Infection Prevention and Control

Assurance and Accountability

Framework

June 2022

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Introduction

The NHS Scotland Health Boards and Special Health Boards - Blueprint for Good Governance 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 our strategic aims, the risk management process and how IPC give stakeholders and the public, assurance that the service is delivering for patients, staff and the organisation. It will also describe how IPC use information from point of care to NHS Board to improve outcomes for patients, and how IPC report incidents and outbreaks that may affect the health of our patients or staff or visitors. It is essential that everyone in the organisation is aware of their individual responsibility with regards to the prevention 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.

The Chief Executive of the NHS Board is responsible for ensuring that there is successful prevention and control of infection throughout the NHS Board area. The accountabilities of this role are outlined in the NHS Healthcare Improvement Scotland (HIS) Standards for Healthcare Associated Infection (HAI).

Scheme of Delegation and Control

Chief Executive	The Chief Executive has delegated to the Executive Director IPC the role of Executive Lead for Infection Prevention and Control (IPC) in NHSGGC.
Executive Lead for IPC	Will on behalf of the Chief Executive, oversee and provide assurance on IPC to the NHS Board.
Infection Prevention and Control Manager (IPCM) Defined in HDL(2001)10 & HDL(2005)8/ delegated to Director Infection Prevention and Control (DIPC)	The DIPC will: • 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, including primary care (e.g. general medical practitioners) • 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.

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 infectious incidents, outbreaks and for developing and implementing action plans in order to address areas of risk. Infection prevention & control must be a key component of business plans.

Title	Role	Responsibilities
NHS Board/Executive Lead for IPC	Accountable	• Is aware of their legal responsibilities to identify, assess and control risks of infection in the workplace. • Has appointed an Infection Prevention and Control Manager (IPCM) as required by HDL(2001)10 and HDL(2005)8 with sufficient resources to undertake this role (In GGC the responsibilities of this role are those of the DIPC. • 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 there is progress towards appropriate provision of isolation facilities within their healthcare facilities. • Ensures that where appropriate the NHS Board are appraised of issues that significantly impact on patient safety. • Ensures that Infection Prevention and Control (IPC) Teams work with nursing, medical staff and bed managers to optimise bed use, assess the infection impact of bed management policies, and implement changes to local policy to minimise the risks of infection. • 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. • Champions AMR strategy for NHS Scotland. • Promotes an environment of continuous Quality Improvement.

Title	Role	Responsibilities
Director Infection Prevention and Control	Responsible	• Manages the Infection Prevention & Control Team within the organization. • 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 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. • Champions AMR strategy for NHS Scotland. • Promotes an environment of continuous Quality Improvement & Leadership. • 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. • Be an integral member of the organisations clinical governance structures. • 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	• The job holder reports directly to the DIPC on all issues relating to IPC and is responsible for supporting the DIPC and the ANICM 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. • Champions AMR strategy for NHS Scotland. • Promotes an environment of continuous Quality Improvement. • 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	• 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. • Participates in review of surveillance data. • Reviews and advises on 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. • Promotes an environment of continuous Quality Improvement. • 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	• 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. • Champions AMR strategy for NHS Scotland. • Promotes an environment of continuous Quality Improvement. • 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 and Control (NCIPC)	Responsible	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. • 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. • Champions AMR strategy for NHS Scotland. • Promotes an environment of continuous Quality Improvement. • 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	• 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 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. • Review hot debriefs and action plans from outbreaks of infection in order to learn from experience and link to risk register if appropriate. • Ensure all actions from actions plans are complete and shared in order to support organisational learning. • Review projects undertaken throughout the year which impact on the prevention and control of infection for patients, visitors and staff. • Review and comment on the HAIRT. • Ensure reporting requirements as outlined in Chapter 3 of the NIPCM are adhered to. • Ensure that patients, visitors and staff, (including contractors) in the Board are protected from infection wherever possible. • 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. • Agree standard agenda. • Champions AMR strategy for NHS Scotland. • Promotes an environment of continuous Quality Improvement. • 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	• Ensure that advice on infection prevention and control is available. • Ensure that compliance with IPC policies are monitored by the IPCT, Divisional Leads and designated Managers 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 within the scope of this policy in line with the current NHSGGC IPC Education Strategy. • Participate in the planning and upgrading of hospital facilities. • Provide specialist advice to key committees, groups, departments or individual staff members in relation to IPC practice. • Carry out alert organism/disease/condition and mandatory Surgical Site Infection (SSI) surveillance as required; liaising with medical and nursing staff as appropriate. • 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. • Champions AMR strategy for NHS Scotland. • Promotes an environment of continuous Quality Improvement. • 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
Microbiology Services & Microbiology Consultants	Advice	• Provides clinical infection control advice for staff as required. • Provides IPC advice for in-patient services out of hours. • Supports ICD in incident management as required. • Champions AMR strategy for NHS Scotland. • Promotes an environment of continuous Quality Improvement. • Ensures that where appropriate the ICD/LICD/DIPC are appraised of issues that significantly impact on patient safety.

