 provides a definition of an incident or outbreak, a tool to assess the incident or outbreak, a list of those who should be considered to attend an Incident Management Team (IMT) meeting and the agenda for these meetings.

An incident or outbreak is defined by ARHAI^{iv} as one of the following:

An exceptional infection episode

- a single case of rare infection that has severe outcomes for an individual AND has major implications for others (patients, staff and/or visitors), the organisation or wider public health for example, high consequence infectious disease (HCID) OR other rare infections such as XDR-TB, botulism, polio, rabies, or diphtheria.

See literature review for [Infectious Diseases of High Consequence \(IDHC\)](#)

A healthcare infection exposure incident

- Exposure of patients, staff, public to a possible infectious agent as a result of a healthcare system failure or a near miss e.g. ventilation, water or decontamination incidents.

A healthcare associated infection outbreak

- Two or more linked cases with the same infectious agent associated with the same healthcare setting over a specified time period.

or

- A higher-than-expected number of cases of HAI in a given healthcare area over a specified time period.

A healthcare infection data exceedance

- A greater than expected rate of infection compared with the usual background rate for the place and time where the incident has occurred.

A healthcare infection near miss incident

- An incident which had the potential to expose patients to an infectious agent but did not e.g. decontamination failure.

A healthcare infection incident should be suspected if there is:

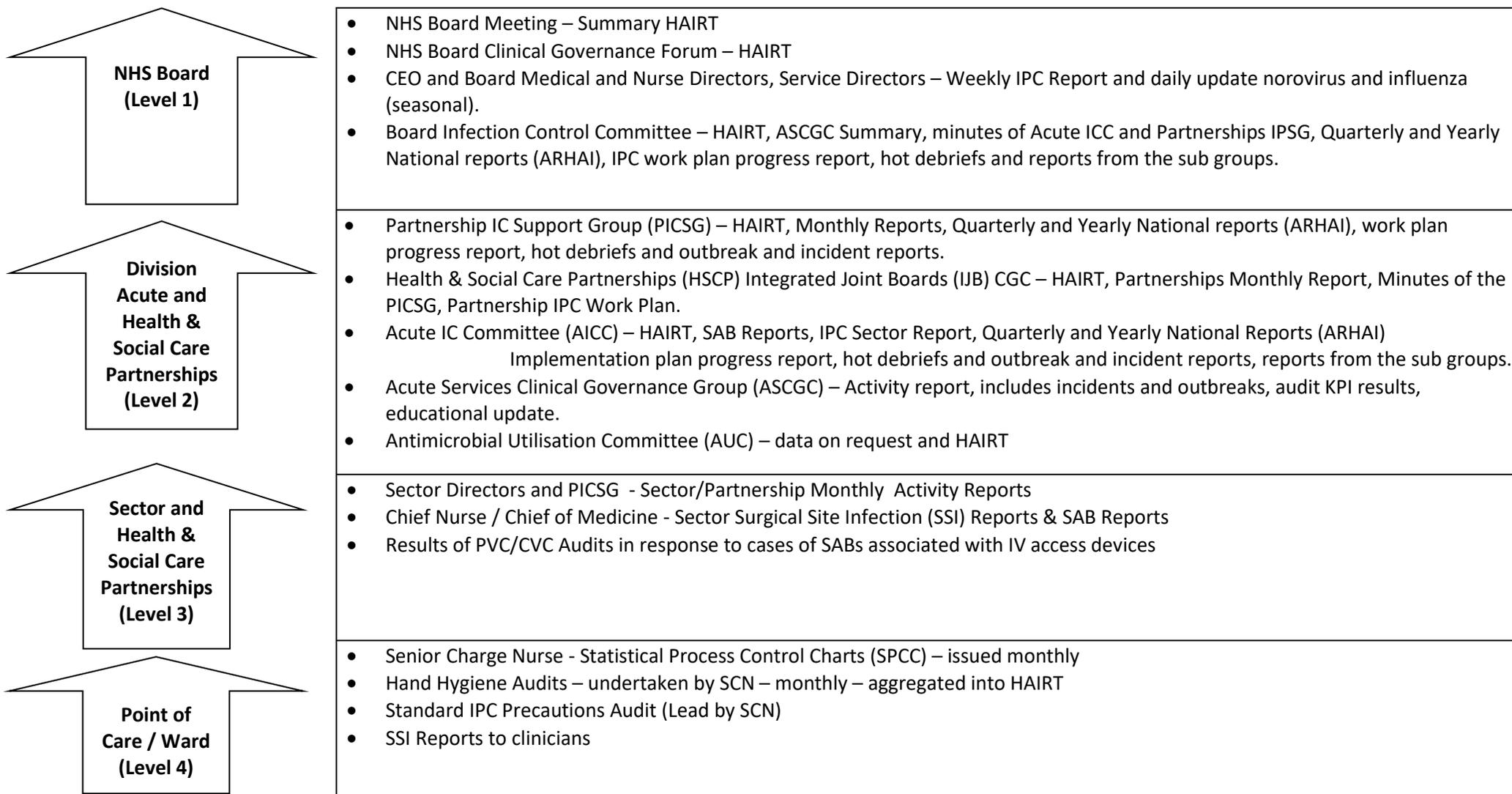
- a single case of an infection for which there have previously been no cases in the facility (e.g. infection with a multidrug-resistant organism (MDRO) with unusual resistance patterns or a post-procedure infection with an unusual organism)

