

Scottish Hospitals Inquiry
Witness Statement of
Julie Critchley

This statement was produced by the process of sending the witness a questionnaire with an introduction followed by a series of questions and spaces for answers. The introduction, questions and answers are produced within the statement.

Personal Details and Professional Background

1. Name, qualifications, chronological professional history, specialism etc – please provide an up-to-date CV to assist with answering this question. Please include professional background and role within NHS Scotland Assure, including dates occupied, responsibilities and persons worked with/ reporting lines.
- A.** I am Julie Critchley DPodM, BSc, MBA. I currently hold the post of Director to NHSScotland Assure at NHS National Services Scotland (“NSS”). I have held the post since September 2021.

My background in the NHS is clinical rather than technical. I joined NHS England as an Allied Health Professional, Podiatrist, in 1992. I then had several clinical roles before becoming a clinical manager. I then progressed to management of community services, before moving into a mental health trust, being responsible for community services and mental health services. My roles included being a Director of Operations, a Transformation Director, and an Integration Director.

(Julie Critchley – Curriculum vitae – Appendix C)

I have worked predominantly on large-scale integration agendas across mental health, physical health and social care, with a focus on change management and the equalisation of service delivery. My roles have involved identifying how to bring services up to an appropriate level of delivery for patients and discerning how that is delivered in challenging circumstances. Prior to joining NSS, I held

the position of Head of Due Diligence and Clinical Disaggregation for the NHS improvement facilitated mandated transfer of Pennine Acute Trust into the Salford Royal Foundation Trust and the Manchester Foundation Trust. That was a transaction of approx. [REDACTED] million with 10,000 staff.

As Director of NHSScotland Assure, I am a member of the NSS Executive Management Team, inputting into strategic discussions and operational delivery across NSS. I have the lead for the healthcare-built environment in NHSScotland. I am also responsible for the strategic direction and operational delivery of the directorate, NHSScotland Assure. The directorate is one of a number within NSS and comprises of approximately 300 staff. The directorate is divided into several elements: Property, Sustainability and Capital Planning, Facilities Management Services ("FM Services"), Research, Engineering, NHSScotland Assure Programme Team, Antimicrobial Resistance and Healthcare Associated Infection Scotland ("ARHAI Scotland") and Fleet.

I have previously provided a witness statement to the Inquiry's Edinburgh Hearing (**Witness Statement Bundle – Volume 1, Document 10, Page 237**). This statement is provided in response to a request from the Scottish Hospitals Inquiry relative to the Glasgow IV Hearing. I have had assistance in preparing my witness statement from colleagues in NSS, Laura Imrie, Lead Consultant, ARHAI Scotland and Clinical Lead, NHSScotland Assure, Stuart Brown, Associate Director, NHSScotland Assure and Thomas Rodger, Head of Engineering, NHSScotland Assure. If specific further detail is required in these areas, I will require further assistance from subject matter specialists within NSS to respond.

Serratia Marcescens

2. In April 2021 there was an outbreak of *Serratia marcescens* in the Neonatal Intensive Care Unit (NICU) at the RHC. At the outset of this incident reporting was to ARHAI, were there any changes to the reporting systems upon the establishment of NHS Scotland Assure?

A. I was not in post in April 2021. Laura Imrie can describe the reporting pre and post

NHSScotland Assure being established and the requirements for reporting, as described in the National Infection Prevention and Control Manual (NIPCM). The reporting requirements and mechanism has remained consistent since the establishment of NHSScotland Assure and is detailed in Chapter 3 of the NIPCM (**Bundle 19, Document 24, Page 440**).

3. What information sharing processes were in place between the various stakeholders involved?
 - A. Reporting systems have been included in the NIPCM, Chapter 3, since 2016. Following a Problem Assessment Group (PAG)/ Incident Management Team (IMT) being established by the Health Board, that Health Board is required to communicate all Healthcare Infection Incident Assessment Tool (HIIAT) Green, Amber and Red assessments to ARHAI Scotland, by completing the electronic Outbreak Reporting Tool (ORT) within 24 hours of a HIIAT assessment.

The protocol for the Reporting of Healthcare Infection Incidents, Outbreaks and Data Exceedance in NHSScotland through the ORT is available within the resources section of the NIPCM.

ARHAI Scotland has developed a timeline of changes to the NIPCM from its inception. **Appendix D** details all changes made to the publication since 2012.

4. Were you aware of this outbreak when the IMT was established in April 2021?
 - A. I was not in post in NSS at the time that the IMT was established in April 2021. Laura Imrie has confirmed that ARHAI Scotland staff, Annette Rankin, Nurse Consultant, attended the IMT accompanied by Dr Michael Weinbren, Consultant Microbiologist, representing NHSScotland Assure. This had been set up to investigate the *Serratia Marcescens* outbreak in the Neonatal Intensive Care Unit (NICU) at the Royal Hospital for Children (RHC). The rationale for initiating an IMT is detailed below. ARHAI Scotland staff were invited under the protocol contained within the NIPCM Chapter 3 guidance, specifically section 3.2.2 Investigation,

management and communication:

- “The Infection Preventions and Control Team (IPCT) / Health Protection Team (HPT) will establish an IMT if required.
- In the NHS hospital setting the Infection Control Doctor (ICD) will usually chair the IMT and lead the investigation of healthcare incidents. Where there are implications for the wider community e.g., TB or measles, or rare events such as CJD or a Hepatitis B/HIV look back, or where there is an actual or potential conflict of interest with the hospital service, the Consultant in Public Health Medicine (CPHM) may chair the IMT. A draft agenda for the IMT is available.
- The membership of the IMT will vary depending on the nature of the incident.
- A healthcare infection incident investigation will usually consist of the following elements: an epidemiological investigation, a microbiological investigation and a specific investigation to identify how cases were exposed to the infectious agent (environmental investigation):
 - As part of the epidemiological investigation, a case definition(s) must be established by the IMT. A case definition should include the following: the people involved (for example, patients, staff), the symptoms/pathogen/infection (for example, with Group A Streptococci), the place (for example, care area(s) involved) and a limit of time (for example, between January and March year/date). The case definition(s) should be regularly reviewed and refined (if required) throughout the incident investigation as more information becomes available. A working hypothesis regarding the transmission route and source of the exposure must be formed based on initial investigation findings.
 - A microbiological investigation into the nature and characteristics of the implicated hazard /infective agent must be conducted.
 - Typing and whole genome sequencing can support outbreak and incident investigations. These services are available for some organisms and details of the services available should be discussed with your laboratory. Public Health Scotland continue to offer a SARS- CoV-2 whole genome sequencing service to support outbreak

investigations and address important clinical and epidemiological questions.

- An environmental investigation must be conducted if the findings of the epidemiological investigation suggest a common exposure to a potential environmental source/environmental reservoir.
- Review of patient cases should consider any potential missed opportunities to isolate a patient, a delay in which may have resulted in onward transmission. Any learning should be widely communicated to all clinical staff in the board.
- An infection prevention and control assessment to review the existing infection prevention and control (IPC) practices must be conducted, so that areas for immediate improvement can be identified.
- The IMT should receive and discuss all information gathered and epidemiological outputs for example an epidemiological (epi) curve, a timeline and a ward map to:
 - determine whether additional case finding and control measures may be necessary
 - confirm that all incident control measures are being applied effectively and are sufficient
- Control measures must be directed at the source of the exposure and/or at affected persons in order to prevent secondary/further exposure to the agent. Control measures must be initiated within 24 hours of receiving the initial report and should be implemented based on relevant guidance (for example pathogen specific) and investigation findings of the nature of the outbreak.
- A follow-up period may be defined after an infection incident/outbreak has ended to ensure its termination, including assessment of any ongoing control measures and would be determined by the PAG/IMT.
- Identify any change(s) in the system: staffing, procedures/processing, equipment, suppliers. A step-by-step review of procedure(s). An outbreak checklist is available.
- Identify and count all cases and/or persons exposed: this includes the total number of confirmed/probable/possible exposed cases. An incident/outbreak data

collection tool is available.”

5. At the IMT of 24 May 2021 Dr Michael Weinbren attended as a representative of NHS Scotland Assure. What was Dr Weinbren's role at these IMTs?

A. Dr Michael Weinbren attended the IMT in his capacity as a Consultant Microbiologist providing microbiology expertise and support alongside Annette Rankin, Nurse Consultant. A Nurse Consultant typically attends Health Board IMT meetings on behalf of ARHAI Scotland. Additional support from other disciplines within ARHAI Scotland/ NHSScotland Assure can be requested as needed. In this case Dr Weinbren, Consultant Microbiologist, NHSScotland Assure, also attended the IMT.

6. Did he report to you or to NHS Scotland Assure in respect of this outbreak outside of the reporting systems agreed within the IMT i.e. the online reporting tool?

A. The NHSScotland Assure Clinical Team, including Dr Michael Weinbren, reported and escalated any issues to Laura Imrie as Lead Consultant. Laura Imrie has a direct reporting line and escalation route to me as NHSScotland Assure Director. At this point, before I was in post, any concerns would have been escalated through the governance processes in place at the time. Prior to my appointment this would have been to Gordon James, Director of PCF NSS at the time.

7. The actions from the IMTs mention reporting to the Policy Unit in respect of the HIIAT. What is the Policy Unit and to whom were these reports provided and for what purpose?