Title	Role	Responsibilities
Chief Nurses/Chief of Medicine/ Clinical Directors/ Service Directors	Operational	• Have designated infection prevention and control responsibilities with identified outcome measures. • 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. • Ensures infection prevention & control responsibility & accountability is included in all job descriptions & KSFs. • Ensures all clinical staff have annual infection prevention and control competency review as part of the annual appraisal process. • Supports the work of colleagues involved in the built environment. • Champions AMR strategy for NHS Scotland. • Promotes an environment of continuous Quality Improvement. • 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
Service Managers and Lead Nurses	Operational	• 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. • Ensures all clinical staff have annual infection prevention and control competency review as part of the annual appraisal process. • Supports the work of colleagues involved in the built environment. • Champions AMR strategy for NHS Scotland. • Promotes an environment of continuous Quality Improvement. • 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	• Ensures that healthcare workers are free from and are protected from exposure to communicable infections during the course of their work. • 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. • 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. • Ensures all new starters are assessed on good hand decontamination techniques & complete the competency checklist. • Ensures all clinical staff have annual infection prevention and control competency review as part of the annual appraisal process. • 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. • Champions AMR strategy for NHS Scotland. • Promotes an environment of continuous Quality Improvement. • 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	• 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.

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.

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.

Infection Control and Built Environment Group (ICBEG)

The ICBEG will oversee all aspects of the built environment and will be the main conduit for exception reports from the boards sub groups:

- Board Water Safety Group
- Water Technical Group
- Theatre Utilisation and Maintenance Group (TUM)
- Sector Estates and Facilities Groups

Terms of Reference (ToR)

The ToR for the three IPC groups (BICC, AICC, PICSG and ICBEG) and the committee structure can be seen in Appendices 6-9. The committee structure includes other committees that IPC play a significant role in (Appendix 1).

The National Infection Prevention and Control Policy Manual (NIPCM) is mandatory for all staff who deliver care to patients in the NHS in Scotland.

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. The NHSGGC Pursuit of Healthcare Excellence Quality Strategy (2019/2023) is a framework, which outlines how we intend to continuously improve the quality of care to our patients, carers and communities over the next five years. The Quality Strategy Group has agreed that Infection Prevention and Control (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.

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

The IPCQIN consists of two main groups;

The Steering Group which creates the vision and sets the direction for the Network Operational Group. It also has a decision making and reporting authority to approve and monitor all relevant decisions throughout the lifecycle of the Network.

The Operational Group which facilitates operational oversight and assures key stakeholder engagement in the development of the Network business and its recommendations, throughout the lifecycle of the Network.

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

IPCQIN Workstreams

1. Person-centred 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.

Surveillance of Infection

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. laboratory's, 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. The procedures in bold are in addition to the mandatory programmes IPCT are required to collect data on:

- Caesarean section
- Hip arthroplasty
- Large bowel surgery
- Major vascular surgery
- Knee arthroplasty
- Repair of neck of femur
- Cranial surgery
- 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.

Security access for each specific user will allow tailored access to interactive dossiers for each ward area. The system provides functionality to filter reports seamlessly for the users and the capacity to view trends over time to monitor improvement in the reduction of HCAI cases in NHSGGC.

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 – *a new approach*

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).

Historically, NHS Greater Glasgow and Clyde (NHS GGC) has developed and used IPC audit tools and reporting strategies to support clinical application of SICPs. This has included multi-disciplinary audit undertaken by facilities, clinical and infection prevention and control teams (IPCT'S) reporting to Board Management teams to provide assurance.

In 2020, the QEUH Oversight Board Final report recommended that NHS GGC undertake a review of its programmes of audit relating to IPC in line with the Healthcare Improvement Scotland framework for quality planning and improvement. The aim is to ensure consistency in RAG rating and a stronger link to a continuous culture of improvement. In particular the report stressed the importance of an organisational approach ensuring that it is not the sole responsibility of the IPCT.

All SICPs and hand hygiene audit undertaken across NHS GGC are now captured on the CAIR dashboard in Microstrategy. Data input will be as described in *NHS GGC Guidance documentation for the CAIR data input dashboard (2018).*

At a glance, compliance with 6 monthly SICPs audit can be determined. Audit results, scores and action plans for each audit are also visible to hospital and ward level. All non-complaint criteria will be subject to improvement within timescales as described.

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 (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.

Reference - ARHAI (2018) National Monitoring Framework - a National Monitoring Framework to Support Safe and Clean Care Audit Programmes: An Organisational Approach to Prevention of Infection Auditing can be viewed below:

https://ARHAIpubsrepo.blob.core.windows.net/ARHAI-website/nss/2678/documents/1_national-monitoring-framework.pdf

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 (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 as one of the following:

- An exceptional infection incident, e.g. a single case of any serious illness which has major implications for others (staff, patients and/or visitors), the organisation or wider public health, e.g. VHF.
- Two or more 'linked' cases with the same infectious agent associated with the same healthcare setting over a specified time period.
- A higher than expected number of cases of HAI in a given healthcare area over a specified time period.
- 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 (new criterion added 2019).

Suspected incidents/outbreaks are discussed at a Problem Assessment Group (PAG) usually attended by members of the IPCT. The Healthcare Infection Incident Assessment Tool (HIIAT) will be 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.

