

# Infection Prevention and Control Assurance and Accountability Framework

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Date Approved:	26.06.2024
Date for Review:	26.06.2027
Version:	1.1

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## **1. Introduction**

The Infection Prevention Workforce: Strategic Plan 2022-2024 (Scottish Government) recognizes that all health and social care staff have an important role to play in preventing the spread of infection by recognising the Infection Prevention & Control (IPC) is everybody's responsibility.

HIS IPC Standards 2022, set out the appropriate and responsive governance and accountability mechanisms which should be in place. This includes an expectation that Boards have an IPC assurance and accountability framework that specifies as a minimum, defined roles and responsibilities, quality monitoring and assurance arrangements, reporting and escalation structures, and an IPC risk management strategy with clear lines of responsibility.

This document aims to embed these principles into a Governance and Quality Assurance Framework for the IPC Service for NHS Forth Valley. 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.

## 2. Roles and Responsibilities

NHS Boards in Scotland have public health responsibilities to have arrangements in place 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 Scotland Healthcare Improvement Scotland Infection prevention and control standards for health and adult social care settings.

### Scheme of Delegation and Control

Chief Executive	The Chief Executive has delegated to the Executive Nurse Director the role of Executive Lead for Infection Prevention and Control (IPC) in NHSFV.
Executive Lead for IPC	Will on behalf of the Chief Executive, oversee and provide assurance on IPC to the NHS Board.
Infection Control Manager (ICM) Defined in <a href="#">HDL(2001)10</a> & <a href="#">HDL(2005)8</a>	<p>The ICM will:</p> <ul style="list-style-type: none"> <li>• Co-ordinate IPC throughout NHS FV</li> <li>• Deliver the Board approved Infection Control Programme in conjunction with the Infection Control Committee (ICC) and Senior IPCT</li> <li>• Provide clear mechanisms for access to specialist infection control advice and support.</li> <li>• Assess the impact of all existing and new policies and plans on HAI and make recommendations for improvement.</li> <li>• Challenge non-compliance with local &amp; national protocols and guidance relating to IPC, decontamination, antimicrobial prescribing, and cleaning.</li> <li>• Report directly HAI Executive Lead</li> <li>• Be an integral member of the organisation's clinical governance structures.</li> <li>• Produce the Healthcare Associated Infection Reporting Template (HAIRT) report for NHS FV.</li> </ul>

All staff are responsible for establishing, maintaining and supporting a coordinated approach to IPC in all areas of their responsibility. All staff have responsibility for complying with the National Infection Prevention and Control Manual and NHS Forth Valley's local policies and procedures and attending mandatory infection prevention and control training. All staff should be proactive in identifying and addressing infection risks in their area of work and ensure they work towards reducing infection risks 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 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	<ul style="list-style-type: none"> <li>• Is aware of their legal responsibilities to identify, assess and control risks of infection in the workplace.</li> <li>• Has appointed an Infection Prevention and Control Manager (ICM) as required by HDL (2001)10 and HDL(2005)8 with sufficient resources to undertake this role.</li> <li>• Is aware of factors within services directorate / Boards which promote increased levels of HAIs and ensures that appropriate action is taken.</li> <li>• Has designated the prevention and control of infection as a core part of their organisation's clinical governance and patient safety programmes.</li> <li>• Ensures that there is progress towards appropriate provision of isolation facilities within their healthcare facilities.</li> <li>• Ensures that where appropriate the NHS Board are appraised of issues that significantly impact on patient safety.</li> <li>• Ensures that Infection Prevention and Control (IPC) Teams work with nursing, medical staff and patient flow coordinators to optimise bed use, assess the infection impact of bed management policies, and implement changes to local policy to minimise the risks of infection.</li> <li>• The Board will support the provision of adequate resources to secure effective prevention and control of healthcare associated infections.</li> <li>• Ensures that Induction &amp; Mandatory Training programmes are in place and are being monitored.</li> <li>• Reviews and approves the infection prevention and control annual IPC programme and work plan.</li> <li>• Ensures that staff have access to and adhere to National Infection Prevention and Control Manual and infection prevention and control standard operating procedures.</li> <li>• Champions AMR strategy for NHS FV.</li> <li>• Promotes an environment of continuous Quality Improvement.</li> </ul>