A. The ‘Policy Unit’ refers to the Chief Nursing Officer Directorate (CNOD) Healthcare Associated Infection (HAI) Policy Unit. Reports are generated by a Health Board, reviewed, and then communicated by ARHAI Scotland to the CNOD HAI Policy Unit in accordance with reporting requirements for Health Boards in Chapter 3 of the NIPCM as described in Paragraph 7.

As Chapter 3 of the NIPCM states, “definitions of a healthcare incident, outbreak or data exceedance are included in Chapter 3 of the National Infection Prevention and Control Manual (NIPCM). It is the responsibility of Health Boards to ensure incidents, outbreaks and data exceedances are reported to ARHAI Scotland in line with the protocol, the Healthcare Infection Incident Assessment Tool (HIIAT)

and the NICPM. Following the identification of an incident/outbreak according to the NIPCM, a HIIAT assessment (Red, Amber or Green) should be performed, and the incident/outbreak should be reported to ARHAI Scotland through the Outbreak Reporting Tool (ORT), using the corresponding form for that incident/outbreak type". (**Bundle 19, Document 24, Page 440**)

ARHAI Scotland send such reports referred to in paragraph 14 above, to the CNOD HAI Policy Unit as per the guidance contained within **Bundle 52, Volume 2, Document 6, Page 69** and **Bundle 27, Volume 4, Document 16, Page 165**.

Scottish Government oversight:

- ARHAI Scotland notify the Scottish Government HCAI/Antimicrobial Resistance (AMR) Policy Unit of all Red and Amber assessed incidents/outbreaks and Green assessed incidents/outbreaks where ARHAI Scotland support has been requested.
- The HCAI/AMR Policy Unit, which includes professional advisers, review each incident reported to the Scottish Government. Depending on a range of factors including the ongoing risk to patients, the type of pathogen and the nature of the incident, a briefing is provided to the CNO, and/or other relevant Scottish Government Directors and Ministers.
- The national systems and processes that the Scottish Government has in place relating to HCAI are there to support Health Boards in their role to deliver high quality safe care to local populations.

I am aware from discussions with NHSScotland Assure staff that, historically, the Scottish Government's supervision of incident and outbreak reporting could be dependent on the level of information and assurance required by the individual Cabinet Secretary for Health in post at that time. The level of support and oversight that the Scottish Government requires ARHAI Scotland to provide to Health Boards for individual incidents could also be dependent on the CNO in post.

8. Did you or NHS Scotland Assure have access to the reports provided to the Policy Unit?

A. Yes, NHSScotland Assure/ ARHAI Scotland is responsible for sending incident reports to the CNOD HAI Policy Unit and has full access to all reports sent to the Policy Unit.

9. What do you understand to be the operational purpose of sending incident reports to the CNOD HAI Policy Unit?

A. To fully answer this question, I believe it is important to provide the Inquiry with background information regarding the evolution of NHSScotland HAI infection incident assessment and reporting.

In November 2000 the Scottish Government set up a Joint Scottish Executive Health Department & NHSScotland Working Group. The Working Group published 'Managing the risk of Healthcare Associated Infection in NHS Scotland' in April 2001 (**Bundle 52 Volume 5, Document 1, Page 5**).

The key recommendations from this report were:

- ☐ Adoption of National Standards for Infection Prevention & Control, Decontamination of Reusable Medical Devices and Cleaning Services.
- ☐ Integration of HAI Risk Management into existing clinical risk management structures and processes.
- ☐ Strengthening Accountability and Governance, emphasising the need for clear accountability at all organisational levels. Defining responsibilities for infection prevention and control, ensuring that leadership is actively engaged in HAI risk management, and that there is a structured governance framework to oversee these efforts.
- ☐ Enhancement of surveillance and reporting, including the implementation of robust surveillance systems to monitor HAI effectively.
- ☐ Staff education and training, highlighting the importance of comprehensive IPC education and training programmes.

Following the outbreak of *Salmonella* species in the Victoria Infirmary, Glasgow, a group under the chairmanship of Dr Brian Watt was set up by the Scottish Executive to review the outbreak, with a remit to:

- a) "Review the circumstances surrounding the onset of the outbreak of salmonella infection at the Victoria Infirmary, Glasgow, in December 2001 and January 2002 and identify the likely causal factors;
- b) Assess the management of the outbreak and its effectiveness in reducing further exposure to the organism involved;
- c) Assess how the NHS Trust managed the overall situation, including communications with other relevant organisations and the public; and
- d) Draw conclusions and make recommendations to help reduce the risks of future outbreaks of infections of this kind in hospitals and help improve both outbreak and overall management."

Between December 2001 and January 2002 the group produced 'The Watt Group Report: A review of the outbreak of salmonella at the Victoria Infirmary, Glasgow, and lessons that may be learned by both the Victoria Infirmary and the wider NHS family in Scotland' which included 47 recommendations (**Bundle 52, Volume 1, Document 32, Page 352**).

Some of the key recommendations relating to assessment and external reporting of healthcare associated were:

- Recommendation 30

- a. That a classification system for infection outbreaks/episodes be drawn up and used by all key players as "common currency" in deciding the actions and communications required in a given infection incident (A framework (Infection Control Risk Matrix) is set out in detail in Appendix E) and that clear policies are developed, using this system, which identify all the key individuals involved in communications about outbreaks of different severity.

- Recommendation 33

- a. That the Chief Executive of a Trust or Health Board (depending on whether the outbreak is primarily in the hospital or community respectively) should assume the unambiguous responsibility for ensuring effective internal and external communications, including the media, appropriate Government Departments and Agencies.

b. That within the SEHD consideration should be given to the nomination of an issue manager as soon as a serious outbreak occurs and irrespective of the route through which notification has come. Clear guidelines should also be in place on which Division/Unit within the SEHD should be responsible for actions and briefing associated with an outbreak.

Thereafter the profile of prevention and control of HAIs was transformed within a few years. Significant milestones include:

- ☐ The NHS Quality Improvement Scotland (NHS QIS)/Clinical Standards Board for Scotland (CSBS) HAI Infection Control Standards (December 2001) and Cleaning Services Standards (June 2002);
- ☐ The Ministerial HAI Action Plan "Preventing infections acquired while receiving healthcare" (October 2002);
- ☐ The Audit Scotland review of cleaning services and the NHSQIS review of HAI infection control standards (both published January 2003);
- ☐ The "Champions" educational initiative (April 2002);
- ☐ Infection Control: Organisational Issues (**Bundle 13, Volume 7, Document 1, Page 6**); and
- ☐ Healthcare Associated Infection (Hai) - Reporting Of Incidents and Outbreaks and Norovirus Guidance (**HDL (2009)**)

In 2009 The Rt Hon Lord MacLean was appointed to chair The Vale of Leven Public Inquiry which reported its findings in 2014 in The Vale of Leven Hospital Inquiry Report (**Bundle 51, Document 2, Page 214**).

☐ Recommendation 46

a. Health Boards should ensure that the Infection Control Manager has direct responsibility for the infection prevention and control service and its staff.

☐ Recommendation 49

a. Scottish Government should re-issue national guidance on the role of the Infection Control Manager, stipulating that the Infection Control Manager must be

responsible for the management of the infection prevention and control service.

☐ Recommendation 53

a. Health Boards should ensure that surveillance systems are fit for purpose, are simple to use and monitor, and provide information on potential outbreaks in real time.

☐ Recommendation 54

a. Health Boards should ensure that the users of surveillance systems are properly trained in their use and fully aware of how to use and respond to the data available.

Over the past 25 years, policy and guidance relating to reporting of HCAI incidents and risks across NHSScotland has been shaped by several external reviews. This includes the Vale of Leven Public Inquiry which has included the monitoring and reporting of HAIs. The recommendations from these reviews, along with evidence-based guidance and international standards for HCAI reduction, have informed the development of current processes that enable national oversight of HCAI incidents. These processes also ensure that the Scottish Government is appropriately informed, allowing it to respond effectively to emerging issues.

10. Is there a system where requests for additional information, directives or instruction can be passed back from the CNOD HAI Policy Unit and/or Cabinet Secretary for Health through NHSScotland Assure/ ARHAI Scotland to the health board that initiated a particular HAI incident report?
- A.** Requests for additional information following a HCAI incident can come from the Scottish Government either as part of the ongoing communication around the incident or as a separate request. This process is highlighted within **DL (2024) 24 (Bundle 52, Volume 2, Document 6, Page 69)** and describes Scottish Government oversight:
- ☐ ARHAI Scotland notify the Scottish Government HCAI/Antimicrobial Resistance (AMR) Policy Unit of all Red and Amber assessed incidents/outbreaks and Green assessed incidents/outbreaks where ARHAI

Scotland support has been requested.

- The HCAI/AMR Policy Unit – which includes Professional Advisers - review each incident reported to the Scottish Government. Depending on a range of factors including the ongoing risk to patients, the type of pathogen and the nature of the incident - will provide briefing to the Chief Nursing Officer, and/or other relevant Scottish Government Directors and Ministers.

The reporting Health Board is copied into the email to CNOD alerting them of the incident which enables transparency around the type and scale of outbreaks across all NHSScotland Health Boards.

11. How does this reporting process ensure effective processes for open and collaborative information sharing between all stakeholders?
 - A. Health Board reporting of incidents is included in onward communications from ARHAI Scotland to the CNOD HAI Policy Unit. This communication provides a direct line between the Health Boards, ARHAI Scotland and the CNOD HAI Policy Unit, which enables transparency around the type and scale of outbreaks across all NHSScotland Health Boards.

