#### Information you provide

By completing this survey, you are consenting to Healthcare Improvement Scotland using the information you provide for the purposes stated in the survey introduction. Any personal information that you give us will be kept confidential and will only be used for the reasons that have been specified in this survey. We will not give your information to outside organisations (apart from organisations processing the information on our behalf) unless you have given us your permission. Whenever we intend to give your personal details to other organisations we will ask for your permission first.

When you have completed this questionnaire to your satisfaction, please click "Finish Survey" at the bottom of the final page.

#### Introduction

Draft infection prevention and control (IPC) standards for health and social care settings consultation survey

Healthcare Improvement Scotland is currently developing IP 0 1 \$.2 ref248

### **Enquiries**

Should you have any questions regarding the draft standards or the consultation, including requests for a Word copy of the survey, please contact:

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#### Please enter:

Name:

3. The need for standards to account for major challenges

The standards are aspirational as they consideration current challenges that different staff groups in both sectors face, which are likely to impact on their ability to adhere to the standards across all health and social care settings in regard to:

- current workforce issues such as safe staffing;
- available and varied skills mix;
- staff health and wellbeing;
- inequalities across geographies; and
- the need for positivity in workplaces and compassionate leadership.
- 4. The need to include staff health and safety as an additional standard

In reflection of the above, we would urge to include a further standard dedicated to occupational health or where this fits with staff support as this is currently not covered in the document as it stands. Due to the mandatory nature of IPC standards, this is particularly important at a time when staff are facing huge challenges with meeting current demands.

This proposed standard should focus on the organizational responsibilities in relation to how it would:

- communicate and provide resources to support staff;
- remove the risk of staff infecting patients when working in ill-health as a result of tiredness; and exhaustion due to workforce pressures; and
- create an environment and mechanisms that provide staff with the ability to raise issues and safe routes for escalation .
- 5. The need to base standards on lessons learned and QE report

In light of these observations, we would like to see a paragraph added to the introduction or include an operating statement perhaps, to clearly demonstrate that these standards:

- have considered the learning evaluation that provides the rationale for their development; and
- have been mapped in detail against the Queen Bisabeth report to determine what, if done differently, can be included in the revision of the standards;
- have acknowledged previous experience to build confidence; and
- have included reasons why organisations need to be transparent using an evaluationbased process to achieve confidence as an outcome.

Linking the standards to t would provide the opportunity to focus more on what good, both in health and social care settings beyond that of which in turn could be used as benchmark for assessing their assurance.

6. The need to create a simplified or an easy read version for both staff and patients/visitors/service users

The organisation demonstrates effective leadership and governance and is committed to continuous quality improvement in IPC

Key questions that need to be considered to darify organisational responsibilities including that of their staff and patients are set out below to guide the development of this amendment:

- What does the standard mean for organisations?
- What does the standard mean for staff?
- What does the standard mean for the person receiving the care or visiting a health or social care setting?
- How will someone using the service know this?

#### Criteria

**Criterion 1.1** Appropriate and responsive governance and accountability mechanisms are in place.

#### (a) NHS boards have:

- an executive lead with accountability for IPC and responsibility for overseeing and providing assurances on IPC within their NHS board area
- an IPC manager with responsibility for leading local IPC teams and reporting IPC issues to the executive lead, and
- local IPC teams with the necessary expertise, leadership skills and resource to support the NHS board area.

#### **(b) Social care organisations** have:

- a registered service provider with accountability and responsibility for the overall management of IPC within the organisation
- an appropriately trained lead person to coordinate IPC within the organisation, and
- access to appropriate health and social care teams for IPC expertise, advice and support.

**Criterion 1.2** The organisation has an IPC assurance and accountability framework which specifies, at 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.

**Criterion 1.3** The organisation has clear systems in place to ensure that it takes a strategic and coordinated approach to IPC. This includes, at a minimum:

amendmen

• continuous engagement with staff and people that use services and their representatives to capture feedback and inform service improvements.

**Criterion 1.4** There are well-defined and locally agreed processes to enable:

- an effective multidisciplinary and multi-agency approach to IPC
- cross-organisational support including access to specialist advice when indicated
- compliance with mandatory HAI reporting
- staff to implement, monitor and improve their compliance with IPC policies, procedures, guidance and standards
- accurate and prompt communications and information exchange, following consent (where applicable) from the individual and within, and between services and settings, and
- communication and engagement with people that use services, staff, visitors and the public on matters related to IPC, including reducing specific risks.

**Criterion 1.5** The organisation demonstrates effective management of outbreaks, including:

- preparedness
- .
- reporting, and
- remedial improvement plans.