Title	Role	Responsibilities
Infection Control Manager (ICM)	Responsible	<ul style="list-style-type: none"> <li>• Manages the IPCT within the organisation.</li> <li>• Oversees local infection prevention and control guidelines and their implementation.</li> <li>• Reports directly to the HAI Executive Lead.</li> <li>• Oversees the production of the annual IPC Programme and workplan. Progress will be reviewed every quarter via the Infection Control Committee.</li> <li>• Advises the board regarding resources required to support improvements in IPC.</li> <li>• Supports the IPCT in the development and implementation of IPC standards.</li> <li>• Ensures new &amp; 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.</li> <li>• Champions AMR strategy for NHS FV.</li> <li>• Promotes an environment of continuous Quality Improvement &amp; Leadership.</li> <li>• The ICM will be an integral member of the organisation's governance structures.</li> <li>• Provide clear mechanisms for access to specialist infection control advice and support.</li> <li>• Assess the impact of all existing and new policies and plans on HAI and make recommendations for change.</li> <li>• Challenge non-compliance with local and national protocols and guidance relating to prevention and control of infection, decontamination, antimicrobial prescribing, and cleaning.</li> <li>• Produce the Healthcare Associated Infection Reporting Template (HAIRT) report for the NHS Board.</li> <li>• Ensures that where appropriate the NHS Board/HAI Executive Lead are appraised of issues that significantly impact on patient safety.</li> <li>• Supports the work of colleagues involved in the built environment.</li> </ul>

Title	Role	Responsibilities
Lead Infection Prevention and Control Doctor (LICD)	Responsible	<ul style="list-style-type: none"> <li>• The Lead ICD collaborates with the ICM / IPCT on all issues relating to IPC and is responsible for supporting the ICM and the LNIPC to deliver the IPC Programme.</li> <li>• The job holder attends IC Committee meetings and other groups relevant to the IPC</li> <li>• Acts as a key member of the Senior IPC Management Team.</li> <li>• ICM supports the LICD to undertake the above.</li> <li>• Supports the work of colleagues involved in the built environment.</li> <li>• Champions AMR strategy for NHS FV.</li> <li>• Promotes an environment of continuous Quality Improvement.</li> <li>• Ensures that where appropriate the NHS Board/HAI Executive Lead are appraised of issues that significantly impact on patient safety in conjunction with the ICM.</li> <li>• Provides leadership to ICDs.</li> </ul>

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

Title	Role	Responsibilities
Lead Nurse Infection Prevention and Control (LNIPC)	Responsible	<ul style="list-style-type: none"> <li>• The LNIPC is a senior member of the IPCT who provides strategic and clinical leadership in IPC across NHS FV as it relates to nursing, midwifery and health visitors and other professional groups.</li> <li>• Contributes to the delivery and achievement of NHS Scotland Healthcare Associated Infection Policy and Guidelines.</li> <li>• Ensure NHSFV has consistent standards and training strategies in place to minimise the risk of healthcare associated infection (HAI) to patients, staff, visitors, and others.</li> <li>• The LNIPC is a clinical expert in the specialist clinical field of IPC. The LNIPC practices at an advanced clinical level and exercises higher levels of judgement, discretion, and decision-making in clinical care throughout NHSFV.</li> <li>• The LNIPC provides clinical leadership, expert practice, and advanced knowledge, integrating research evidence into practice.</li> <li>• The LNIPC is an expert resource both internal and external to NHSFV in the field of IPC and manages the IPC nursing team and administrative assistants across NHSFV.</li> <li>• The LNIPC 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.</li> <li>• 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.</li> <li>• Supports the work of colleagues involved in the built environment.</li> <li>• Champions AMR strategy for NHS FV.</li> <li>• Promotes an environment of continuous Quality Improvement.</li> <li>• Ensures that where appropriate the LICD / ICM / Executive Lead are appraised of issues that significantly impact on patient safety.</li> <li>• Provides leadership to ICN teams.</li> </ul>