In 2019 the Chief Nursing Officer (CNO) issued additional guidance for IPCTs in a letter to Boards; HAI-related incidents, outbreaks and data exceedance assessment, and reporting requirements and communication expectations. In summary:

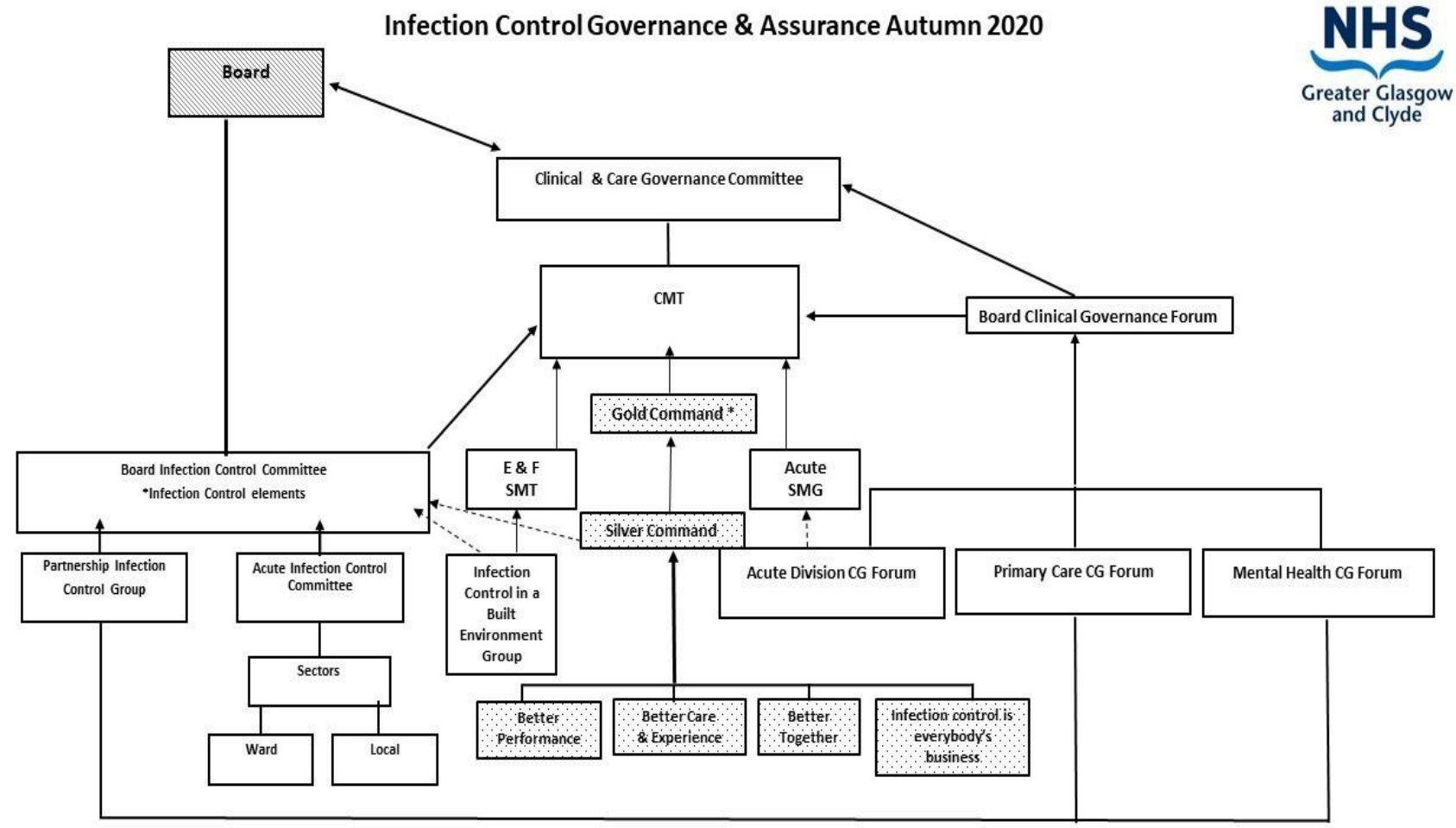
It is a requirement for all infection incidents/outbreaks that the IMT:

- Communicate with all patients affected and where appropriate their families;
- Communicate with all other patients and where appropriate families who may be affected or concerned, e.g. those in the same ward/unit as patient(s) affected;
- Prepare a press statement (holding or release) for all HIIAT AMBER or RED assessed outbreaks/incidents.