Refurbishment of Wards 2A and 2B 2021/2022

12. The Inquiry understands that NHS Scotland Assure were involved with the refurbishment work of wards 2A and 2B at the RHC in 2021 and 2022. What were the circumstances under which NHS Scotland Assure became involved in the refurbishment of wards 2A/B?
 - A. The Scottish Government set up an Advice and Review Group (chaired by the CNO) in June 2021 to oversee the delivery of NHS Greater Glasgow and Clyde's (NHSGGC) programme to implement and evidence the 108 recommendations outlined in the Independent Review, Oversight Board Report and Case Note Review.

ARHAI Scotland has a close working relationship with the CNOD HAI Policy Unit which routinely requests additional work to be considered by NHSScotland

Assure/ ARHAI Scotland.

In June 2021, NHSGGC approached the NHSScotland Assure engineering team Senior Engineer (water) to request support for the ongoing refurbishment project in Wards 2A and 2B. The scope of support was outlined in a Terms of Reference (TOR) agreed between NHSScotland Assure and the NHSGGC Project Manager (**Bundle 52, Volume 2, Document 7, Page 72**) and was limited to the domestic water installation only. The expectation was that NHSGGC would explicitly ask NHSScotland Assure if their attendance at these internal meetings was required. A summary of the duties for GGC as described in the TOR was as follows:

- “Attend fortnightly progress meetings on a Tuesday (via MS Teams) when available. Copies of minutes to be made available via email to NHSScotland Assure.
- Attend fortnightly technical meetings on the alternate Tuesdays (via MS Teams) when available. Copies of minutes to be made available via email to NHSScotland Assure.
- Attend weekly testing and commissioning meetings on a Wednesday (via MS Teams) when available. Copies of minutes, commissioning certificates and microbiological results to be made available via email to NHSScotland Assure.
- Site inspection visits when available. The aim will be to attend weekly subject to other commitments.”

13. Can you please produce the email or letter of June 2021 in which NHS GGC approached NHSScotland Assure engineering team Senior Engineer (water) to request support for the ongoing refurbishment project in Wards 2A and 2B.

A. The email at **Bundle 52, Volume 5, Document 15, Page 79** –has been provided to the Inquiry. As far as I am aware, this appears to be the first request of HPS from NHSGGC.

NHS Scotland Assure did not participate in any of the aforementioned meetings when this commission went live. As per the TOR, NHSGGC did not explicitly ask NHSScotland Assure to participate; our resource was intended to be ad-hoc at

these meetings, subject to resource availability. NHSScotland Assure worked on the understanding that if required to attend then a formal request would be forthcoming from NHSGGC. Whilst not referenced specifically in the TOR, this was essentially a working agreement between the NHSScotland Assure Senior Engineer and the NHS GG&C Project Manager.

14. Please explain, in detail, why NHSScotland Assure did not participate in any of the meetings described in the TOR for Support by HFS?

A. NHSGGC had in place its own technical advisory team in the form of [REDACTED]. At the time the TORs were created, [REDACTED] supporting NHSGGC in the provision of the technical advisory services, Richard Beattie, was in the process of joining NHSScotland Assure. NSS understand that colleagues within NHSGGC were keen to maintain access to Mr. Beattie's technical knowledge on the project when he joined NSS and that the TORs were effectively established to ensure that, if required, Mr. Beattie would be able to attend the meetings. I have spoken with the Engineering team within NHSScotland Assure who have noted that as the commission commenced, the team does not recall being asked to attend the meetings by NHSGGC, as they understood that [REDACTED] continued to provide technical support to the health board.

The scope of the work delivered was therefore limited to a number of site walk rounds undertaken by the Senior Engineer (water), with site observations shared via email with the NHSGGC Project Manager (**Bundle 52, Volume 2, Document 8, Page 73; Document 9, Page 82; Document 10, Page 93 and Bundle 52 Volume 5, Document 16, Page 82**).

Under this commission NHSScotland Assure did not undertake any final "sign off" site inspections or review handover documentation (for example, water testing results). The meetings under this commission continued with limited input from NHSScotland Assure until February 2022.

On 17 February 2022 the CNO asked Mary Morgan, Chief Executive, NSS, and me to join the CNO commissioned Advice and Review Group. NHSScotland

Assure was specifically asked to support NHSGGC with its ongoing issues with the water system in relation to the reopening of Wards 2A and 2B.

15. Can you please produce the email or letter of 17 February 2022 where the CNO asked Mary Morgan, Chief Executive, NSS and Ms. Critchley to join the CNO commissioned Advice and Review Group.
- A. The email entitled 'QEUH' sent by the CMO on 18 February 2022 (**Bundle 52, Volume 5, Document 17, Page 84**) notes the meeting between the CMO, Mary Morgan and myself as well as the required NHSScotland Assure input to this process.

The support request from the CNO was formalised through the CNOD Advice and Review group on 17 February 2022 and became the basis of the supported pathway to reopening for Wards 2A and 2B.

16. Why did NHSScotland Assure not have an input in the Ventilation installation for the ongoing refurbishment project in Wards 2A and 2B? If, as seems to be the case, NHSScotland Assure was not asked to assist in respect of ventilation what steps did NHSScotland Assure take to inquire why NHS GGC did not appear to want assistance from them?
- A. As noted in paragraph 26, the request for support from the CNO was specifically in relation to water safety. In the absence of any further request for support, NHSScotland Assure had no mandate to be involved in the ventilation installation and there was no formal mechanism for us to explore why NHSGGC did not ask for us support on other matters.
17. To what extent did NHSScotland Assure report its noninvolvement in the ventilation aspects of the refurbishment of wards 2A and B to the CNO or Scottish Ministers?
- A. Please refer to my response to Question C6. Our commission from the CNO was for NHSScotland Assure support related to NHSGGC water systems only and therefore there was no reporting mechanism in place for the ventilation systems to report as there is no 'non-involvement reporting mechanism' in place.

18. What was the extent of NHS Scotland Assure's role in the refurbishment?
- A.** As noted in paragraph 27, in February 2022, the CNOD HAI Policy Unit asked NHSScotland Assure to formally support NHSGGC in ensuring any water issues had been mitigated to support the reopening of Wards 2A and 2B. This support would take the form of NHSScotland Assure producing a pathway to both the reopening of Wards 2A and 2B and NHSGGC providing evidence to show compliance and mitigate any outstanding risks within the water system. This pathway broadly followed the principles set out in the Key Stage Assurance Review (KSAR) process (**Bundle 52, Volume 2, Document 11, Page 103**).
19. What support did they offer?
- A.** Following the request from the CNOD HAI Policy Unit, I requested that appropriate colleagues from NHSScotland Assure (Ian Storrar, Associate Director, Engineering and Assurance, Annette Rankin, ARHAI Scotland Nurse Consultant and Michael Weinbren, Consultant Microbiologist and an external expert Dr Suzanne Lee, Independent Consultant Microbiologist) provide input and expertise to the review of the water component of the completed refurbishment of Wards 2A and 2B. As noted in paragraph 28, the pathway document had a methodology not unlike a KSAR process. A subject matter expert (SME) from NHSScotland Assure reviewed the NHSGGC evidence around risk mitigation and provided feedback on progress. This process supported NHSGGC to make the decision to re-occupy Wards 2A and 2B and decant patients from Ward 6A.
20. What connection is there between the validation processes for new or refurbished ventilation systems envisaged by SHTM 03-01 and the work of NHS Scotland Assure? Does NHS Assure expect to be shown independent ventilation validation reports for new and refurbished facilities that fall within its remit?
- A.** There are a number of scenarios where NHSScotland Assure might be involved in a project at the commissioning/validation/handover stage of a project, including KSARs, Authorising Engineer (AE) services or through a Health Board commission for support. Our involvement in all of these scenarios would be either to seek assurance (in the context of the KSAR) or in an advisory capacity (in the context of AE or a Health Board commission).

NHSScotland Assure would not actually undertake validation of the ventilation systems (this would be undertaken by a specialist third party organisation, typically appointed by the Health Board), rather we would review the results and assess how the Health Board had considered them to ensure appropriate functionality of the respective ventilation systems.

NHSScotland Assure would expect and recommend that independent validation of all new ventilation systems installed as part of new build/refurbishment projects are in accordance with SHTM 03-01 Part A 2022, including the requirements of Chapter 12 'Acceptance Testing – Validation'.

21. What connection is there between the pre-occupation L8 and Pseudomonas risk assessments required by L8, HS 274 and SHTM 04-01 and the work of NHS Scotland Assure? Does NHS Assure expect to be show such reports for new and refurbished facilities that fall within its remit?
- A. NHSScotland Assure note that the **Health and Safety Executive Legionnaires Disease HSG274** relates to legionella and not pseudomonas. Pseudomonas risk assessments would typically be covered under **BS8580-2 2022**. (This part of BS8580 is published by BSI Standards Limited, under license from The British Standards Institution). Health Boards would typically be expected to undertake a pseudomonas risk assessment for high risk and augmented care facilities.

The responsibility for undertaking appropriate risk assessments and pre-occupation assessments in accordance with the aforementioned guidance and standards remains the responsibility of the Health Board. NHSScotland Assure would seek assurance through a KSAR or AE audit (in the event we were appointed as AE) that such assessments had been completed by the Health Board.