**Criterion 1.6** The organisation communicates and engages with the public on matters related to IPC, including information on reducing specific infection-related risks.

**Criterion 1.7** The organisation uses information, data and le

# 5. Are there any specific changes that you would suggest to any of the criteria?

N/A

6. Do you have any other comments about standard 1 Leadership and governance?

N/A

Standard 2 Education and Training Standard statement

Staff are supporte7.2 512 Tf 0 0%-8 ndertake IPC education and training, appropriate to role,512 responsibilities and rkplace setting,2 Tf 0 0%-8 nable them Tf 0 0%-8 ninimise infectionsks in care set Tfings.

#### Rationale

All stafflay a v ital role in minimising thesk and s7-βread of2infection helth and social care set Tfings. High quality IPC edcation and accessible 12 Tfraining enables 7-3 taff 2 to develop and maTfintain 2 Tfheir knowlede, 2 skills and mpetencies in delivering safe, 2 effctive and prson -centre 7.2 512 care. Access to spleif ic rsorces 792 is avaTfilable 2 Tf 0 06 TET (20.6)

their role. This includs evaTfluation of e8-8ffctiveness of the education and Tfraining programm and assessment of7-3staff2knowlede and comt7-8nce, cluding how knowledge and skills are emedded into everyday practice.

Empowerment of staff to act7-3 autonomusly, confidently and skillfully within their professional and organisa Tfional codes, th opportunities to feedack on thir expriences, nderpins high quality helph and social care.

7.

**Criterion 2.1** The organisation implements a comprehensive IPC education and training programme, in line with role, responsibilities and workplace setting, which includes:

- mandatory staff induction and training
- information on current IPC policies, procedures and guidance in line with and including the National Infection Prevention and Control Manual
- assessment of staff education and training requirements
- tailored education and training, for example, infection-specific management and insertion and maintenance of invasive devices, where required
- allocation of appropriate time and resources for staff to access and undertake relevant IPC education and training
- learning and sharing of IPC best practice across settings and sectors
- application of quality improvement methodology for IPC
- evaluation of the provision, uptake and effectiveness of IPC training, including providing staff with opportunities to feedback.

**Criterion 2.2** The organisation has a training plan in place to ensure that staff, in line with role, responsibility and workplace setting:

- are supported to maintain role appropriate levels of skill, knowledge and competency in IPC, and
- have access to continuous professional development in IPC.

**Criterion 2.3** Staff have access to clear guidance and support:

- on their role and responsibilities in relation to IPC
- to identify and address their own ongoing continuous professional development, education and training needs
- on career frameworks and development opportunities in IPC, where relevant, and
- on infection-specific management, including outbreak management.

**Criterion 2.4** Organisations use local and national IPC-related data and information to:

- evaluate staff knowledge, skills and competency in IPC
- identify areas for improvement in relation to staff IPC practice, and
- improve staff IPC practice through further provision of education and training.

#### 9. Do you broadly agree with the criteria?

- Yes
- No

### 10. Do you have any comments about the criteria?

The need to enable reporting mechanisms when compliance is challenging due to circumstances. As part of question 1, we noted the challenges staff in both health and social care sectors face and how these need to be addressed to make them not only aspirational, but realistic and achievable. This extends to training and development as outlined in this section and specifically its reference to the organisational promotion of positive working and learning environments. It is an important part

in the jigsaw in supporting staff to deliver on core components of infection prevention and control as per the WHO Guidelines<sup>1</sup>.

Yet, given the environment and challenging circumstances staff have to work in that are often outside of their control (i.e. understaffed, under resourced and with >85% bed occupancy a strong factor contributing to increased infection rates). We have concerns that this document is not accounting enough for these and as such are likely to fail staff in being able to comply and impacting on IPC in relation to their care of patients and service users<sup>2</sup>.

It would therefore be important to add a criterion to this section that would require organisations to outline measures and put in place processes that allow the reporting of issues in circumstances when full compliance be achieved.

The need to outline how confidence is measured through evaluation. A further addition is required in regard to measuring, whether, how and that outlining in more details as to how this confidence can be demonstrated and how service users and visitors alike understand compliance. As mentioned earlier, this would require an evaluation process that would result in confidence as an outcome.

# 11. Are there any specific changes that you would suggest to any of the criteria?

N/A

**12. Do you have any comments about standard 2** Education and training?

### Standard 3 Communication

#### Standard statement

The organisation implements robust communication systems and processes to enable person-centred decision making, continuity of care and effective IPC experience.