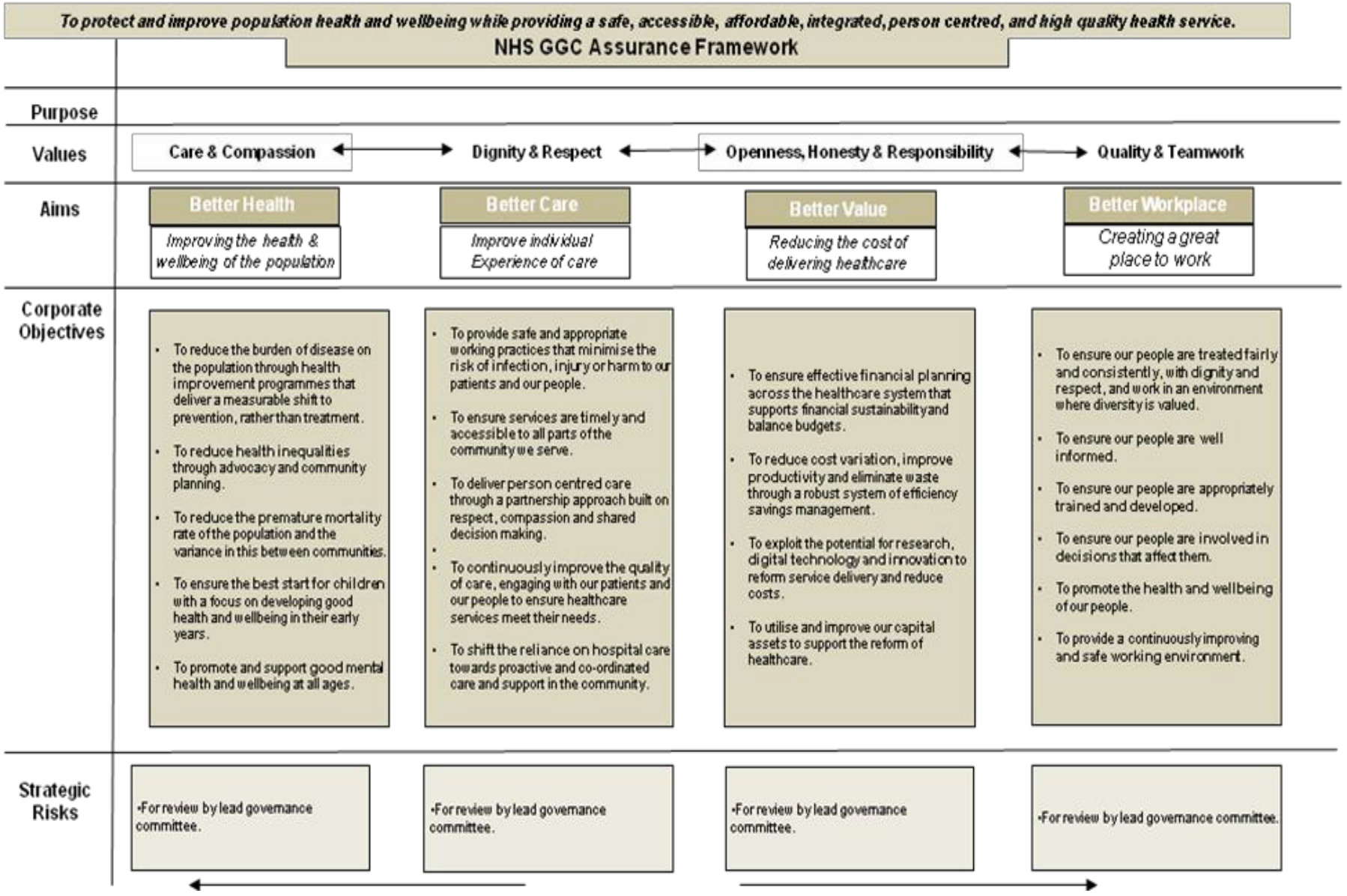
  If a proactive media communication is planned then this should be undertaken in consultation with ARHAI and Scottish Government Communication Team colleagues.