22. With whom did they communicate within the RHC in respect of the refurbishment works?
- A. I primarily communicated with Professor Tom Steele, Director of Estates NHSGGC, and Professor Angela Wallace, Senior Executive Nurse Director, NHSGGC. My colleagues from NHSScotland Assure have informed me that the

majority of their communications were with Professor Tom Steele, Sandra Devine, Acting Infection Control Manager, NHSGGC, Gerry Cox, Assistant Director Estates and Property, and James Huddleston, Project Manager, NHSGGC.

23. What risk assessments, testing and monitoring were carried out throughout the refurbishments and in advance of the ward reopening?

A. I am unclear on any specifics related to risk assessments, testing and monitoring that were carried out throughout the refurbishments, as NHSScotland Assure had limited input during this process. My colleagues from NHSScotland Assure who were involved in this work advise me that they do not have any recollection of reviewing any final water testing or handover materials relating to the Wards 2A and 2B refurbishment. This was part of the pathway work that was to be monitored through NHSGGC. NHSScotland Assure commenced the pathway work between 20 and 22 February 2022.

Our initial suggested way forward, when first approached by NHSGGC, was to establish a short life working group (SLWG) to explore and discuss relevant details, including testing undertaken and results, and undertake a walk round of the refurbished wards. NHSGGC declined this offer due to the length of time this would take. There was a very limited amount of time before NHSGGC wished the wards to be occupied by patients, so the pathway methodology was settled on to provide the best way to ascertain progress towards reopening (**Bundle 52, Volume 2, Document 11, Page 103**).

24. What connection is there between the work done by Authorising Engineers (Water) and Authorising Engineers (Ventilation) in auditing compliance of water and ventilation systems with relevant regulations, guidelines and good practice and the work of NHS Scotland Assure in respect of new and refurbished facilities that fall within its remit?

A. **SHTM 03-01** Part B 2022 Clause 2.8 defines the role of the AE (Ventilation) as: “The AE(V) is defined as a person designated by Management to provide independent auditing and advice on ventilation systems, to review documentation on verification and validation and witness the process as necessary.”

SHTM 04-01 Part B 2014 Clause 6.15 defines the role of the AE (Water) as:

“An Authorising Engineer (Water) acts as an independent professional advisor to the NHS Board, appointed by the organisation with a brief to provide services in accordance with SHTM guidance.

The AE (Water) acts as an assessor, making recommendations on Duty Holders and for the appointment of Designated Persons, Authorised Persons and Competent Persons, monitoring the performance of the service and providing an annual audit to the Health Board’s Designated Person.”

AEs may support Health Boards at the point of commissioning/handover of new build/refurbishment projects to support the assessment of compliance. They will also undertake audits of facilities to assess the respective management of ventilation/water systems and make recommendations to the Health Board.

Audits will typically consider the management and organisational structure of the Health Board relative to each of the systems to assess whether appropriate roles are identified and occupied by suitably competent persons. The audit will also consider how systems are being managed and maintained, including a review of records held by the Health Board. Upon completion of the audit, the AE will make recommendations to the Health Board and the Health Board will be expected to create an action plan to demonstrate how it will resolve any findings/actions.

NHSScotland Assure provide AE services to various Health Boards (this service commenced in November 2023). This is not a mandated service.

Health Boards can use AEs out with the service offered by NHSScotland Assure at its discretion and define the scope of services required by the Health Board, which may be in addition to the minimum recommendations of SHTM 03-01 and SHTM 04-01. In the context of new build/refurbishment projects, it does not necessarily need to be an AE that fulfills this function – it could also be fulfilled by a suitably competent subject matter expert in the role of a Technical Advisor.

It is important to note that the function of the AE (or Technical Advisor) is different to the function of the KSAR. Whilst both will ultimately consider elements of

compliance, there will be subtle differences in how the respective parties (i.e. the AE and the KSAR review team) will assess this.

The KSAR will assess a Health Board's overall approach to compliance, including the structure of the technical team and whether they have an AE in place (and/or other technical advisory support). The KSAR will also consider a sample overview of the commissioning/validation results and seek assurance that they have been reviewed on behalf of the Health Board by a suitably competent technical person (which may include the AE).

The AE on the other hand will be expected to review a much wider selection of results and provide advice directly to the Health Board as to whether findings are acceptable or may require further works.

25. What assurances did they seek and from whom in respect of the ward environment to ensure patient safety?

A. While NHSScotland Assure was able to support NHSGGC in the reopening of Wards 2A and 2B in relation to water safety, by developing the pathway, we could not offer assurance in respect of the wider ward environment due to the tight timeframes and NHSScotland Assure's lack of detailed involvement in the refurbishment work of those wards. The water pathway methodology outlined key questions that allowed evidence to be reviewed during a short period of time, so helping the Health Board to provide assurance in relation to water safety. The pathway document covered several key areas including (but not limited to):

- Whether risk assessments were in place.
- Whether appropriate water management procedures were in place, for example flushing and cleaning regimes.
- Water sampling methodology and results.
- Whether appropriate engagement with the Water Safety Group was in place.

26. Did NHS Scotland Assure offer to inspect the refurbished Schiehallion Unit before it opened again in 2022?

A. My colleagues from NHSScotland Assure involved in this work, as noted in

paragraph 32, suggested the establishment of a SLWG to explore and discuss relevant details, including testing undertaken and results, and a site walk round the refurbished wards. NHSGGC declined this offer due to the length of time this would take and the short timescale for this work to take place.

27. If so, what form did the offer take and who was it directed to?

A. A verbal offer was made when we were initially discussing a methodology around gaining assurance of water risk mitigation for Wards 2A and 2B prior to reopening. The final methodology agreed was the pathway provision based on the KSAR principles. The timescale between the ask from CNOD and delivery of the pathway was from 17 February 2022 to 24 February 2022.

28. When was this verbal offer made and by whom?

A. The offer was made by Ian Storrar and Annette Rankin. In an email dated 21 January 2022 entitled 'RE: wards 2a/b RHC' from Annette Rankin to Tom Steele and Sandra Devine (**Bundle 14, Volume 3, Document 241, Page 350**), both NHSGGC, Annette Rankin stated that:

"ARHAI/HFS are offering NHSGGC to establish a SLWG facilitated by ARHAI/HFS which includes microbiology, clinical and scientific input to work with NHSGGC and review the work undertaken, results being obtained, risk mitigations in place in an attempt to support NHSGGCs repatriation of children back to wards 2a/b. If this request is accepted by NHSGGC, timescales, terms of reference and membership will be established. Would it be possible to advise us if you wish to work with ARHAI/HFS in this manner by 28th January 2022".

29. What was the response and what reasoning was given for refusing the offer?

A. NHSGGC noted that its rationale for declining the establishment of a SLWG and NHSScotland Assure input to a walk round within the refurbished Wards 2A and 2B was the time that this process would take.

30. Question for the witness: To what extent did NHSScotland Assure report that NHS GGC had declined to work with NHSScotland Assure on testing and results and a site walk round the refurbished Wards 2A and 2B to the CNO or Scottish Ministers?

- A.** NHSGGC declining the establishment of a SLWG was not raised formally with NHSGGC as it was superseded by the commission from CNOD for NHSScotland Assure to become involved in reviewing the water system within wards 2A and 2B.
31. Were you and NHS Scotland Assure as a body concerned that the offer had been declined given the issues that had led to the refurbishment being necessary?
- A.** NHSScotland Assure staff supporting this work (Ian Storrar, Associate Director, Engineering and Assurance, Annette Rankin, ARHAI Scotland Nurse Consultant and Michael Weinbren, Consultant Microbiologist) and reviewing the data and reports were concerned that they may be asked to comment on the overall ward safety and would not be able to do so as they had not received all the data from NHSGGC to allow them to comment on the safety of the ward as a whole. The NHSScotland Assure team was not able to offer any assurances on the overall refurbishment of Wards 2A and 2B as CNOD had asked the team to specifically look at water safety. The team did agree to produce a suggested pathway for water compliance for NHSGGC to implement and provide evidence, as noted in paragraph 32, which would support NHSGGC to understand their risks and mitigate them when making the decision to re-occupy Wards 2A and 2B and decant patients from Ward 6A. Ultimately, NHSGGC would provide the assurance as outlined in the pathway document. NHSScotland Assure did not review any further information or actions following the reopening of Wards 2A and 2B. Compliance with the actions plan was for NHSGGC to monitor through their own governance mechanisms.
32. Question for witness: Do any written records, reports, emails or minutes record the concern by these staff that they had not received all the data from NHS GGC to allow them to comment on the safety of the wards as a whole?
- A.** The staff involved in this work had been asked by myself, after instruction from CNOD, to look specifically at water safety. As that was NHSScotland Assure's given remit during this period of time there was no review of any further system within the wards 2A and 2B. Therefore, because I nor the NHSScotland Assure team had received information or documentation from NHSGGC relating to other systems within the wards we would not, at that time or now, be able to comment if

there were any concerns. As noted in paragraph 36, the NHSScotland Assure team were concerned that they may be asked to comment on the overall ward safety and would be unable to do so because of a lack of commission for or knowledge of such systems. Therefore, there is no documentation around any other system than water. (**Bundle 21, Volume 2, Document 2, Page 15**).