Title	Role	Responsibilities
Infection Control Committee (ICC)	Approval and Implementation	<ul style="list-style-type: none"> <li>• Commissions/reviews and approves infection prevention and control SOPs for the Board.</li> <li>• Ensures that national infection prevention and control policies &amp; procedures are implemented to ensure patients are protected from preventable infections.</li> <li>• Ensures that infection prevention and control activities maintain a high profile within the organisation by meeting formally every quarter.</li> <li>• Review action plans from outbreaks of infection, to learn from experience and link to risk register if appropriate.</li> <li>• Ensure all actions from actions plans are complete and shared, to support organisational learning.</li> <li>• Review projects undertaken throughout the year which impact on the prevention and control of infection for patients, visitors and staff.</li> <li>• Review and comment on the HAIRT, Annual and Quarterly Reports.</li> <li>• Ensure reporting requirements as outlined in Chapter 3 of the NIPCM are adhered to.</li> <li>• Ensure that patients, visitors and staff, (including contractors) in the Board are protected from infection wherever possible.</li> <li>• Ensure that infection surveillance systems are in place to minimise the risk of infection.</li> <li>• Ensure that an appropriate education and training programme is available for all Board staff.</li> <li>• Ensure that information is available for patients, staff &amp; visitors on the arrangements for preventing and controlling healthcare associated infections. Information will be available via the Infection Prevention &amp; Control homepage.</li> <li>• Agree standard agenda.</li> <li>• Champions AMR strategy for NHS FV.</li> <li>• Promotes an environment of continuous Quality Improvement.</li> <li>• Ensures that where appropriate the NHS Board are appraised of issues that significantly impact on patient safety.</li> </ul>

Title	Role	Responsibilities
Infection Prevention & Control Team (IPCT)	Lead and support	<ul style="list-style-type: none"> <li>• Ensure that advice on infection prevention and control is available.</li> <li>• Ensure that compliance with IPC policies is monitored by the IPCT, service Leads and designated Managers as appropriate.</li> <li>• Identify, control, and investigate outbreaks with other colleagues and agencies as appropriate.</li> <li>• Ensure the provision of appropriate education to all grades of staff working within the scope of this policy in line with the current NHSFV IPC Education Framework.</li> <li>• Participate in the planning and upgrading of hospital facilities.</li> <li>• Provide specialist advice to key committees, groups, departments, or individual staff members in relation to IPC practice.</li> <li>• Carry out alert organism/disease/condition and mandatory Surgical Site Infection (SSI) surveillance as required, liaising with medical and nursing staff as appropriate.</li> <li>• Ensure liaison with the Occupational Health Service (OHS) with regard to staff health and transmission of infectious diseases.</li> <li>• Adhere to the Board Policies.</li> <li>• Supports the work of colleagues involved in the built environment.</li> <li>• Champions AMR strategy for NHS FV.</li> <li>• Promotes an environment of continuous Quality Improvement.</li> <li>• Ensures that where appropriate the LNIPC/ICD are appraised of issues that significantly impact on patient safety.</li> <li>• Demonstrate leadership with regards to the application of IPCT standards.</li> </ul>

Title	Role	Responsibilities
Chief Nurses Associate Medical Directors Clinical Directors	Operational	<ul style="list-style-type: none"> <li>• Have designated IPC responsibilities with identified outcome measures.</li> <li>• 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.</li> <li>• Identifies any resources required to implement the IPC programmes within their Groups.</li> <li>• Attend the IC Committee if nominated by ICC members.</li> <li>• Discuss any outbreaks, serious problems or hazards relating to IPC and ensure action plans are completed and IPC is a standing agenda item at all clinical governance committees.</li> <li>• Ensures IPC responsibility &amp; accountability is included in all job descriptions &amp; PDPs.</li> <li>• Ensures all clinical staff have annual IPC competency review as part of the annual appraisal process.</li> <li>• Supports the work of colleagues involved in the built environment.</li> <li>• Champions AMR strategy for NHS FV.</li> <li>• Promotes an environment of continuous Quality Improvement.</li> <li>• Ensures that where appropriate the IPCT are appraised of issues that significantly impact on patient safety.</li> <li>• Demonstrate leadership with regards to the application of IPC standards.</li> </ul>

