



## **ANNUAL INFECTION PREVENTION & CONTROL PROGRAMME**

**2024 / 2025**

**This Programme may be altered if significant new risks are identified, or  
resources do not allow the activity to be undertaken.**

**Approval:**

NHS Greater Glasgow & Clyde Board Infection Prevention and Control Committee

**Submitted to:**

NHS Greater Glasgow & Clyde Acute Infection Prevention and Control Committee

NHS Greater Glasgow & Clyde Partnerships Infection Prevention and Control Support  
Group

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## 1. INTRODUCTION

Welcome to the 2024/25 NHS Greater Glasgow and Clyde Infection Prevention and Control Programme. This Programme has been developed on behalf NHS Greater Glasgow and Clyde by the Board Infection Prevention and Control Committee.

The Infection Prevention and Control Programme exists to co-ordinate and monitor the work of the Infection Prevention and Control Committees and Teams in preventing and controlling infection. The Programme addresses the national and local priorities for infection prevention and control and extends throughout healthcare, and into care and residential homes. Operational delivery of the programme is regularly monitored and reviewed and reported through the detailed work plan. To further support IPC in practice the Infection Prevention and Control Quality Improvement Network (IPCQIN) was set up in 2020 and delivers on agreed workstreams.

We would also like to share with you our newly developed annual report [IPC Annual Report 2022-2023 - NHSGGC](#) and we hope to develop an IPC 3 year strategy this year based on the World Health Organisations IPC Core Components, which we hope will describe what we plan to do to develop and ensure that IPC is not only effective now but fit for the future.

Infection prevention and control clearly does not rest solely within the domains of our Infection Prevention and Control Committees and Teams. Everyone has infection prevention and control responsibilities. Service users who depend on NHS Greater Glasgow and Clyde require all of us to follow best practice as described in the National Infection Prevention and Control Manual [National Infection Prevention and Control Manual: Home \(scot.nhs.uk\)](#) and the NHS GGC IPC Assurance and Accountability <https://www.nhsggc.scot/downloads/assurance-and-accountability-framework-v2/>

Thank you for helping to keep patients, staff and visitors safe.



**Sandra Devine – Director Infection Prevention and Control**

For more information on Infection Prevention and Control click on the icon on your PC or use link [www.nhsggc.org.uk/infectioncontrol](http://www.nhsggc.org.uk/infectioncontrol)



## 2. KEY PRIORITY AREAS NHS GREATER GLASGOW AND CLYDE 2024/25

Requirement	Action to be taken by	Linked to the Quality Strategy & Board Objectives
<b>Support the work of the Public Enquiry</b>	NHSGGC Board	Healthcare is safe for every person every time. Better
<b>Healthcare Improvement Scotland (HIS) Infection Prevention and Control (IPC) Standards for health and adult social care settings 2022</b> - Implement systems and processes to meet the above standards and ensure that all sites in NHSGGC are demonstrating compliance with the standards.	NHSGGC Board	Healthcare is safe for every person every time.  Everyone has a positive experience of healthcare.  Better Health and Better Care.
<b>Standards on Healthcare Associated Infection (HCAI) and indicators on antibiotic use for Scotland</b> - To reduce MRSA / MSSA bacteraemia by 10% by 2024. <b>DL(2023)06.</b>	NHSGGC Board	Healthcare is safe for every person every time. Better  Health and Better Care.
<b>Standards on Healthcare Associated Infection (HCAI) and indicators on antibiotic use for Scotland</b> - To reduce <i>Clostridioides difficile</i> * infection by 10% by 2024. This data is now presented as Healthcare Associated and Community cases. <b>DL(2023)06.</b>	NHSGGC Board	Healthcare is safe for every person every time. Better  Health and Better Care.
<b>Standards on Healthcare Associated Infection (HCAI) and indicators on antibiotic use for Scotland</b> – to reduce E.coli bacteremia by 25% in 2024, <b>DL(2023)06.</b>	NHSGGC Board	Healthcare is safe for every person every time.  Better Health and Better Care.
<b>Implement Infection Prevention and Control (IPC) Elements</b> contained within the Excellence in Care Framework.	Associate Nurse Director Infection Prevention and Control (ANDIPC)	Healthcare is safe for every person every time.  Everyone has a positive experience of healthcare.  Better Health and Better Care.
<b>Support the work of the Infection Prevention and Control Quality Improvement Network (IPCQIN)</b>	Deputy Nurse Director (Acute Services) & DIPC	Healthcare is safe for every person every time.  Everyone has a positive experience of healthcare. Better Health and Better Care.
<b>Implement the systems and processes re New Build and Renovation Projects as outlined in DL(2023) 03</b>	NHSGGC Board	Healthcare is safe for every person every time.  Everyone has a positive experience of healthcare.