33. Do you believe that it should be mandatory for health boards to get new construction or refurbishment approved by NHS Scotland Assure?
- A.** It is currently mandatory for Health Boards to engage with NHSScotland Assure assessment processes (primarily the NHSScotland Design Assessment Process (NDAP) and the KSAR) for new construction and refurbishment processes above a Health Boards' delegated authority financial limit. These gateway processes do not provide 'approval' of projects. Rather, they support, through our governance route to the Scottish Government's Capital Investment Group, allows Health Boards to proceed to the next stage (**Bundle 15, Document 2(ii), Page 17; Bundle 3, Volume 3, Document 77, Page 893; Bundle 52, Volume 2, Document 13, Page 142; Bundle 52, Volume 2, Document 24, Page 377; Bundle 52, Volume 2, Document 14, Page 180**).
34. What, in practical terms, does "engage" mean in this context?
- A.** In this context, "engage" means that Health Boards participate in and follow the assessment and assurance processes (NDAP & KSAR), which include attendance at meetings and workshops, submission of information and responses to recommendation or actions emerging from the process reporting.
- NSS has previously provided the Inquiry with information in relation to the NDAP and KSAR process.
35. Do you consider that the 'engagement' of NHS GGC with NHSScotland Assure assessment processes in respect of the water and ventilation system of the refurbishment of Wards 2A and 2B meets the mandatory standard referred to in paragraph 38?
- A.** As noted in paragraph 27, the agreed commission followed a pathway broadly underpinned by the principles set out in the Key Stage Assurance Review (KSAR)

process. Whilst there were some similarities to the processes a “full” KSAR process would require, it was done over an accelerated period of time and thus was not possible to engage with the NHS board in the way NHSScotland Assure would typically through the course of a projects lifecycle. An NDAP and KSAR involves multiple touch points, often over several months, to support NHS Boards to develop a supporting portfolio of documents and evidence to demonstrate assurance. In the case of Ward 2A and 2B, due to the time pressures associated with the project, NHSGGC provide information to NHSScotland Assure team to demonstrate they had met the requirements of the final pathway document.

36. In respect of the hospital project in Aberdeen, the Inquiry understands that derogations from the SHTM guidance were sought and the KSAR process was implemented. What was the outcome of this process and what is your view on the effectiveness of this process?

A. NHSScotland Assure has undertaken KSARs on the Baird Family Hospital (Construction Stage KSAR) and the ANCHOR Centre (Construction Stage KSAR). Both these KSARs identified observations in relation to how the Health Board had recorded derogations, how it had considered risks and mitigations and how it had recorded sign-off/approvals from key stakeholders. In response NHS Grampian has developed an action plan to address the recommendations of NHSScotland Assure and has implemented a dedicated workstream within its project team to update the project derogations list. This ensures that all risks and mitigations are clearly identified and that key stakeholder review/approvals are documented. NHSScotland Assure continue to work closely with the Health Board as the projects move toward the Commissioning Stage KSAR and acknowledge the positive steps taken by NHS Grampian to review and revise the processes they are implementing.

NHSScotland Assure has also reflected on this learning and will look to capture key feedback as part of the forthcoming “Once for Scotland” derogations process, including guidance on how risks and mitigations are considered and how approvals are captured.

NHSScotland Assure has commenced work on the "Once for Scotland"

derogation standard process, with the drafting process expected to continue into late summer 2025. Thereafter the document will go to NHSScotland and other devolved administration colleagues for consultation prior to publication later in winter 2025.

Reporting through ARHAI Scotland for infections/ outbreaks is also recommended for Health Boards via the mechanism outlined in the NIPCM, Chapter 3. There is provision for Health Boards to derogate from the NIPCM. If Health Boards do derogate, the Scottish Government expects that Health Boards continue to ensure safe systems of work through the completion of a risk assessment and escalation, approved and documented through local governance procedures. Therefore, reporting in this way is not mandated.

37. If not, what is the purpose of NHS Scotland Assure and where should the public look for reassurance that health facilities are fit for purpose?
- A.** NHSScotland Assure has a very good working relationship with Health Boards and operates on a collaborative model of provision with all stakeholders. Our advice and expertise are openly available to all Health Boards whether they are undergoing a large new build, or they require advice on refurbishment or ongoing estate or IPC issues. Our support to Health Boards and their seeking and acceptance of that support provide reassurance that NHSScotland takes the safety and resilience of the health care environment seriously, as a key part of health care provision. The development of NHSScotland Assure into a responsive, knowledgeable resource that supports excellence in the health care environment should also provide reassurance that safety and appropriate patient environment is at the heart of NHSScotland provision.

As noted above, it is mandatory for Health Boards to engage with NHSScotland Assure when undertaking major capital build and refurbishment projects. NHSScotland Assure has the ability, where appropriate, to withhold support, which can impact funding and the opening of projects. NHSScotland Assure is not an inspectorate, however the governance mechanisms in place through the Scottish Government allow the key compliance oversight function for all new build projects and major refurbishments to be delivered. **Bundle 15, Document 2(ii),**

Page 17), Bundle 4, Document 10, Page 144; DL (2021) 14 (Bundle 52, Volume 2, Document 24, Page 377); and Bundle 52, Volume 2, Document 14, Page 180 all detail mandated requirements for Health Boards to engage with NHSScotland Assure requirements including NDAP and KSAR processes. **DL (2023) 03 (Bundle 52, Volume 2, Document 14, Page 180)** further states that:

“All building projects going through a KSAR, should not open to patients or the public until you receive a ‘supported status’ from NHSScotland Assure. This authority allows us to ensure that healthcare facilities are assessed and provide assurance on stringent safety and quality standards before they become operational. Whilst our primary role is to provide support and guidance to Boards and we are not a public facing service, our mandate to assess and seek assurance on compliance with standards means if necessary, and facilitated through Scottish Government governance, we can effectively raise concerns on projects that do not meet the required criteria which should provide reassurance to the public.”

38. Has NHSScotland Assure ever withheld support from a project and how would withholding such support impact funding and the opening of projects?
- A.** NHSScotland Assure has, in the past, reported an ‘unsupported’ status for projects at specific stages of their development. This status is reported to the Capital Investment Group and is used to inform the group’s decision making to allow, or not, a project to progress to the next stage. It is at the discretion of the group to determine whether matters can be dealt with in the subsequent stage, or the project should be developed until it secures a supported status for its current funding stage.

(Bundle 52, Volume 2, Document 24, Page 377) and **(Bundle 52, Volume 2, Document 14, Page 180)** issued by Scottish Government outline the requirement for Health Boards to achieve a supported KSAR status before being allowed to progress to the next stage or opening.

(Bundle 52, Volume 2, Document 24, Page 377): “From the 1 June 2021, all NHS Board projects that require review and approval from the NHS Capital Investment Group (CIG), will need to engage with NHS Scotland Assure to

undertake key stage assurance reviews (KSARs). Approval from the CIG will only follow once the KSAR has been satisfactorily completed.”

(Bundle 52, Volume 2, Document 14, Page 180): “This DL covers the commissioning, completion, and handover part of the process and notifies you that all building projects going through a KSAR, should not open to patients or the public until you receive a ‘supported status’ from NHS Scotland Assure.”

These mandated processes, however, do not currently cover all services or areas of subject matter expertise within NHSScotland Assure.

ARHAI Scotland has guidance for reporting in the NIPCM Chapter 3, but this is not mandated for Health Boards. **DL (2024) 01 (Bundle 52, Volume 2, Document 18, Page 189)** reiterated adherence to the NIPCM but also gave some caveats:

- “A recognition that during times of increased service pressure Health Boards may adopt practices that differ from those stated in the NIPCM.
- Health Boards can do this, but it has a responsibility to ensure safe systems of work including risk assessment.
- Any decision to derogate should be considered and approved in line with the local Health Board governance arrangements and must be frequently reviewed within those structures.”

39. Is NHSScotland Assure aware of NHS GGC ever reporting that it has derogated from practices stated in the NIPCM either to NHS NSS or to its own local Health Board governance arrangements?

A. ARHAI Scotland, as part of NHSScotland Assure, has not received any formal report from NHS GGC regarding derogations from the NIPCM. Discussions are currently ongoing between NHSScotland Assure and the Scottish Government regarding the stage alignment, topic extent, escalation mechanism and appropriate integration of our advice and assessment services.

a) With hindsight, had NHS Scotland Assure (NSA)/KSAR existed at the time and then had a role in commissioning/validation/handover in respect of the QEUH/RHC in 2015 do you think that the migration of patients occurred in the absence of

validation of the ventilation system and in light of either an absent L8 risk assessment or, the findings of the DMA Canyon 2015 Risk Assessment?

- A.** It is important to note that NHSSA was conceived because of the issues at the Queen Elizabeth University Hospital (QEUH) and the Royal Hospital for Children (RHC). Prior to these events, there was no perceived need for the level of oversight that NHSSA now provides. Had NHSSA/ Key Stage Assurance Review (KSAR) existed earlier, with a role in commissioning/ validation/ handover in respect of the QEUH/ RHC, health boards and their construction partners would have remained responsible for ensuring that systems were commissioned in accordance with statutory instructions and guidance. However, while it is possible that the migration of patients could have been delayed, it is difficult to determine the impact of the earlier existence of NHSSA with certainty, as it would have depended on the information shared with NHSSA. That said, the KSAR process could have highlighted issues with the commissioning and validation data for the water and ventilation systems. This may have provided an opportunity for the health board to resolve any discrepancies prior to patient migration.
- b) In respect of your answer to question 23 of your draft statement why did NSA not have access to and review the final water testing and handover materials? In your view did this amount to NHSGGC failing to follow the pathway that had been set down?
- A.** Our interaction with NHSGGC was in line with the standard NHSSA operating procedure. i.e. the health board could request our support for any project that is within their delegated authority and is not approved through the Capital Investment Group (CIG). The refurbishment of wards 2A and 2B did not fall within NHSSA's remit through either of these routes. My understanding is that this project fell within the remit of the QEUH oversight group. Our involvement at the time was limited to reviewing water testing data as requested by the QEUH oversight group and making the offer of site visits and a ward walkaround. As I previously stated in response to Question 23, the pathway methodology to ascertain progress towards reopening was for NHSGGC to monitor and complete; there was not an expectation for NHSSA to monitor adherence to this pathway. NHSGGC requested our involvement prior to the request from the QEUH oversight group. I understand that this was due to one of our newly appointed engineers being previously

involved with NHSGGC (as a private contractor), prior to taking up post with NHSSA.

c) With reference to your answer to Question 29 about how NHS GGC declined the offer from NSA to discuss and walk around the refurbished ward. How long would it have taken NSA to complete these tasks?