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-v1

Appendix 1 – Infection Control Governance & Assurance Autumn 2020



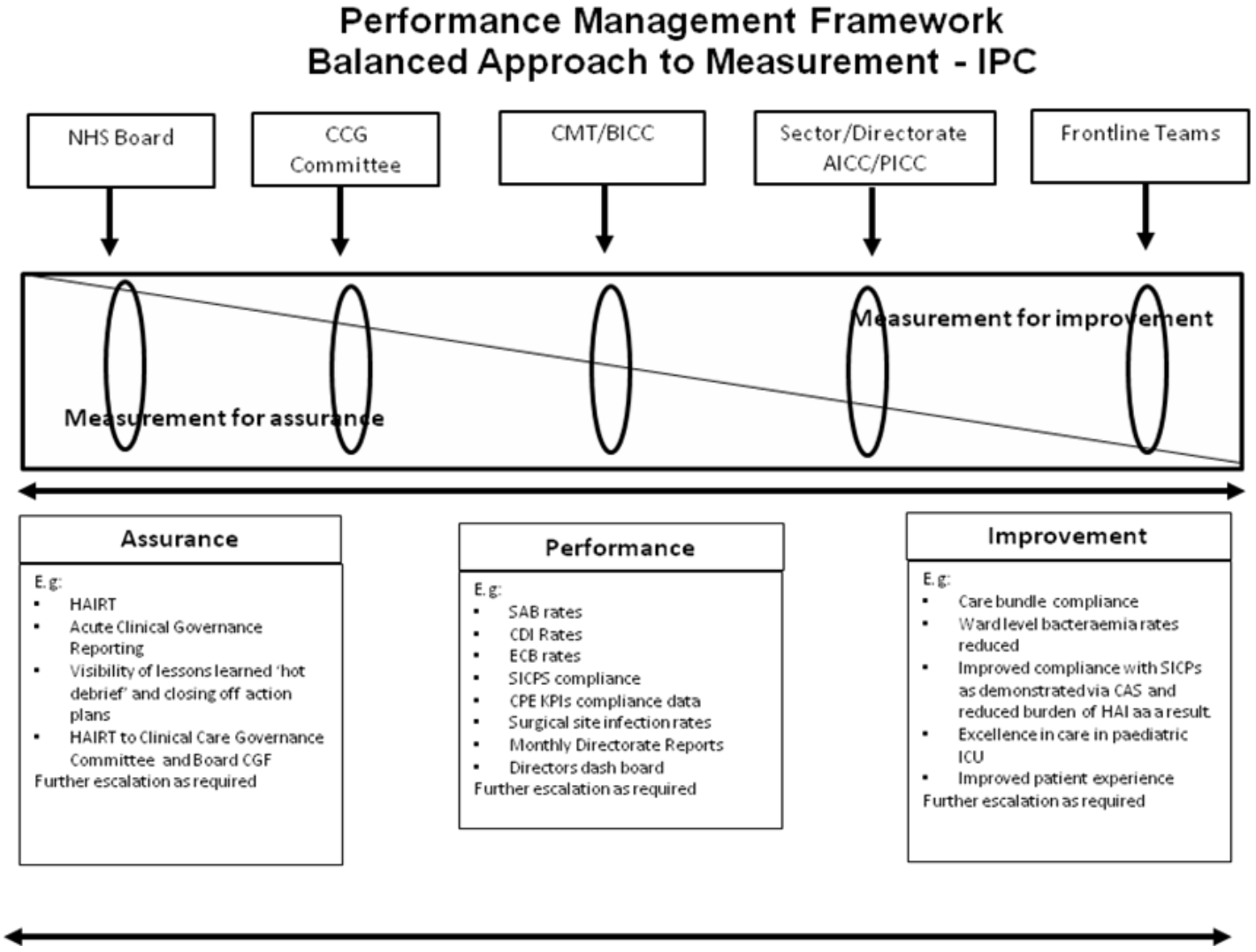
Appendix 2 – NHSGGC Assurance Framework



NHS GGC Assurance Framework For Infection Prevention & Control

Board Aims	Better Health	Better Care	Better Value	Better Workplace
IPC Aims	*Reduce the Burden of Healthcare Associated Infections*	*Prevent Infection and reduce the impact of infections on individual patients*	*Reduce the economic impact of HAI in GGC*	*Create a IPCT workforce to meet challenges of expanding expectations*
Objectives	• Provide reports which invite scrutiny and challenge improvement • Directors dashboard. • Partnership with service in relations to action plans and contents of reports and associated actions,	• Support the improvement collaborative and the reporting of the individual work streams to the steering group. • IPCT work plan • Shift IPCT from inspection to a model of supported improvement,	• Value management training. • Diversify the work force • Reduce infection rates and therefore costs associated with treatment and length of stay.	•Ensure access to specialist training in relation to ventilation and water. •Ensue access to improvement education including . •Continue to support ICN to complete specialist training in IPC. •Create a work force plan which is fit for the future
Risks	• Inability to communicate effectively the risks to patients to front line services and their role in relation to the prevention and control of infection.	•Fundamental change from inspection to improvement could be perceived as a gap in GGC assurance mechanisms	• Diversifying the workforce may be perceived by the IPCT as the dilution of expertise.	• Some members of the IPCT may not have the necessary skills or will to support transformational change.
Targets And KPIs	•SAB •CPEKPI •CDI •ECB •Surgical site infection	•Improved patient outcomes •Reduced complaints	• Reduced economic burden of HAI in Greater Glasgow & Clyde	• Work force ready to deliver future challenges

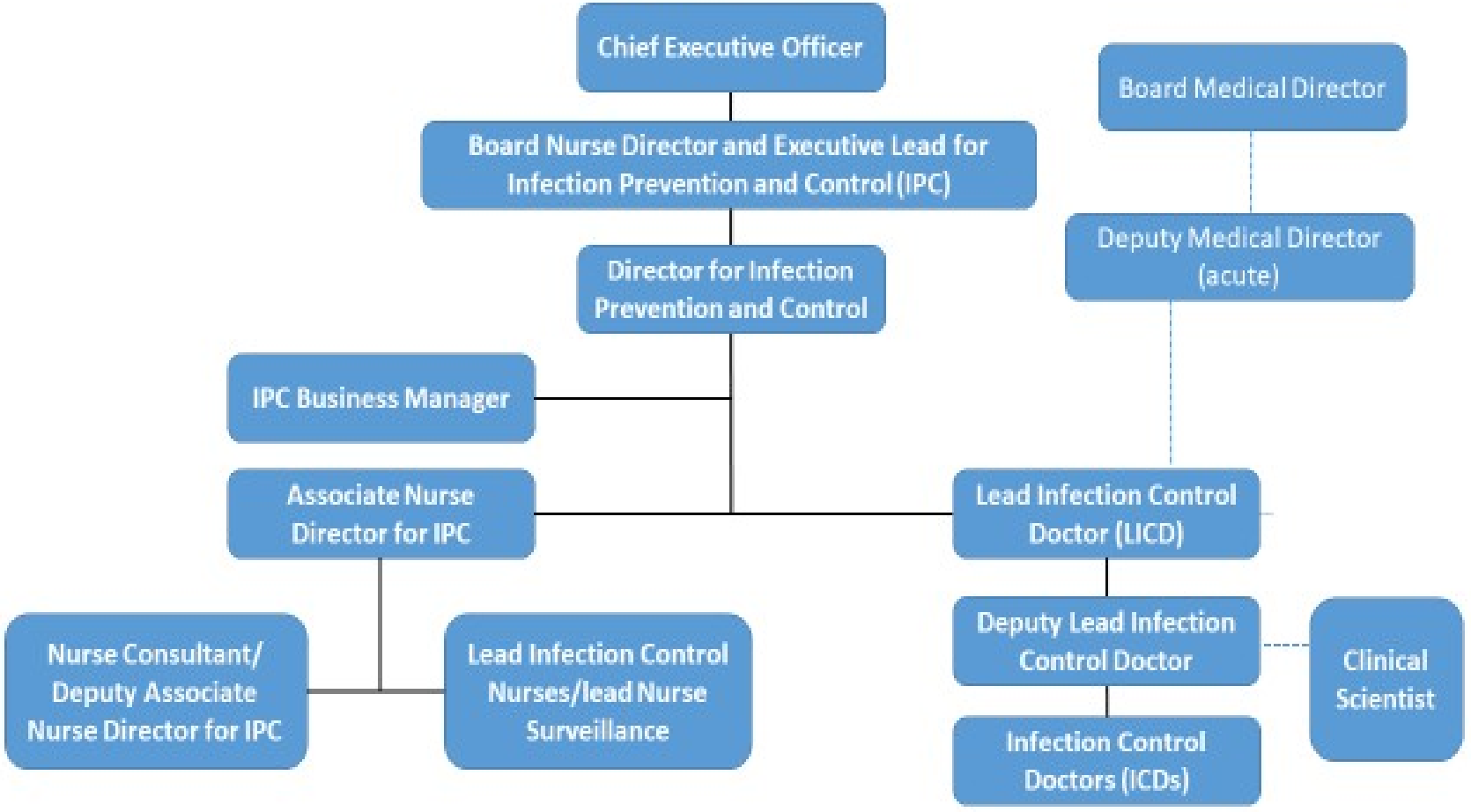
Appendix 3 – Performance Management Framework