<b>NEW Produce an IPC Annual Report</b>	DIPC	Healthcare is safe for every person every time.
<b>NEW Produce an IPC 3 year Strategy for NHSGGC</b>	DIPC	Healthcare is safe for every person every time.

### 3. ADDITIONAL RECOMMENDED ELEMENTS

Requirement	Action to be taken by	Link to the Quality Strategy Outcomes & Board Objectives
<p><b>Topic –Healthcare Associated Infection Reporting Template (HAIRT)</b></p> <p>Prepare bi- monthly reports on IPC activity within NHSGGC</p>	HAI Executive Lead (END) & Director Infection Prevention and Control (DIPC)	Healthcare is safe for every person every time. Better Care.
<p><b>Topic - Surveillance</b> As per DL (2023)06 &amp; DL(2024)01</p> <p>With partners in ARHAI IPCT will develop an early warning system for high risk units.</p>	IPCT/ARHAI	Healthcare is safe for every person every time. Better Care.
<p><b>Topic – Education</b> Implement HIS HAI Standards 2022 (Standard 2). Promote NHS Education for Scotland (NES) Scottish Infection Prevention and Control Education Pathway (SIPCEP) within all disciplines.</p>	IPC Education Sub-Group/ NHSGGC Learning & Education	Staff feel supported and engaged. Better Workforce.
<p><b>Topic – IPC Policy</b> Ensure staff have access to the National IPC Manual. Implement HIS Infection Prevention and Control (IPC) Standards for health and adult social care settings 2022 (Standard 6). To produce service-wide Standard Operating Procedures (SOPs) or aid memoirs where required.</p>	IPCT	Healthcare is safe for every person every time. Staff feel Supported and engaged. Better Care & Better Workplace.
<p><b>Topic – Decontamination</b> Comply with national directives/standards on decontamination of communal patient care equipment and re-usable devices. Implement HIS Infection Prevention and Control (IPC) Standards for health and adult social care settings 2022 (Standard 7).</p>	NHSGGC Head of Decontamination / Decontamination Sub- Group	Healthcare is safe for every person every time. Better Care.

<p><b>Topic – Assurance and Reporting</b> – There is a clear accountability framework which describes reporting from point of care to NHS Board in relation to HAI risks and events. HIS Infection Prevention and Control (IPC) Standards for health and adult social care settings 2022 (Standard 1).</p>	<p>HAI Executive Lead (END) &amp; Director Infection Prevention and Control (DIPC)</p>	<p>Healthcare is safe for every person every time. The best use is made of available resources. Better Health and Better Value.</p>
<p><b>Topic – Antimicrobial</b> – Support the work of the Antimicrobial Management Team (AMT) in implementing the recommendations contained in ScotMARAP 2014 -2018 DL (2023) 06 and Healthcare Associated Infection (HCAI) standards and antibiotic use indicators for Scotland.</p>	<p>NHSGGC Antimicrobial Utilisation Committee (AUC) &amp; Antimicrobial Management team</p>	<p>Healthcare is safe for every person every time. Staff feel supported and engaged. Better Health and Better Care.</p>
<p><b>Topic – MRSA / Carbapenamase-producing enterobacteriaceae (CPE) Key Performance Indicators (KPIs)</b> - Support clinical staff to complete MRSA/CPE Clinical Risk Assessment DL(2024)01</p>	<p>NHSGGC Board</p>	<p>Healthcare is safe for every person every time. Staff feel supported and engaged.</p>