A. NHSSA committed to providing as much multidisciplinary resource as it would take to support a short life working group (SLWG) and a site walk round. It is difficult to quantify how long this would have taken overall, as it would have been dependent on the findings during the walk round and any subsequent results requests. However, what can be assured is that there would have been no delay on NHSSA's part.

d) With reference to your answer to Question 31 given the concerns that existed about the impact of the original ventilation and water systems in Ward 2A on patient safety would you not have expected NHSGGC to have welcomed the offer by NHSSA to provide assurance to the Board and to patients and families?

A. The involvement of Health Facilities Scotland (HFS) / ARHAI Scotland, now NHSSA, is at a health board's discretion. If a health board is of the opinion that it can assure itself of statutory compliance within a refurbishment then NHSSA will not be involved. This happens with many projects which are carried out across all health boards each year. The exceptions to this are the major capital projects which are mandated as part of the Scottish Governments Director's Letters; **(Bundle 52, Volume 2, Document 24, Page 377)** and **(Bundle 52, Volume 2, Document 14, Page 180)** and are approved through CIG. I cannot comment on whether NHSGGC would have welcomed NHSSA involvement in this refurbishment, however if they had asked, we would have supported the reopening of wards 2A and 2B by ensuring the healthcare environment was safe for patient use, using the expertise and processes developed within NHSSA.

e) With reference to your answer to Question 35 would it not have been possible for NHS GGC to work with NSA in a "full" KSAR process if NHS GGC had asked for NSA's support earlier in the project?

- A.** In terms of timescales, the national documentation for KSAR was finalised at a time when ward 2A/2B was being constructed. At that stage, it would have been too late in the process to use a KSAR, and the project was not subject to CIG approval. Therefore, it did not meet the criteria for use of a KSAR. Also, the KSAR comments question sets were developed in conjunction with all health boards and other stakeholders to ensure a comprehensive question set and could not have been developed with a single health board.
- f) With reference to your answer to Question 37 you explain that all NHS Boards require to engage with NSA and “NHS Scotland Assure is not an inspectorate, however the governance mechanisms in place through the Scottish Government allow the key compliance oversight function for all new build projects and major refurbishments to be delivered.”
- (i) It has been suggested that given NHSGGC could duck the compliance oversight being offered by NSA “due to lack of time” this indicates that the NSA is not providing the oversight function envisaged by the Scottish Government and as a consequence there are not robust and effective governance mechanisms in place when Health Boards such as GGC do not comply. What is your view on this?
- A.** Governance and responsibility for complying with statutory legislation and guidance lies with health boards. Health boards could request NHSSA assistance on a variety of healthcare related topics. However, for major capital projects, NHSSA involvement is mandated under the Scottish Governments Director's Letters ref **DL (2021) 14 (Bundle 52, Volume 2, Document 24, Page 377)** and **DL (2023) 03 (Bundle 52, Volume 2, Document 14, Page 180)**. NHSSA was never intended to become involved in every single small NHS construction project in Scotland. KSAR and NHSScotland Design Assessment Process (NDAP) are intended to operate across a programme of capital works, from conception to opening and receiving patients. KSAR and NDAP are not ‘one off’ or ‘dip in and out’ processes. The KSAR process is intended to guide a programme from one stage of build to another. It is not intended to be utilised as a stand-alone process used at only one juncture in a build, as would have been the case with wards 2A and 2B. This project was also below the delegated authority for capital works and did not come through CIG, the trigger mechanism for KSAR involvement.

(ii) Given the above what is your rationale for saying in paragraph 37, “The development of NHS Scotland Assure into a responsive, knowledgeable resource that supports excellence in the health care environment should also provide reassurance that safety and appropriate patient environment is at the heart of NHS Scotland provision”?

A. It is important to note here that NHSSA does not just deliver the assurance / KSAR/NDAP process. We also support excellence in the healthcare environment and provide reassurance regarding safe and appropriate environments through provision of subject matter expertise, support relating to areas including procurement and delivery, production and advice on guidance, IPC knowledge and expertise, provision of training, research and knowledge management. NHSSA cannot force health boards to use our skills in a non-mandated setting, however they do actively seek advice and guidance from NHSSA and the feedback that we receive indicates that our input is valued by them.

(iii) Can you assist the Inquiry in understanding whether there are any statutory powers that could be used by Scottish Government to ensure compliance following a report by NSA that the ‘engagement’ of an NHS Board with NSA in this process was in any way inadequate?

A. I am not aware of any statutory powers in this regard; however, this would typically be dealt with through the governance processes in place and specifically by the Scottish Government CIG. The CIG has the authority to elect not to recommend a business case for approval due to any deficiency in the business case, including a reported lack of engagement with NHSSA processes. Scottish Building Standards already provides the current statutory framework and mandated engagement for the design of all healthcare premises. This is required irrespective of whether the health board financial threshold requires CIG approval. This framework has a mechanism for statutory consultees. The Scottish Government might be best placed to provide further detail in response to this question.

g) With reference to your answer to Question 38 is it your understanding that the Capital Investment Group now has the time and skills to review a project in terms of compliance with standards that have prompted NSA to report an ‘unsupported’ status for a project?

A. While I am unable to comment on the formulation of CIG membership, CIG does include senior level representation from NHSSA and Scottish Futures Trust, the Scottish Government Asset Policy Advisor and the Associate Director of Health Infrastructure and Sustainability, as well as representation from various areas and directorates within Scottish Government (including policy, economics, primary care, mental health and clinical directorates). A representative from the Scottish Health Council also attends. NHSSA (and previously HFS) have had a representative on the CIG for approximately 10 years. We have been represented on CIG since around 2014/15 by our Assistant Director (Property, Sustainability and Capital Planning), both by the current post holder and his predecessor. Membership of CIG is now part of the job description for this role. Regular pre meeting liaison and dialogue between this individual and technical lead colleagues within NHSSA takes place in advance of each CIG meeting, We, in addition, meet with Scottish Government colleagues in advance of each meeting. The CIG reviews business cases in the widest sense, covering strategic, economic, management, financial and commercial considerations. It receives assurance on technical and design matters from NHSSA by way of 'supported' status (or not) for both KSAR and NDAP, and a detailed report for each. This forms part of the decision making of the CIG and while it is for the CIG to determine whether it recommends a business case for approval, it is highly unlikely that a full / unconditional recommendation would be made without this supported status being in place. It should be noted that CIG does not become involved in detailed technical issues - this is undertaken by subject matter experts (SMEs) through the NDAP and KSAR processes, before the business case reaches CIG.

Infection Monitoring and Communication

40. In her witness statement to the Inquiry at Paragraph 65, Laura Imrie, ARHAI, describes weekly meetings between herself and Sandra Devine, Director of IPCT at QEUH, to enhance communication between both organisations. The Inquiry understands these meetings have now stopped. Did you view these meetings to have been an effective way to enhance communication by sharing information, providing updates and discussing concerns?

A. Laura Imrie and I found these meetings a helpful mechanism for ARHAI Scotland to follow up with NHSGGC on any outstanding requests for information and address any concerns ARHAI Scotland may have. They also allowed NHSGGC to clarify any information requests, update ARHAI Scotland and address any concerns from an NHSGGC perspective.

41. Why have these meetings now stopped?

A. I was copied into an email from Sandra Devine, Acting Infection Control Manager, NHSGGC to Laura Imrie on 24 September 2024 in which Sandra Devine stated: "Thank you for taking the time to meet with me each Monday. I think in the short term this was productive, but this has gone on longer than I had anticipated and I had hoped that we would have had some clarity from SG regarding roles and responsibilities by now as this request was made several months ago; perhaps this will be discussed in the upcoming event on the 2 October? In the meantime, please feel free to contact me should any issues arise." (**Bundle 52, Volume 2, Document 15, Page 181**).

Since the routine meetings have stopped, I am aware that Laura Imrie has asked to initiate a mechanism to highlight to Sandra Devine, as Director of IPC, where requests have either not been met by NHSGGC or where there have been challenges in ARHAI Scotland receiving information requested in full or in a timely manner in relation to infection related incidents or outbreaks.

42. What is your opinion and that of NHSScotland Assure about whether the cession of these meetings is justified on the part of NHS GGC?

A. I cannot comment on whether NHSGGC's rationale to cease these meetings are justified; NHSGGC did not share its reasoning with ARHAI Scotland or myself as per the email referenced in paragraph 45.

43. When and how did NHSScotland Assure report cession of these meetings to the CNO/CNOD HAI Policy Unit or Scottish Ministers? Please produce the Correspondence.