Suspected incidents/outbreaks are discussed at a Problem Assessment Group (PAG) or Incident Management Group. Healthcare Infection Incident Assessment Tool (HIIAT) is used to assess the incident using patient epidemiological data and/or other results and gathered information. All Incidents regardless of the HIIAT assessment are reported to ARHAI via the ARHAI ORT.

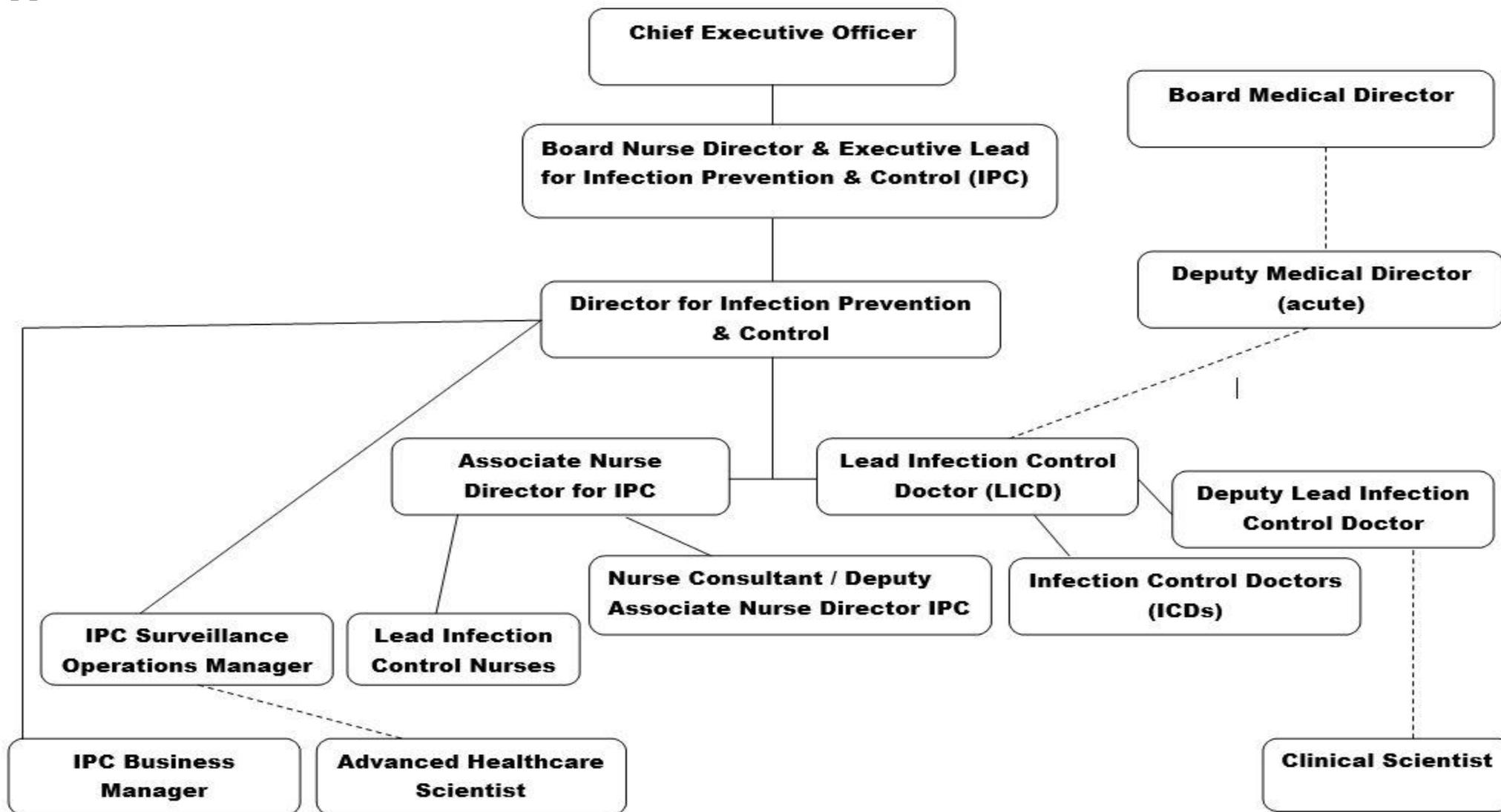
GGC have developed an Incident Management Process Framework to support Boards in the application of National Guidance the link to this document is below.

www.nhsggc.scot/downloads/incident-management-process-framework-v2

Appendix 1 – NHSGGC Infection Prevention & Control Team Point of Care to Board Reporting



Appendix 2 – ORGANISATIONAL CHART IPCT



5. Glossary

ACDP	Advisory Committee on Dangerous Pathogens
AMT / AUC	Antimicrobial Management Team / Antimicrobial Utilisation Committee
AICC	Acute Infection Control Committee
AMR	Antimicrobial Resistant
AO/AC 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 Associated Infection Group (Part of Public Health Scotland)
