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 8.2 ref245

Enquiries

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

Rebecca McGuire
Project Officer
Healthcare Improvement Scotland
his.standardsandindicators@nhs.scot

Please enter:

Name:

3. The need for standards to account for major challenges

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4. The need to include staff health and safety as an additional standard

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-
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5. The need to base standards on lessons learned and QE report

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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

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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:

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- 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 5 12 Tf 0 0 7-3ndertake IPC education and training, appropriate to role,5 12 responsibilities andrkplace setting,2 Tf 0 0 7-3nable them Tf 0 0 7-3minimise infectionsks in care set Tfings.

Rationale

All staffplay a v ital role in minimising thesk and s7-3read of2infection helth and social care set Tfings. High quality IPC edcation and accessible5 12 Tfraining enables7-3staff2 to develop and maTfintain2 Tfheir knowlede,2skills andmpetencies in delivering safe,2 effctive and prson -centre7.2 5 12care. Access to spcific rsorces7 12is avaTfilable2 Tf 0 0 7]TJETQ0.

their role. This includs evaTfluation of e7-3ffctiveness of the education and Tfraining programm and assessment of7-3staff2knowlede and comt7-3nce, cluding how knowledge and skills are emedded into everyday practice.

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

The need to outline how confidence is measured through evaluation.

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?

N/A

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

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?

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.

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 [illegible]

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?

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