A. As far as I am aware Laura Imrie updated Colin Urquhart, Policy Lead, Scottish Government during one of their one to one bi-weekly catch-up meetings. In

October 2024 the Scottish Government issued **DL (2024) 24 (Bundle 52, Volume 2, Document 6, Page 69)** which reiterated its expectations on the HCAI reporting process to ARHAI Scotland in line with Chapter 3 of the NIPCM.

44. Does NHSScotland Assure have confidence that NHS GGC is following the Practices of HAI investigation and reporting set down in the NIPCM and why?

A. There continues to be challenges with NHSGGC sharing data with ARHAI Scotland in relation to infection related incidents. I am aware that there were difficulties in obtaining data relating to *Cryptococcus* cases. I am also aware that Laura Imrie has been asked by the Inquiry to provide further information and timelines on this matter in a supplementary witness statement which she has now submitted.

45. Ms Imrie also mentions that she was aware you continue to communicate with Professor Angela Wallace. What was the nature of these communications?

A. My formal and informal communications with Professor Angela Wallace were primarily concerned with non-compliance with national incident reporting of outbreaks and the lack of a response from NHSGGC to ARHAI Scotland's requests for additional information to allow for accurate reporting. The detail of the letters we exchanged were discussed, including the issue of ARHAI Scotland and Health Boards' roles and responsibilities.

46. Please can you produce the complete correspondence between Ms. Critchley and Professor Wallace referred to above.

A. Further copies of written and email correspondence between myself and Professor Angela Wallace have been provided to the Inquiry (**2023-10-20 NHS GGC letter re ARHAI; Bundle 52, Volume 2, Document 17, Page 187** and emails entitled '**RE Operational IPC**' **Bundle 52 Volume 5, Document 22, Page 104**).

A Director Letter, **DL (2024) 11 (Bundle 52, Volume 2, Document 16, Page 182)**, outlines the main responsibilities for Health Boards in relation to the infection prevention and control (IPC) service and introduces the team and specialist IPC role descriptors. This was issued by CNOD to ensure greater clarity

for Health Boards.

47. Have you or any part of NHSScotland Assure ever asked NHS GGC to demonstrate how its practices for HAI investigation and reporting and any deviation from the reporting set down in the NICPM has (as set out in DL (2024) 01) been considered and approved in line with the local Health Board governance arrangements and has been frequently reviewed within those structures? If so what response has been received?

A. NHSScotland Assure does not have a scrutiny or oversight role. While we may request additional information from a Health Board to support the assessment of an incident, or provide advice on further investigations or control measures, our involvement is in a supporting role. We do not hold any authority or responsibility for governance or oversight of individual Health Boards.

48. Do you continue to communicate with Professor Wallace?

A. Yes, I communicate with Professor Angela Wallace as and when required as part of my role.

49. In her oral evidence, Ms Imrie mentions concerns in respect of governance structures around carrying out HIIAT assessments and the criteria for reporting infection-related incidents within NHS GGC. Do you share these concerns?

A. Yes, I share Laura Imrie's concerns. On 11 January 2024 I sent a letter to Professor Angela Wallace (**Bundle 52, Volume 2, Document 17, Page 187**) which noted:

'ARHAI Scotland acknowledge that the surveillance systems in place within NHSGGC for capturing data relating to infections are robust. I am unable to comment on the governance around internal escalation. The issue I was raising was that the triggers for external reporting to ARHAI appear not to be aligned with the NIPCM. This may be due to the NHS Board awaiting typing or Whole Genome Sequencing results before reporting and I have asked Laura to explore this with Sandra. HIIAT assessment, in accordance with Chapter 3, should be undertaken at the first opportunity and an individual member of the IPCT may undertake an initial assessment which can be updated when a PAG/IMT is convened.

I feel that these key areas reflected what appears to be a different understanding

as to the role of ARHAI Scotland in reviewing and providing assurance around infection related incidents and as we discussed I will consider with CNOD’.

Following this exchange with Professor Angela Wallace, CNOD reissued **(DL) (2024) 01 Extant Guidance on Infection Prevention and Control, Surveillance and Vaccinations for Influenza and Covid-19 (Bundle 52, Volume 2, Document 18, Page 189)**. This DL reiterated adherence to the NIPCM but caveated:

- The recognition that during times of increased service pressure Health Boards may adopt practices that differ from those stated in the NIPCM.
- Health Boards can do this, but it is their responsibility to ensure safe systems of work including risk assessment.
- Any decision to derogate should be considered and approved in line with the local board governance arrangements and must be frequently reviewed within those structures.

Therefore, it is not currently mandated for Health Boards to report outbreaks directly to ARHAI Scotland. However, the normal procedure for Health Boards is that they report outbreaks to ARHAI Scotland, which allows for transparent monitoring of current and previous outbreaks across NHSScotland.

50. Ms Imrie further advised, “as a national body, how can you give assurance that nothing’s happening if you’re not sure that you’ve been told anything?” Do you agree with this statement?

A. I agree with Laura Imrie’s statement. NHSScotland Assure/ ARHAI Scotland can only provide responsive expertise and support when they are aware of an infection issue within a Health Board. The DL referred to in paragraph 47 sets out the expectation that a Health Board should inform ARHAI Scotland of infections within that Health Board, in line with Chapter 3 of the NIPCM Outbreak reporting protocol. If a Health Board does not inform NHSScotland Assure/ ARHAI Scotland of an infection or outbreak, we would be unable to give support and be unable to discharge our duties around these requirements. If a Health Board chooses not to disclose infections or outbreaks to NHSScotland Assure/ ARHAI Scotland, then we would not be able to support that Health Board or understand the extent of

infections or outbreaks within that Health Board or report any outbreaks to CNOD.

51. Do you believe that there are now sufficient and adequate control systems in place to monitor infections within the QEUH/RHC? If so, why?

A. Although there is published guidance in the NIPCM Chapter 3 for Health Boards to follow, there remain challenges in receiving information from NHSGGC when requested. I am aware that since NHSGGC cancelled the weekly meetings between Sandra Devine and Laura Imrie there have been occasions where ICDs within NHSGGC have either failed to respond to requests for further information or where the information has required several requests. I understand that ARHAI Scotland staff have now been asked to escalate any difficulties through Laura Imrie and Sandra Devine.

52. Do you believe there are now sufficient and adequate control systems in place to monitor infections within health boards in Scotland? If so, why?

A. ARHAI Scotland as the national body for HAI, we require Health Boards to firstly identify infection related incidents and issues and, secondly, follow reporting processes, which currently are not mandated by the Scottish Government. If reporting were to be mandated by the Scottish Government via a DL, then all Health Boards would have to report their infections and outbreaks. Currently if a Health Board fails to identify or report, NHSScotland Assure/ ARHAI Scotland would not be aware of incident and outbreak information, which then could not be used to form a holistic picture of infection incidents and outbreaks across NHSScotland. This could potentially impact patient safety.

53. Do you believe there are now sufficient and adequate control systems in place to monitor infections within NHS GGC? If so, why?

A. It is difficult to fully determine whether sufficient and adequate controls are currently in place to monitor infections within a Health Board, including NHSGGC. This is because unless there is transparency and timely and comprehensive information exchange between Health Boards, ARHAI Scotland and the Scottish Government, it is impossible to fully assess the robustness and effectiveness of an external monitoring system. A national surveillance system that enabled ARHAI Scotland to access real time data, similar to that being considered by the

Scottish Government, may allow a clearer understanding of Health Board reporting and any gaps in data being shared with ARHAI Scotland.

- a) Do you consider that incidents reported through ARHAI interpretation rather than directly from the referring board to HAIPU might lead to accuracy issues? Would a more reliable process be direct reporting from the clinical staff managing the situation? Given the history of NHSGGC was it sensible for NHS GGC to monitor compliance with the action plan through their own internal governance?

A. I understand that NHSGGC has, on several occasions in this Inquiry, expressed the view that incident reports should come directly from health boards as opposed to through ARHAI Scotland, to ensure accuracy. However, NHSGGC has not provided any evidence to suggest that ARHAI Scotland has misinterpreted or inaccurately represented information. Furthermore, the reporting health board senior Infection Prevention and Control Team (IPCT) is included in communications to the Scottish Government, to ensure transparency.

There are 14 NHS Boards in NHSScotland which report incidents through the ARHAI Scotland Outbreak Reporting (ORT) Template. Having ARHAI Scotland review all HAI (Healthcare Associated Infection) incidents reported by health boards and report to the Scottish Government offers several strategic advantages. As an independent body, ARHAI Scotland provides impartial advice and subject matter expertise, ensuring that incident reviews are consistent, evidence-based, and aligned with national guidance. This centralised approach promotes standardisation in reporting, enhances data quality and integrity, and enables early detection of national trends or emerging threats. It also strengthens accountability and transparency through a single and reliable reporting channel. Furthermore, ARHAI Scotland's oversight supports informed policymaking, effective resource allocation, and the sharing of best practices.

- b) The decision for the action plan to be monitored through internal NHSGGC governance structures was taken by the Scottish Government Oversight Group.

In paragraph 41 of your statement you say:

"Since the routine meetings have stopped, I am aware that Laura Imrie has asked to initiate a mechanism to highlight to Sandra Devine, as Director of IPC, where requests have either not been met by NHSGGC or where there have been

challenges in ARHAI Scotland receiving information requested in full or in a timely manner in relation to infection related incidents or outbreaks.”

(i) It has been suggested that this suggests NHS GGC operate “as a law unto itself”. Do you agree with this suggestion?