Requirement	Action to be taken by	Contribution to the Quality Strategy Outcomes
<p><b>Topic – Person Centered Care</b> - NHSGGC must secure public involvement in issues related to HAI and have systems and processes in place which provide patients and the public with information on HAI issues.</p>	<p>IPCQIN</p>	<p>Everyone has a positive experience of healthcare. Staff feel supported and engaged. Better Care and Better Workplace.</p>
<p><b>Topic – Research</b> - NHSGGC will collaborate with the <b>Scottish Infection Research Network</b> (SIRN), Universities and other relevant organisations to take forward research initiatives.</p>	<p>All</p>	<p>The best use is made of available resources. Better health, Better Care, Better Workplace and Better Value.</p>
<p><b>Topic – Workforce</b> – The workforce plan will continue to be updated and aligned to the Scottish Government IPC Workforce Strategy.</p>	<p>DIPC</p>	<p>The best use is made of available resources</p>

<p><b>Topic – HAI SCRIBE</b> – A system will be put in place to ensure that controls required with respect of the HAI SCRIBE process are standardized and applied consistently.</p>	<p>IPCT</p>	<p>The best use is made of available resources</p>
<p><b>Topic – Governance – 2023/2024</b> IPCT Annual Report will be developed and circulated to all relevant governance groups.</p>	<p>IPCT Business Manager (BM)/IPCT</p>	<p>Staff feel supported and engaged.</p>
<p><b>Topic – Strategy</b> – The IPC 3 year strategy will be developed and circulated for comment to all the relevant governance groups. In addition a development day to plan the implementation of the strategy will be planned for the spring/summer of 2024.</p>	<p>DIPC/IPC BM</p>	<p>Staff feel supported and engaged.  The best use is made of available resources</p>

#### 4. ACTIONS REQUIRED TO MEET KEY PRIORITY AREAS

<b>Objective: To reduce MRSA/ MSSA Bacteraemia</b>		
<b>Objective to be achieved by the following actions</b>	<b>Action by</b>	<b>Timescale</b>
Continue the enhanced surveillance of MRSA / MSSA bacteraemia. Data will be available via the IPC Dashboard in real time.	IPCT / Operational Manager Surveillance Healthcare Scientist	Ongoing Dashboard
Produce a report on the incidence and possible causes of MRSA / MSSA bacteraemia for distribution to the Acute Infection Control Committee (AICC) and the Sector Clinical Governance Groups. The format of these and other reports will be reviewed and updated.	Operational Manager Surveillance Healthcare Scientist	Quarterly
Patients with <i>Staphylococcus aureus</i> bacteraemias (SABs) will be monitored to day-30 and if the patient dies and SAB is listed as an underlying or contributory factor on the patient's death certificate the IPCT will generate a Datix referral. A Datix referral will also be generated if the SAB is considered to be an avoidable harm.	IPCTs / Sector Teams	Ongoing
Carry out Peripheral Vascular Catheter (PVC) and Central Vascular Catheter (CVC) audit in areas where a SAB is considered to be device related. This information will be reported to the Lead and Chief Nurses for that area and will be included in the Sector / Directorate SAB report.	IPCT / IPC Data Team	Monthly
Sector reports will include details on SABs which have resulted in a Datix referral.	IPCT / IPC Data Team	Ongoing
Support the NHSGGC SAB Groups with clinical representation from all sectors. Progress with these groups will be monitored by the IPCQIN Operational and Steering Groups.	Chief of Medicine (CoM), Chief of Nursing/Midwifery (CoN/M), IPCT, Antimicrobial Management Team (AMT) and Education Leads	Ongoing