Appendix 4 – NHSGGC Infection Prevention & Control Team Point of Care to Board Reporting

NHS Board (Level 1)	• NHS Board Meeting – HAIRT • NHS Board Clinical Governance Forum – HAIRT • CEO and Board Medical and Nurse Directors, Service Directors, - Weekly IPC Report and daily update norovirus and influenza (seasonal). • Board Infection Control Committee – HAIRT, ASC Summary, minutes of Acute ICC and Partnerships IPSG, Quarterly and Yearly National reports (ARHAI) Implementation plan progress report, hot debriefs and outbreak and incident reports and reports from the sub groups.
Division Acute and Health & Social Care Partnerships (Level 2)	• Partnership IC Support Group (PICSG) – HAIRT, Monthly Reports, Quarterly and Yearly National reports (ARHAI) Implementation plan progress report, hot debriefs and outbreak and incident reports. • Health & Social Care Partnerships (HSCP) Integrated Joint Boards (IJB) CGC – HAIRT, Partnerships Monthly Report, Minutes of the PICSG, Partnership IPC Work Plan • Acute IC Committee (AICC) – HAIRT, SAB Reports, IPC Sector Report, Quarterly and Yearly National reports (ARHAI) Implementation plan progress report, hot debriefs and outbreak and incident reports, reports from the sub groups. • Acute Services Clinical Governance Group (ASCGG) –Activity report, includes incidents and outbreaks, audit, KPI results, educational update. • Antimicrobial Utilisation Committee (AUC) – data on request and HAIRT
Sector and Health & Social Care Partnerships (Level 3)	• Sector Directors and PICSG – Sector / Partnership Monthly Activity Reports • Chief Nurse / Chief of Medicine – Sector Surgical Site Infection (SSI) Reports and SAB Reports • Results of PVC/CVC Audits in response to cases of SABs associated with IV access devices
Point of Care/ Ward (Level 4)	• SCN - Statistical Process Control Charts (SPCC) – issued monthly • Hand Hygiene Audits – undertaken by SCN – monthly – aggregated into HAIRT • Standard IPC Precautions Audit (Lead by SCN) • SSI Reports to clinicians

Appendix 5 – ORGANISATIONAL CHART IPCT



Appendix 6 – TOR NHSGGC Board Infection Control Committee – UPDATE MARCH 2017

Update 2017	NHSGGC Control of Infection Committee
Reports to:	NHSGGC Board via HAIRT NHSGGC Board Clinical Governance Forum via HAIRT
Representatives sit on:	Acute Infection Control Committee Partnership Infection Control Support Group Board Clinical Governance Forum
Objectives:	To reduce the risks of infection to members of the public and patients by: Advising the Chief Executive, NHSGGC on all matters relating to communicable diseases throughout the NHS Board area. Functioning as the single corporate function for policy approval and strategic monitoring in relation to Infection Prevention and Control. Facilitating collaboration and co-ordination between NHS organisations, local authorities and other relevant agencies. Liaising with other appropriate committees within the NHS Board area and monitoring performance. Ensuring consistency in Infection Prevention and Control Policy application and cross system working.

Terms of Reference:	Provide leadership and support to the Infection Prevention and Control service in the implementation of IPC policy and practice from board to ward (point of care). Review and implement the National Infection Prevention and Control Policy Manual within NHSGGC. Develop and approve local addendums to the National Infection Prevention and Control Policy Manual where required/appropriate. Advise the Board Clinical Governance Forum where NHSGGC requires any deviation from the National Infection Control Policies and present evidence to support this. Receive Annual Infection Control Programme and from the ANDIPC. Receive the bimonthly report on KPIs (HAIRT) from the DIPC. Provide regular reports on progress with implementation of programme and exception reports on KPIs to the Clinical Governance Forum and NHS Board. Receive and review regular reports and updates on key HAI related Performance Indicators from AICC and PICSG. Provide core personnel for any outbreak control team, set up within the NHS Board area. Consider national guidance, letters from the Scottish Government and other national agencies and advise on implications and required actions.