Bacteraemia	Infection in the blood. Also known as Blood Stream Infection (BSI).
BICC	Board Infection Control Committee
CMO / CNO	Chief Medical Officer / Chief Nursing Officer
CVC	Central Vascular Catheter
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 (HAIRT) report
HDL	Health Department Letter
HEAT Target	Health Efficiency and Access to Treatment. Targets set by the Scottish Government.
IPCN/ T/ D	Infection Prevention and Control Nurse / Team / Doctor
KSF	Knowledge & Skills Framework
MRSA /	Meticillin resistant <i>Staphylococcus aureus</i> . A <i>Staphylococcus aureus</i> resistant to first line antibiotics; most commonly known as a hospital acquired organism
PHPU	Public Health Protection Unit
PVC	Peripheral Vascular Catheter
SAB	<i>Staphylococcus aureus</i> bacteraemia
SICPs	Standard Infection Control Precautions
SOP	Standard Operating Procedure
TBPs	Transmission Based Precautions

i [NHS Scotland - blueprint for good governance: second edition - gov.scot](#)

ii [dl-2024-11.pdf](#)

iii [1_national-monitoring-framework.pdf](#)

iv <https://www.nipcm.hps.scot.nhs.uk/chapter-3-healthcare-infection-incidents-outbreaks-and-data-exceedance/>