<b>Objective: To meet HIS HAI Standards (2022)</b>		
<b>Objective to be achieved by the following actions</b>	<b>Action by</b>	<b>Timescale</b>
Continue to provide IPC support to the organisation to facilitate Healthcare Environment Inspectorate (HEI) compliance monitoring against the Healthcare Improvement Scotland Infection Prevention and Control (IPC) Standards for health and adult social care settings (2022).	Nurse Consultant IPC (NCIPC)	Ongoing
The HEI GGC Group will reconvene to review results from corporate visits and NHS Scotland reports to ensure learning across the board.	ANDIPC	April 2024
<b>Objective: To reduce Clostridioides difficile Infection (CDI)</b>		
<b>Objective to be achieved by the following actions</b>	<b>Action by</b>	<b>Timescale</b>
Continue production and feedback of <i>Clostridioides difficile</i> Statistical Process Control Charts (SPCs) or interval charts.	IPCT	Monthly Dashboard
<b>Objective: To reduce E.coli bacteraemia</b>		
<b>Objective to be achieved by the following actions</b>	<b>Action by</b>	<b>Timescale</b>
Add surveillance information to SAB reporting document and target areas of higher than expected incidences for quality improvement process.	IC Data Team	Ongoing
Analyse available data to identify any risk factors which may be amenable to a local intervention. Submit this information to the IPCQIN for review and possible interventions.	IPC Surveillance Team	October 2024
<b>Objective: To implement IPC elements of excellence in care framework</b>		
<b>Objective to be achieved by the following actions</b>	<b>Action by</b>	<b>Timescale</b>
Lead on HAI initiatives as part of the National Excellence in Care Nursing agenda. Support nurses / midwives to implement IPC initiatives in Excellence in Care (EiC).	NCIPC	Ongoing

## 5. ACTIONS REQUIRED TO MEET NATIONAL AND MANDATORY REQUIREMENTS

<b>SURVEILLANCE AND QUALITY IMPROVEMENT PROGRAMMES</b>		
<b><i>Objective: To undertake surveillance and quality improvement programmes which are compliant with national requirements and which are designed to achieve reductions in HAI. Develop new systems/processes in order to offer a more comprehensive targeted surveillance system for clinicians in NHSGGC.</i></b>		
<b>Objective to be achieved by the following actions:</b>	<b>Action by</b>	<b>Timescale</b>
NHSGGC will comply with HDL (2006) 38, CEL 11 (2009) and DL (2023) 06.	Surveillance Operational Manager / Surveillance Nurses / IPCTs	Ongoing
IPCT will carry out alert organism / condition surveillance as per the National IPC Manual.	IPCT	Ongoing
MRSA and <i>C. difficile</i> SPCs or where appropriate interval charts will be issued monthly to all in-patient areas within NHSGGC (acute).	IPC Data Team	Monthly
Gram negative organisms in RHC high risk areas will be monitored using SPC charts for Blood Cultures and or Blind Bronchial Alveolar Lavages.	IPC Data Team	Monthly
Monthly report on all clinical review of cases of bacteraemia in PICU, NICU and 2a RHC will be returned to clinical teams and senior managers monthly.	IPC Paediatric Team	Monthly
Prepare a report on Infection Prevention Control activities and exceptions for each sector.	IPCT and IPCT Data Team	Monthly
Prepare Surgical Site Infection (SSI) reports for the acute service based on voluntary SSI surveillance (nationally paused) but also specific SSI surveillance if requested by service users.	Surveillance Operational Manager / Surveillance Nurses / IPCTs	Monthly and as required  Dashboard