Title	Role	Responsibilities
Service Managers and Heads of Nursing	Operational	<ul style="list-style-type: none"> <li>• Ensures that the cleanliness of hospital and healthcare premises are of the highest standards. The expectation for this should be included in TURAS 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.</li> <li>• Monitors compliance with the IPC policies/procedures and associated policies.</li> <li>• Ensures Team Leaders release staff to attend IPC training programmes.</li> <li>• Ensures infection prevention &amp; control responsibility &amp; accountability is included all job descriptions &amp; TURAS.</li> <li>• Ensures all clinical staff have annual infection prevention and control competency review as part of the annual appraisal process.</li> <li>• Supports the work of colleagues involved in the built environment.</li> <li>• Champions AMR strategy for NHS FV.</li> <li>• Promotes an environment of continuous Quality Improvement.</li> <li>• Ensures that where appropriate the IPCT are appraised of issues that significantly impact on patient safety.</li> <li>• Demonstrate leadership with regards to the application of IPCT standards.</li> </ul>

Title	Role	Responsibilities
Team Leaders/ Ward Managers/ Senior Charge Nurses	Operational Implementation	<ul style="list-style-type: none"> <li>Ensures that healthcare workers are free from and are protected from exposure to communicable infections during their work.</li> <li>Ensures infection prevention &amp; control responsibility &amp; accountability is included in all job descriptions &amp; TURAS for staff in the team.</li> <li>Monitors compliance with the infection prevention &amp; control policies (NIPCM)/procedures.</li> <li>Notifies the IPCT promptly when clients with known or suspected infection are admitted and ensures an infection risk assessment &amp; care plan is instigated.</li> <li>Ensures that all staff are up to date with mandatory training for IPC (including new starts).</li> <li>Releases staff to attend induction and mandatory IPC training programmes and inform the IPCT of any additional specific training requirements relating to IPC.</li> <li>Ensures all new starts are assessed on good hand decontamination techniques &amp; complete the competency checklist.</li> <li>Completes monthly checks for managers and follows up on actions.</li> <li>Ensures all clinical staff have annual IPC competency review as part of the annual appraisal process.</li> <li>Supports the work of colleagues involved in the built environment.</li> <li>Champions AMR strategy for NHS FV.</li> <li>Promotes an environment of continuous Quality Improvement.</li> <li>Ensures that where appropriate the IPCT are appraised of issues that significantly impact on patient safety.</li> <li>Demonstrate leadership with regards to the application of IPC standards.</li> </ul>

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

### 3. NHSFV Infection Control Committee

The Infection Control Committee is a standing committee within NHSFV 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, HIS inspections. The committee is chaired by the Executive Director IPC and membership includes the Infection Control Manager, Lead Nurse Infection Prevention and Control, Lead IPC Doctor, Antimicrobial Pharmacist, Acute and Partnership Services, Occupational Health, Pharmacy, Consultant in Public Health Medicine, Infectious Diseases Consultant, Health & Safety, Facilities Services and lay representatives.

The ICM 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 Committee and Clinical Governance Working Group. Additional reports, such as HAI quarterly and Annual reports are also presented at these governance meetings.

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

- Water Safety Group
- Ventilation Safety Group

Terms of Reference for ICC



6. ICC terms of  
reference DRAFT MA

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

### 4. Monitoring and Assuring of Healthcare Quality within IPC

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 FV.

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

### **Surveillance of Infection**

NHS Forth Valley introduced ICNet, an electronic patient management system in 2012. This system links information from hospital systems, e.g., laboratory's, theatres, Badgernet, TrakCare. This ensures that results are received in real time by the IPCT who in turn can act upon this promptly. A full record of patients' diagnosis and management is included in the system which facilitates documentary audit. Direct links to microbiology and theatre systems makes surveillance of less complex surgical procedures possible with minimal manpower.