	Promote and facilitate the education of all Healthcare Workers on Infection Prevention and Control policies and procedures. Draw up and agree plan to deal with communicable diseases outbreaks. Responsibility for assessment of Glasgow and Clyde-wide compliance levels with the HAI Code of Practice and HEI Standards.
Membership	Executive Director IPC (Chair) Board Nurse Director (Vice Chair) Director Infection Prevention and Control Associate Nurse Director (Infection Prevention and Control) Consultant Public Health Medicine Lead Infection Control Doctor Chairs of both Acute and Partnership ICCs Board Pharmaceutical Policy Adviser Health and Safety Manager Facilities Representatives (decontamination and cleaning services) ID Physician(s) / AMT Reps Occupational Health Reps Clinical service representatives e.g. Chiefs of Medicine/Nursing Staff Partnership Representative
In addition to the membership, minutes are circulated to:	Chief Executive Risk Management Committee Clinical Governance Forum NHS Board Acute Infection Control Committee Partnership Infection Control Support Group Infection Prevention and Control Senior Management Team
Meetings	Two monthly in a cycle with Clinical Governance Forum and NHS Board

Update 2018	NHSGGC Partnerships Infection Control Support Group (PICSG)
Reports to:	Board Infection Control Committee (BICC)
Representatives sit on:	• Board Infection Control Committee (BICC) • Acute Infection Control Committee (AICC) • Mental Health Services Healthcare Associated Infection Group (MHS HAI) • Board Clinical Governance Forum
Roles and Responsibilities	• It is the responsibility of the representatives of this group to communicate to their own area of responsibility all relevant issues raised at the group, and facilitate any agreed actions.
Objectives:	To reduce the risks of infection to members of the public and patients by: • Facilitating collaboration and co-ordination between NHS organisations, local authorities and other relevant agencies. • Liaising with other appropriate committees within the NHS Board area and monitoring performance. • Ensuring consistency in Infection Prevention and Control Policy application and cross-system working. • Reporting risks/issues to the Board Infection Control Committee (BICC).
Terms of Reference:	• Provide leadership and support to the Infection Prevention and Control service in the implementation of IPC policy and practice from board to ward (point of care). • Review and implement the National Infection Prevention and Control Policy Manual (NIPCM) within NHSGGC. • Comment on local addendums to the National Infection Prevention and Control Policy Manual (NIPCM) where required / appropriate. • Receive the Annual Infection Prevention and Control Programme from the Board Infection Prevention and Control Manager. • Receive the bi-monthly report on Key Performance Indicators (KPIs) Healthcare Associated Infection Reporting Template (HAIRT) from the Board Infection Prevention and Control Manager. • Consider national guidance, letters from the Scottish Government and other national agencies and advise on implications and required actions. • Promote and facilitate the education of all Healthcare Workers on Infection Prevention and Control policies and procedures. • Responsibility for assessment of Glasgow and Clyde-wide compliance levels with the HAI Code of Practice and Healthcare Environment Inspection (HEI) Standards in directly managed services. • This group will be quorate as long as at least half of those present are from service areas.

Update 2018	NHSGGC Partnerships Infection Control Support Group (PICSG)
Membership	• Health & Social Care Partnerships (HSCP) Chief Nurse (Chair) • Associate Nurse Director Infection Prevention and Control • Nurse Consultant Infection Prevention and Control • Lead Infection Prevention and Control Nurse (West & HSCP) • Senior Infection Prevention and Control Nurse (West & HSCP) • Lead Infection Prevention and Control Doctor • Health Protection Nurse Specialist (HPNS) / Consultant Public Health Medicine (CPHM) Public Health Protection Unit (PHPU) • Public Health Pharmacist • Clinical Risk Representative • Facilities Partnerships Representative • Estates Partnerships Representative • Nominated Health & Social Care Partnerships (HSCP) Clinical Services Representatives including Practice Development, Sexual Health and In-Patient Services (Mental Health Services (MHS)) • Public Partner Representative
In addition to the membership, minutes are circulated to:	• Primary Care & Clinical Governance Forum • Clinical and Care Governance Groups • Infection Prevention and Control Senior Management Team • Board Infection Control Committee and Chair • HSCP Chief Officer of Operations • HSCP Chief Officers • HSCP Directors (Clinical)
Meetings	Two monthly in a cycle with the Acute Infection Control Committee (AICC) and the Board Infection Control Committee (BICC).

2019	Acute Infection Control Committee
Reports to:	NHSGGC BICC
Representatives sit on:	BICC, Acute Clinical Governance Committee, Infection Control in the Built Environment Committee
Objectives:	To reduce the risks of healthcare associated infection to patients, relatives and healthcare workers by: • Reporting to the BICC on any matter which has wider infection control implications for the services. • Support the local infection control team in discharging their responsibilities by identifying resources and facilitating changes in work practice.
Terms of Reference:	• Monitor and review the epidemiology of alert organisms and patients with alert conditions and ensure action taken. • Devise and approve the individual site specific aspects of the Annual Infection Control Programme and implementation plan. • Assist in the implementation of policies. • Monitor compliance with infection control HEI standards. • Report to the BICC any identified infection control incidents or outbreaks. • Report to the BICC any unresolved infection control risks or challenges. • Assess local risks in relation to building and engineering services including water and ventilation.
Membership	Pharmacy Facilities and Estates Lead IPCD, Sector IPCD, Lead IPCN ID Consultant DIPC ANICM Nurse Consultant IPC Chief Nurses &Chief of Medicine Chair - Associate Medical Director (Acute) Leads from Acute Directorates
In addition to membership minutes are circulated to:	BICC and others as appropriate
Meetings	Bimonthly

Infection Control in the Built Environment Group NHS Greater Glasgow and Clyde

Terms of Reference

1. Introduction

1.1 The Infection Control in the Built Environment Group (ICBEG) has been established as a core co-ordinating group facilitating communication, and adherence to policy across Estates and Facilities Management and Infection Control ensuring appropriate escalation of issues.