Prepare yearly annual report on SSI in NHS GGC	Surveillance Operational Manager	Yearly
Early warning system for high risk unit will be scoped and tested.	Operational Manager Surveillance Healthcare Scientist/ICDs/ARHAI	October 2024
Review of the IPCT surveillance systems and reports.	Operational Manager Surveillance Healthcare Scientist/IPCT	Ongoing process but should be completed August 2024.
<b>EDUCATION</b>		
<b><i>Objective: To ensure that NHSGGC provides an educational framework for all HCWs</i></b>		
<b>Objective to be achieved by the following actions</b>	<b>Action by</b>	<b>Timescale</b>
Ensure that NHSGGC is compliant with the elements outlined in the HIS Infection Prevention and Control (IPC) Standards for health and adult social care settings 2 and the NHSGGC HAI Education.	AMT / Learning & Education / IPCT	Ongoing
Online educational programmes will continue to be updated and will reflect the general as well as the specific educational needs of the workforce.	NHSGGC IPC Education Sub-Group / Education Lead	Ongoing
Report number of education modules undertaken by staff group in sector reports and the IPC report to the Acute Infection Control Committee (also submitted to the Acute Clinical Governance Committee).	IPCT / IPC Data Team	Bi-monthly
ICNs will attend the HIS IC Engineering Course when places become available. By the end of the year three members of the nursing team will have attended this course.	DIPC/ANDIPC	December 2024

<b>EDUCATION</b>		
<b>Objective: To ensure that NHSGGC provides an educational framework for all HCWs</b>		
<b>Objective to be achieved by the following actions</b>	<b>Action by</b>	<b>Timescale</b>
The IPCT will continue to support a single Infection Prevention and Control Induction Programme for staff throughout NHSGGC.	NHSGGC IPC Education Sub- Group / Learning & Education for HSGGC/NCIPC	Ongoing
Provide ongoing education to support Standard Infection Control Precautions (SICPs) and TBP application when delivering healthcare. Direct staff to modules in the Scottish Infection Prevention and Control Education Pathway (SIPCEP) and NES.	NHSGGC IPC Education Sub- Group /NCIPC	Ongoing
<b>IPC POLICY / STANDARD OPERATING PROCEDURE (SOP)</b>		
<b>Objective: To maintain and enhance the NHSGGC Infection Prevention and Control Internet Site</b>		
<b>Objective to be achieved by the following actions</b>	<b>Action by</b>	<b>Timescale</b>
There will be a planned programme for the review / updating of all Standard Operating Procedures (SOPs), Care Check Lists and Strategies as per HIS HAI Standards (2022), Standard 6.	NHSGGC IPC SOP Sub-Group	Ongoing
Develop new SOPs, aid memoirs and Strategies in response to emerging pathogens and new National Guidance. Support the implementation of NIPCM and prepare local SOPs or Risk Assessments as required.	NHSGGC IPC SOP Sub-Group	As required
<b>DECONTAMINATION</b>		
<b>Objective: To comply with national and EU regulations regarding decontamination</b>		
<b>Objective to be achieved by the following actions</b>	<b>Action by</b>	<b>Timescale</b>
Support the work of the NHSGGC IPC Decontamination ICD.	Decontamination ICD	Ongoing