#### Rationale

Effective communication underpins safe, effective and person-centred care. People receiving health and social care are vulnerable to contracting infections and some present an infection risk to others, including staff and visitors. experience can involve multiple services and settings which can increase infection risks. Robust communications within and between health and social care providers

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<sup>&</sup>lt;sup>1</sup> World Health Organisation (WHO). Guidelines on core components of infection prevention and control programmes at the national and acute health care facility level. 2017.

and with the person receiving care, and their representative where appropriate, is fundamental to effective IPC and continuity of care.

Communication of high quality, accessible and timely information regarding IPC supports informed choice, person-centred decision making and encourages people and their representatives to have meaningful discussions about their care which can enhance their care experience.

#### 13. Do you agree broadly agree with the standard statement and rationale?

- Yes
- No

# 14. Do you have any comments about the standard statement and rationale? $\ensuremath{\text{N/A}}$

#### Criteria

**Criterion 3.1** All IPC-related communications with people, and/or their used to inform their plan of care.

**Criterion 3.2** Staff are provided with clear, timely and responsive information and guidance on IPC to enable them to provide safe and effective care.

**Criterion 3.3** Staff communicate with IPC and Health Protection Teams (HPT) as appropriate, including:

- when information and specialist advice for people receiving care is required
- when there is a known or suspected outbreak or incident, and
- throughout the outbreak management process.

**Criterion 3.4** Staff communicate and work collaboratively within, and between, health and social care settings in line with relevant governance arrangements and with consent, where applicable, to:

- support continuity of care, and
- minimise harm associated with infection, including when people are transferred between services.

**Criterion 3.5** People who are at risk of developing an infection, and/or their representatives where appropriate, are provided with high quality and timely communication and information in a format that is right for them. This supports people to:

- understand the impact, consequences and risks of having an infection
- implement IPC precautions, where appropriate
- understand what actions they can take to minimise the risk of developing an infection
- understand what action the organisation is taking to minimise infection risks, and

make informed decisions and ask questions about their care.

**Criterion 3.6** People that have developed an infection, and/or their representatives where appropriate, are:

- promptly notified of their infection in a timely manner
- provided with information, in a format that is right for them, and provided with support on IPC-related care issues and procedures
- informed about any impact their infection may have on their care
- given accessible and relevant information about minimising the infection risk to others, and
- provided with opportunities to ask questions about their care.

**Criterion 3.7** Where there is an IPC-related adverse event, the person, and/or their representatives where appropriate, are informed about this in line with organisational Duty of Candour

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**Criterion 3.8** There is continuous

be improved when organisations:
systematically collect, monitor, analyse and interpret data on an ongoing basis, and

**Criterion 4.3** Assurance and monitoring information and interpreted data is communicated, in an accessible format, to:

- relevant health and social care teams, and
- people in receipt of care, and/or their representatives and visitors, as appropriate.

Criterion 4.4 Staff that use assurance and monitoring systems:

- undertake relevant and up-to-date training on the organisations system, and
- have their training needs assessed, in line with career and development frameworks, appropriate to their role, responsibilities and workplace setting.

**Criterion 4.5** NHS boards report performance against local and national measures:

- through internal reporting structures
- to external stakeholders, for example ARHAI Scotland, and
- publically at board meetings.

**Criterion 4.6** NHS boards review and report assurance and monitoring system data, including new, emerging and re-emerging infection-related risks.

#### 21. Do you broadly agree with the criteria?

- ✓ Yes
- No

#### 22. Do you have any comments about the criteria?

N/A

# 23. Are there any specific changes that you would suggest to any of the criteria?

N/A

# 24. Do you have any comments about standard 4 - Assurance, monitoring and response?

The need for interagency reporting. The RCN welcome the rational and criteria set out in Standard 4 but wants to emphasise the need for a multi-partner approach when it comes to reporting. Interagency reporting in particular between NHS, HIS, PHS and CI needs to be robust and have clear escalation routes. These need to be set out in detail.

As the standards will become mandatory\*nBT/F 11.04 Tf1 0 0 1 11678 218.06Tm0 g0 G()]TEt0 5981 1 240.17 171.74 Tr

Standard 5 Optimising antimicrobial use

- local antimicrobial policies are produced and updated, at least every three years or when indicated in line with current national policy, guidance and best practice
- local antimicrobial policies and guidance are accessible to all health and social care staff, and
- staff who prescribe, supply, and administer antimicrobials are alerted to any changes in antimicrobial practice policy and guidance.