1.2 The over-arching role of the ICBEG is to ensure that NHSGGC complies with current legislation, government policy, mandatory guidance and best industry practice for the management of the built environment with a particular focus on building systems and the healthcare environment in the Health Board's Estate.

2. Membership

The safe management of the NHS Greater Glasgow and Clyde's, (NHSGGC's), Healthcare Environment relies on effective communication between, input from, and partnership of:

- Infection Control Professionals, advising on all aspects of microbiological infection risks;
- Estates & Facilities Professionals, advising on all technical and Hotel Services
- The Clinical Building Users, as the direct and immediate interface with patients and visitors, advising on all clinical and patient-related issues.

The membership of the ICBEG will include:

- Director of Estates and Facilities (Chair)
- Authorised Engineers for ventilation and water
- Capital Planning Manager
- Deputy Nurse Director
- CDU Manager
- ICD Decontamination
- Director Infection Prevention and Control

- Associate Nurse Director Infection Prevention and Control
- Nurse Consultant Infection Prevention and Control
- Lead Infection Prevention and Control Doctor
- Clinical Representative – Senior Charge Nurse

Note: Key representatives above are also members of the following;

- Acute Clinical Governance Forum
- Board Clinical Governance Forum
- Board Infection Control Committee (BICC)
- Acute Infection Control Committee (AICC)

It will be the responsibility of the representatives of this ICBEG to communicate to their own area of responsibility all relevant issues raised at the group, and facilitate any agreed actions.

3. Arrangement for Conduct of Business

3.1 Chairing the Committee
The Director of Estates and Facilities will Chair the ICBEG with the Vice Chair the Director Infection Prevention and Control.

3.2 Quorum
Meetings will be considered quorate when 8 members are present.

3.3 Frequency of Meetings The ICBEG will meet monthly or more frequently if required or as requested by the Chair

3.4 Administrative Support
Administrative support for the Committee will be provided by a member of the Estate and Facilities Management Team. The functions of support will include working with the Chair to set the agenda, take contemporaneous minutes, and maintain a rolling action log of agreed actions.

4. Remit of the ICBEG

4.1 The overarching remit of the ICBEG is to reduce the risks of infection to patients members of the public and staff with the key objectives noted below:

- To systematically co-ordinate activity in respect of infection control within the built environment;
- To professional, managerial and governance oversight of all aspects of the built environment; • Ensuring compliance with appropriate statutory instruments and mandatory guidance;
- Ensuring effective application of guidance and standard operational policies.

Specific responsibilities include:

- Monitor performance across the range of national metrics with the creation of a balanced scorecard focusing on exceptions for escalation and action
- Reviewing and refreshing current local policy and guidance to ensure compliance;
- Instructing environmental audits, reviewing audit data and ensuring necessary improvement action;
- To create and review SOPs ensuring their effective, comprehensive application across NHSGGC;
- Reviewing and responding to, as appropriate, reports from external organisations;
- Reviewing exception reports from various groups and committees
- Liaising with other appropriate committees within the NHS Board area and monitoring performance;
- Reviewing and reporting risks/issues to the Board Risk Management Committee via appropriate Groups and Committees;
- Providing exception reports to the BICC, SMT, AICC and other Groups as necessary.
- Review National Guidance
- Review Reports exceptions from: o Ventilation Group (theatre and non-theatre areas)
    - Board Water Safety Group
    - Board Water Technical Group
    - Estates and Facilities Audit Results
    - Reports from external organisations e.g. HEI, ARHAI, HFS
    - IPCAT reports

- Review update reports
  - Update from Authorised Engineer Water
  - Update from Authorised Engineer Ventilation
  - Update from Sector Facilities Groups
  - Incidents and Outbreaks
  - Capital Planning

5. Reporting Arrangements

The ICBEG will report to the Estates and Facilities Senior Management Team (which includes Infection Control representation). Exceptions reports will also be received by the Board Infection Control Committee.

Version Control	
Version 1	June 2019

5. Glossary

ACDP	Advisory Committee on Dangerous Pathogens
AMT / AUC	Antimicrobial Management Team / Antimicrobial Utilisation Committee
AICC	Acute Infection Control Committee
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.
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.
HDL	Health Department Letter
HEAT Target	Health Efficiency and Access to Treatment. Targets set by the Scottish Government.
ARHAI	Antimicrobial Resistance and Healthcare Associated Infection Group (Part of Public Health Scotland)
IPCN/ T/ D	Infection Prevention and Control Nurse / Team / Doctor
MRSA /	Meticillin resistant Staphylococcus aureus. A *Staphylococcus aureus* resistant to first line antibiotics; most commonly known as a hospital acquired organism
PHPU	Public Health Protection Unit
PVC	Peripheral Vascular Catheter
SAB	Staphylococcus aureus bacteraemia
SICPs	Standard Infection Control Precautions
SOP	Standard Operating Procedure
TBPs	Transmission Based Precautions