<b>CLINICAL GOVERNANCE</b>		
<b>Objective: To comply with NHS GGC Clinical Governance and Risk Management policies and procedures.</b>		
<b>Objective to be achieved by the following actions</b>	<b>Action by</b>	<b>Timescale</b>
The IPC service will have structures and processes in place to identify, manage and communicate risks throughout the organisation.	DIPC/IPC Business Manager	Ongoing
Use Datix to trigger clinical review for cases of severe <i>Clostridioides difficile</i> Infection or cases where <i>Clostridioides difficile</i> Infection appears on any part of the patient's death certificate.	IPCT	Ongoing
Use Datix to trigger clinical review for cases of SAB where it appears on any part of the patient's death certificate or where on first review it would appear the infection may have been avoidable.	IPCT	Ongoing
Provide monthly reports to the NHSGGC Acute Clinical Governance Committee.	Lead ICD	Ongoing
Complete hot debrief on significant incidents and outbreaks. These will be submitted to the IPC committees to ensure shared learning throughout the organisation.	Chair of IMTs	Ongoing
<b>ANTIMICROBIAL PRESCRIBING</b>		
<b>Objective: To support the work of the Antimicrobial Management Team in promoting prudent antimicrobial prescribing across NHSGGC and achieving the actions outlined in DL (2023) 06.</b>		
<b>Objective to be achieved by the following actions</b>	<b>Action by</b>	<b>Timescale</b>
Support the Antimicrobial Management Team in promoting antimicrobial policies which promote prudent antimicrobial prescribing.	AMT / NHSGGC	Ongoing
Continue to support the application of guidance/ policies in NHSGGC to meet the requirements of Standards on Healthcare Associated Infection (HCAI) and indicators on antibiotic use for Scotland DL(2023)06.	AMT	Ongoing

<b>MRSA/Carbapenamase-producing enterobacteriaceae (CPE) KEY PERFORMANCE INDICATORS (KPI)</b>		
<b><i>Objective: To ensure that NHSGGC is compliant with DL(2024)01</i></b>		
<b>Objective to be achieved by the following actions</b>	<b>Action by</b>	<b>Timescale</b>
Support clinical staff to complete the MRSA and CPE Clinical Risk Assessment.	NHSGGC / IPCT / IPC Data Team	Ongoing
Monitor compliance with the MRSA and CPE Clinical Risk Assessment and return compliance monitoring figures to ARHAI as per DL(2024)01. Include compliance figures in directorate report and in HAIRT.	NHSGGC / IPCT / IPC Data Team	Ongoing
<b><i>Objective: Adopt a 'zero tolerance' approach to non-compliance with Hand Hygiene</i></b>		
<b>Objective to be achieved by the following actions</b>	<b>Action by</b>	<b>Timescale</b>
To continue to support staff to undertake local hand hygiene audit compliance.	NHSGGC Local Health Board Co-ordinator (LHBC)	Ongoing
Select wards reporting 100% compliance and initiate QA audit.	NHSGGC LHBC	Ongoing
In the event of an incident or outbreak a hand hygiene audit will be instructed as soon as possible with results fed back to the area in real time and also to the IMT.	IPCT/NHSGGC LHBC	Ongoing

## 6. ADDITIONAL RECOMMENDED ELEMENTS

<b>PERSON-CENTRED CARE</b>		
<b><i>Objective: To ensure that systems and processes are in place to secure public involvement in issues related to HAI and that these systems are linked to the NHSGGC Patient Experience framework</i></b>		
<b>Objective to be achieved by the following actions</b>	<b>Action by</b>	<b>Timescale</b>
Participate in NHSGGC outreach events that aim to involve the public in influencing services provided.	IPCT	Ongoing
Person-centred care is a key priority in the IPCQIN workstreams.	GGC	Ongoing
Public information on HAI issues will be available through a variety of media including public information boards, patient information leaflets, QR Codes, Videos and the interface between patients and members of the Infection Prevention and Control Team.	IPCT	Ongoing
Public representatives will continue to sit on the Board Infection Control Committee (BICC). IPCT will continue to try and recruit patients and members of the public for the IPCT governance groups.	IPCT	Ongoing
<b>RESEARCH</b>		
<b><i>Objective: To identify research opportunities in NHSGGC and support individuals/ teams to achieve their objectives</i></b>		
<b>Objective to be achieved by the following actions</b>	<b>Action by</b>	<b>Timescale</b>
The Infection Prevention and Control Team will support and encourage HAI research.	NHSGGC	Ongoing
NHSGGC will collaborate with SIRN, Universities and other relevant organisations to take forward applied and translational research initiatives.	NHSGGC	Ongoing