**Criterion 5.4** NHS boards, through the Antimicrobial Management Team, maintain an annual programme for antimicrobial stewardship. This programme includes:

- monitoring data, including all adverse events relating to antimicrobial use
- providing feedback on prescribing practice to clinical teams
- targeted quality improvement interventions to address poor clinical practice in the use of antimicrobials, and
- reporting of findings, including risk assessments with improvement plans where appropriate, through internal governance structures.

**Criterion 5.5** To ensure that the NHS board optimises its antimicrobial use through a quality improvement approach, the Antimicrobial Management Team:

- works in partnership with health and social care services to deliver the local antimicrobial stewardship work plan
- participates in the implementation of an antimicrobial stewardship programme of education for optimising antimicrobial use
- reviews antimicrobial prescribing and resistance data in line with the annual programme for local surveillance of antimicrobial use
- feeds back the main findings of the review to clinical and management teams, and
- responds to data w 11数 )]TETQ0.00000&aym 事S(ABHt 文字SteBq 如2 北京S(AÊ



## Criteria

40. Do you have any comments about the criteria?

N/A

41. Are there any specific changes that you would suggest to any of the criteria?

N/A

42. Do you have any other comments about standard 7 - Decontamination of reusable medical devices and care equipment?

N/A

Standard 8 The built environment

#### Standard statement

The organisation ensures that infection risks associated with the health and care built environment are minimised.

#### Rationale

The health and care built environment, the environment, can play a significant role in the transmission of infection. It is important that infection risks associated with the environment, for example water and ventilation systems, are minimised and managed through a coordinated and multidisciplinary approach. Organisational

procedures to minimise the risk of infection across all areas of the environment in line with:

- statutory legislation and regulations, and
- national guidance including SHTM and HAI-SCRIBE

**Criterion 8.2** There are clear and agreed channels of communication and prompt information exchange across all relevant teams and settings to enable early assessment of potential and existing IPC risks associated with the environment.

**Criterion 8.3** The organisation ensures that IPC risks associated with construction, renovation, maintenance and repair of the environment are minimised by demonstrating that:

- building, refurbishment and maintenance work is planned, appropriately risk assessed, authorised, documented and carried out in ways that minimise infections risks and disruption to staff, people receiving care and visitors
- risks and issues are identified and communicated at the planning stage of building, refurbishment and maintenance work. A formal risk assessment with mitigation is put in place and acted on appropriately with key staff and teams involved at relevant stages
- there is regular monitoring and audit of maintenance and repair services to ensure that this is carried out in line with an agreed schedule
- there is robust reporting, with follow up where the environment cannot be accessed, for maintenance or repair, including associated documented decision making and derogations
- there is robust reporting, escalation, follow up action, sign off and documentation of any IPC-related issues associated with the environment, and
- records and reports relating to maintenance, repair and refurbishment of the environment are accessible and regularly updated and reviewed.

**Criterion 8.4** The organisation ensures that the environment is safe and clean by demonstrating that:

- environmental cleanliness is in line with the National Cleaning Services Specification
- there is robust monitoring and audit of cleaning including an escalation plan, where required
- there is robust reporting, including decision making, with appropriate follow up where the environment cannot be accessed for cleaning
- records and reports relating to the cleanliness of the environment are accessible and regularly updated and reviewed, and
- there is active engagement with people receiving care, staff and visitors for feedback on the cleanliness of the environment with an improvement plan, as appropriate.

**Criterion 8.5** Staff have access to information, specialist guidance and support to minimise infection risks associated with the environment. This ensures that staff are clear on their roles and responsibilities when:

- IPC risks and issues are identified in the environment
- additional cleaning activity is identified as necessary

• there is planned re

#### 49. Do you broadly agree with the standard statement and rationale?

- Yes
- No

### 50. Do you have any comments about the standard statement and rationale?

N/A

#### Criteria

**Criterion 9.1** The organisation has, and implements, policies and procedures for acquiring equipment in line with current:

- statutory legislation and regulations, and
- national guidance.

**Criterion 9.2** There is IPC expertise and multidisciplinary involvement in the acquisition process. This includes the acquisition of new equipment, and prior to procurement.

**Criterion 9.3** The organisation has systems and processes in place to ensure that:

- all acquired equipment is compatible with national guidance
- all acquired equipment that cannot be effectively decontaminated is removed from use, and
- feedback is provided to relevant teams on equipment that cannot be effectively decontaminated to support continuous quality improvement.

**Criterion 9.4** All adverse events associated with equipment:

- are reported through the organisations local adverse event system
- are reported to IRIC, where required, and
- national adverse events framework.

#### 51. Do you broadly agree with the criteria?