### **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. The IPCNs continue to monitor patients with AO/AC at least weekly during their stay. 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 NHSFV. National reporting is currently paused and under review since the COVID-19 pandemic, however NHSFV continues to monitor and reported locally. Surgical procedures currently under surveillance include:

- Caesarean section
- Abdominal Hysterectomy
- Hip arthroplasty
- Large bowel surgery
- Major vascular surgery
- Knee arthroplasty
- Breast surgery

## **PENTANA**

IPC have been working collaboratively with eHealth colleagues to incorporate several measures into the Pentana dashboard. This enables staff to quickly view prospective information on SSIs, SABs, CDIs, DABs and ECBs 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 for each clinical 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 HAI cases in NHSFV.

This allows clinical teams to access their own ward level data on each of the measures. Heads of Nursing, Operational Managers and Service Managers and senior management teams will have access to the areas included in their remit.

### **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.

HAI Monthly Reports can be viewed by clicking on the following link: [Monthly Ward Reports – StaffNet \(scot.nhs.uk\)](https://scot.nhs.uk/staffnet/reports/monthly-ward-reports)

### **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](#)).

NHSFV IPCT perform SICPs audits as part of the ward visit programme and these findings are shared with the clinical teams and escalated through our reporting structures. SCN and team leads are supported to undertake their own monthly checks for managers compliance against 2022 [Infection Prevention and Control Standards](#).

### **IPC Care Home Support**

IPCT provides dedicated IPC support to care homes and provide regular audits to all care homes in relation to standard infection control precautions (SICPs). The IPCT also provides training and education to care home staff based on findings from these audits. All care homes IPC activity is reported to the Care Home Oversight Group.

## **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.

## **5. 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:

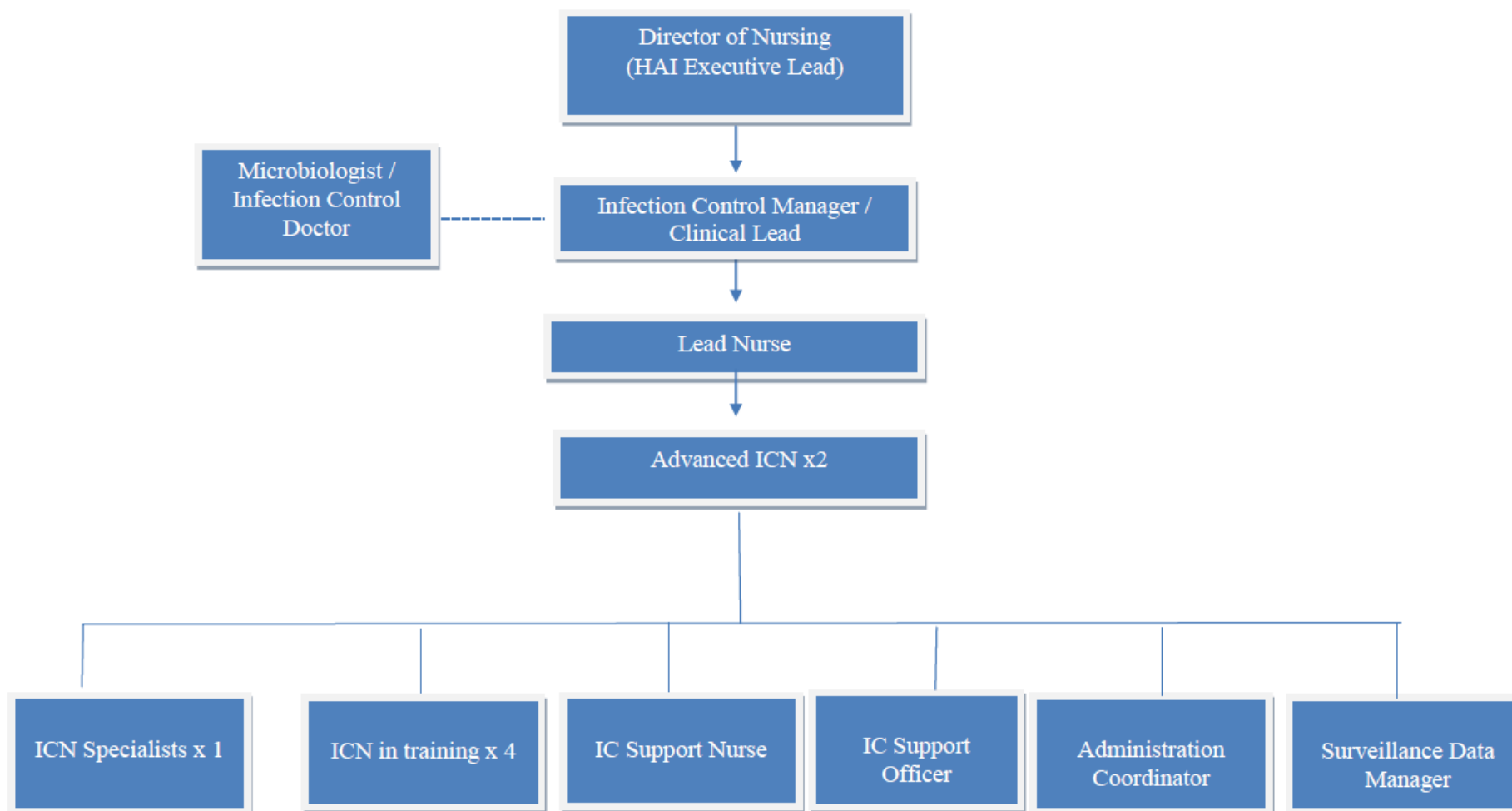
- Communicate with all patients affected and where appropriate their families.
- Communicate with all other patients and where appropriate families who may be affected or concerned, e.g., those in the same ward/unit as patient(s) affected.
- Prepare a press statement (holding or release) for all HIIAT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