## 7. GLOSSARY

ACDP	<b>Advisory Committee on Dangerous Pathogens</b>
AICC	<b>Acute Infection Control Committee</b>
AMT	<b>Antimicrobial Management Team</b>
Alert organism alert condition	Any of a number of organisms or infections that could indicate, or cause, outbreaks of infection in the hospital or community.
ARHAI	Antimicrobial Resistance and Healthcare Associate Infection (Group)
Bacteraemia	Infection in the blood. Also known as Blood Stream Infection (BSI).
BICC	<b>Board Infection Control Committee</b>
CAUTI	<b>Catheter-Associated Urinary Tract Infections</b>
CDAD / CDI	<b><i>Clostridioides difficile</i></b> Associated Disease / <b><i>Clostridioides difficile</i></b> Infection (formerly <b><i>Clostridium difficile</i></b> )
CEL	<b>Chief Executive Letter</b> issued by Scottish Government Health Directorates (SGHD)
CMO	<b>Chief Medical Officer</b>
CPE	<b>Carbapenamase-producing enterobacteriaceae</b>
CVC	<b>Central Vascular Catheter</b>
<i>C. difficile</i>	<b><i>Clostridioides difficile</i></b> also referred to as <b><i>C. diff</i></b> (or <b><i>C-diff</i></b> ) is a Gram-positive spore-forming anaerobic bacteria. <i>C. difficile</i> is the most common cause of gastrointestinal infection in hospitals.
CRT	Clinical Review Tool
DIPC	Director Infection Prevention and Control
FM	<b>Facilities Management</b>
HAI	Originally used to mean hospital acquired infection, the official Scottish Government term is now <b>Healthcare Associated Infection</b> . HAI are considered to be infections that were not incubating prior to contact with a healthcare facility or undergoing a healthcare intervention. It must be noted that HAI is not always an avoidable infection.
HAIRT	Healthcare Associated Infection Reporting Template
HEI	<b>Healthcare Environment Inspectorate</b>
HCW	<b>Healthcare Worker</b>
HDL	<b>Health Department Letter</b>
HIS	<b>Healthcare Improvement Scotland</b>
HSE	<b>Health &amp; Safety Executive</b>
IPCAT	<b>Infection Prevention Control Audit Tool</b>
IPCN/T/O/D/M	<b>Infection Prevention and Control Nurse / Team / Officer / Doctor / Manager</b>
LHBC	<b>Local Health Board Co-ordinator</b> (Hand Hygiene)
MRSA / MRSA KPIs	<b>Meticillin resistant <i>Staphylococcus aureus</i></b> . A <i>Staphylococcus aureus</i> resistant to first line antibiotics; most commonly known as a hospital acquired organism. <b>MRSA Key Performance Indicators</b> .
MSSA	<b>Meticillin sensitive <i>Staphylococcus aureus</i></b>
PHPU	<b>Public Health Protection Unit</b>
PICSG	<b>Partnerships Infection Control Support Group</b>
PVC	<b>Peripheral Vascular Catheter</b>
SAB	<b><i>Staphylococcus aureus</i> bacteraemia</b>
ScotMARAP	<b>Scottish Management of Antimicrobial Resistance Action Plan</b>
SHFN	<b>Scottish Health Facilities Note</b> . Building notes specifically related to IPC in the built environment.
SICPs	<b>Standard Infection Control Precautions</b>
SIPCEP	<b>Scottish Infection Prevention and Control Education Pathway</b>
SIRN	<b>Scottish Infection Research Network</b>
SOP	<b>Standard Operating Procedure</b>
SPC	<b>Statistical Process Control Charts</b>
SPSP / SPSI	<b>Scottish Patient Safety Programme / Scottish Patient Safety Indicators</b>
TBPs	<b>Transmission Based Precautions</b>
UUC	<b>Urethral Urinary Catheter</b>

The NHS Greater Glasgow & Clyde Infection Prevention and Control Programme recognise that a wide variety of healthcare is undertaken in diverse settings and this may lead to additional initiatives being undertaken locally.