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

<p>NHS FV BOARD</p> 	<ul style="list-style-type: none"> <li>• NHS Board Meeting – HAIRT</li> <li>• NHS Board Clinical Governance Committee – HAIRT Report, Annual/Quarterly Reports</li> <li>• CEO and Board Medical and Nurse Directors, Senior Managers, - Monthly HAI Report and daily update COVID-19, norovirus and influenza (seasonal).</li> <li>• Infection Control Committee – HAIRT, Quarterly/Annual Reports, Service Reports, AOP targets, SSIs, Annual Workplan update reports, complaints, and outbreak and incident reports. Minutes from the sub groups and committees.</li> </ul>
<p>Operational Management</p> 	<ul style="list-style-type: none"> <li>• Clinical Governance Working Group – HAIRT, HAI Monthly Reports, Quarterly and Yearly reports. Annual workplan progress report, hot debriefs and outbreak and incident reports.</li> <li>• Health &amp; Social Care Partnerships (HSCP) Integrated Joint Boards (IJB) CGC – HAI Partnerships Monthly Report, Partnership IPC Work Plan</li> <li>• Acute Clinical Governance – HAIRT, Monthly HAI Reports, Annual work plan progress report, and outbreak and incident reports.</li> <li>• Directorate Health &amp; Safety Meeting – HAIRT, Monthly HAI Reports, Annual work plan progress report, and outbreak and incident reports.</li> <li>• Health &amp; Safety Meeting – HAIRT, Monthly HAI Reports, Annual work plan progress report, and outbreak and incident reports.</li> <li>• Antimicrobial Management Group – data on request</li> <li>• Directorate Infection Control &amp; Improvement Groups – Monthly HAI reports, Annual work plan progress report, and outbreak and incident reports.</li> </ul>
<p>Ward Level/Point of Care</p>	<ul style="list-style-type: none"> <li>• Care Home Oversight Group – HAI Care Home Reports</li> <li>• SCN – Monthly HAI Service Reports</li> <li>• SCN – Ward audits – Ward visit programme</li> </ul>

## Appendix 2 – ORGANISATIONAL CHART IPCT



## Appendix 3 Glossary

AMT	Antimicrobial Management Team
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).
ICC	Infection Control Committee
CVC	Central Vascular Catheter
ICM	Infection Control Manager
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
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 <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