A. I believe that NHSGGC has developed an internal Standard Operating Procedure (SOP) for monitoring and reporting healthcare infection incidents which does not appear to align with NIPCM, Chapter 3, and may have resulted in an inconsistent approach to communicating incidents and outbreaks to ARHAI Scotland.

(ii) Do any other health boards operate in this manner to this extent or is this restricted to NHS GGC?

A. I am not aware that any other health boards in Scotland have developed their own protocols relating to reporting infection-related incidents.

In my time as NHSSA Director, I have only had one instance out with NHSGGC escalated to me, due to difficulty in obtaining intelligence to allow ARHAI Scotland and the NHSSA Engineering Team to carry out the required assessment. This was a complex facilities issue which was resolved following discussion with the local health board Facilities Director.

c) At question 45 of your statement to the Inquiry of June 2025 you discuss your communications with Angela Wallace which were “concerned with non-compliance with national incident reporting of outbreaks.” What evidence do you have that NHS GGC were not reporting incidents as per NIPCM?

A. In answer to question Q12a in my statement to the Inquiry dated June 2025, at paragraph 47, my response related to “My formal and informal communications with Professor Angela Wallace” which “were primarily concerned with non-compliance with national incident reporting of outbreaks and the lack of a response from NHSGGC to ARHAI Scotland’s requests for additional information to allow for accurate reporting”.

My communications with Angela Wallace were triggered by issues escalated by Laura Imrie to myself (as her line manager) and Jacqui Reilly (as NSS Professional Lead and Nurse Director), and her sharing of a number of

communications between NHSGGC IPCT and ARHAI Scotland. These exchanges evidenced to me that, despite the weekly meetings between Sandra Devine and Laura Imrie, there were continuing issues regarding the reporting of incidents in line with the HIIAT assessment; delayed response to ARHAI Scotland information requests and local criteria for surveillance exceedance being applied that were not clear to ARHAI Scotland.

- d) Please review Ms Devine's response to Question 19 in her statement for the Glasgow 4, Part 2 hearing that addresses questions about the *NHS GGC 'Incident Management Framework SOP'* (**Bundle 27, Volume 17, Document 28, Page 315**):
 - (i) Do you accept that "NIPCM's definition of an outbreak/incident is open to interpretation"?
 - A. The National Infection Prevention and Control Manual (NIPCM) guidance is developed collaboratively with local health board senior IPCTs. Whilst I acknowledge that some definitions may be open to interpretation by individuals without IPC training, I do not accept that this applies to experienced, trained, senior IPC professionals. These definitions are consistently applied across the UK, and their expected use within NHSScotland has been clearly outlined in Scottish Government Directorate Letters;
(<https://www.nipcm.hps.scot.nhs.uk/media/1653/2017-04-03-nipcm-endorsement-letter.pdf>) and **DL (2024) 24 (Bundle 52, Volume 2, Document 6, Page 69)**.
 - (ii) Do you accept that the paragraph 2.1 of the *NHS GGC 'Incident Management Framework SOP'* is "entirely consistent with the guidance in the *Management of public health incidents: guidance on the roles and responsibilities of NHS led incident management teams*, section 6.4"? (**Management of public health incidents: guidance on the roles and responsibilities of NHS led incident management teams - Management of public health incidents: guidance on the roles and responsibilities of NHS led incident management teams - Publications - Public Health Scotland**)
 - A. On reading both documents I agree that the NHSGGC SOP paragraph 2.1 reflects the Management of public health incidents: guidance on the roles and

responsibilities of NHS led incident management teams section 6.4. However, it is my understanding that both the Management of Public Health Incidents document and the NIPCM consistently advise health boards to follow Chapter 3 of the NIPCM, including HIIAT assessment for all healthcare infection incidents.

(iii) What relevance does section 6.4 of the *Management of public health incidents: guidance on the roles and responsibilities of NHS led incident management teams* have to the operation of Chapter 3 of the NIPCM?

A. I do not feel that section 6.4 of “Management of public health incidents: guidance on the roles and responsibilities of NHS led incident management teams” is relevant for a SOP advising on healthcare related incidents, given that the Management of public health incidents document consistently cites Chapter 3 of the NIPCM as the relevant reference for managing healthcare-associated infection incidents.

(iv) How would you respond to the suggestion that the reference to *Management of public health incidents: guidance on the roles and responsibilities of NHS led incident management teams* at the start of Chapter 3 of the NIPCM would entitle NHS GGC to create an SOP which operates in the manner described by Ms Devine?

A. As I understand it, the reference at the start of Chapter 3 of the NIPCM merely demonstrates alignment with outbreak management principles across Scotland. Both the “Management of public health incidents: guidance on the roles and responsibilities of NHS led incident management teams” and the NIPCM consistently advocate the use of Chapter 3 of the NIPCM as the document relevant to outbreak management within a healthcare setting.

(v) Do you accept that the response that Ms Devine has made to question 19(b) as fully addressing your concerns?

A. No, I think the response from Ms. Devine confirms that the NHSGGC local SOP, which introduces "clinical opinion" without a framework that sets out the criteria being used locally, may be facilitating assessments outside of the NIPCM guidance. The NIPCM requires all incidents (green, amber & red) to be reported through the Outbreak Reporting Tool (ORT).

(vi) Does the number of reports by NHS GGC to ARHAI described by Ms Devine in her answer to Question 9(c) satisfy you that NHS GGC is fully complying with its reporting obligations in the NIPCM?

A. My understanding is that the number of incidents reported cannot be used as a guide to whether a health board is compliant or non-compliant with reporting guidance.

e) The Problem Assessment Group (PAG) consists of multidisciplinary teams. Do you consider it appropriate for ARHAI to scrutinize the decisions made by these teams, despite not being directly involved in reviewing the clinical information or situation required for such assessments?

A. The Scottish Government has assigned ARHAI Scotland responsibility for monitoring and reporting healthcare-associated infection incidents across NHS Scotland. To effectively fulfil this role, it is entirely appropriate for ARHAI Scotland to seek relevant information to understand the context and actions taken by the local health board. The phrase 'scrutinise the decisions' may reflect a perception rather than the reality of ARHAI Scotland's role, which is to ensure accurate and comprehensive reporting rather than to conduct oversight in a critical or adversarial manner. ARHAI Scotland may request additional information to better understand decisions taken by local health boards where the information is missing from the ORT. Requests for additional information made by ARHAI Scotland can also be requests made on behalf of the Scottish Government.

Based on the information made available by the local health board, ARHAI Scotland may offer support and advice, however, the local health board responsible for managing the incident can choose to accept or decline that support and advice.

f) At question 50 of your statement, you state that if a Health Board chooses not to disclose infections or outbreaks then you are unable to support them. It has been suggested that this requirement to report infections may undermine local clinical decision making. What is your view on this?

A. National reporting is not intended to interfere with local autonomy, but rather to complement it, ensuring consistency, accountability, and the opportunity to identify wider trends or risks that may not be visible at the local level. Our role is to support health boards in delivering safe, high-quality care through shared learning, expert advice, and national coordination. In doing so, we also support the Scottish Government with objective, evidence-based advice and subject matter expertise to inform national policy and response.

g) At question 51 of your statement, you advise that there have been occasions where NHSGGC have either failed to respond to requests for further information or where several requests for information have been required.

(i) Are you aware of any reasons why infection control doctors in NHSGGC failed to respond to repeated requests for information from ARHAI?

A. No, I am not aware of any reason why ICDs in NHSGGC failed to respond to repeated requests for information from ARHAI Scotland.

As discussed earlier in this statement, NHSSA has not had similar reporting issues with any other health board in Scotland.

(ii) Does this demonstrate a supportive working relationship between ARHAI and NHS Boards throughout Scotland?

A. IPC in healthcare can be extremely challenging, with an ever-increasing agenda, much of which is delivered within tight timescales. ARHAI Scotland has six priority programmes, all of which have excellent input from local health board IPCTs.

ARHAI Scotland is routinely called upon to support local health boards in managing healthcare infection incidents and respond to general inquiries.

However, exceptions may arise depending on the specific circumstances of individuals or organisations involved. I do not believe that the practices observed within a single health board, or by a small number of individuals, can be used to make generalisations about NHSScotland as a whole.

h) At question 51 of your statement, you discuss instances of failure to report. What evidence do you have to support this statement regarding potential instances of failure to report without being involved in the governance of NHS GGC or the function of the IPCT?

- A.** In paragraph 51 I do not refer to instances of failure to report. I refer to issues around NHSGGC responding to ARHAI Scotland requests for further information, or it only producing information after several requests have been made. I am also aware of one instance of failure to report in relation to *Cryptococcus* cases, of which my colleague Laura Imrie has a more detailed understanding.

Common Data Environment

54. Recommendation 21 of the Independent Review Report states, “there should be greater use of digital technologies to create, log and store project documentation. This would allow relevant information to be shared with project partners. It would facilitate governance and review of project activities and decisions.” Following this recommendation NHS GGC established the Common Data Environment, a digital database of assets, which they worked to progress and pilot alongside NHS Scotland Assure.

What was the nature of the support which NHS Scotland Assure provided to NHS GGC in respect of progressing the Common Data Environment? What was the outcome of the pilot? Was this an effective way to monitor assets? Does this system continue to operate?

- A.** In 2017 the Scottish Government released a Scottish Procurement Policy Note (SPPN 01/2017) which outlined the requirement for Building Information Modelling (BIM) to be adopted on Public Sector Projects (where appropriate) from April 2017. Health Facilities Scotland (HFS) set up the BIM Development Group in late 2016 to support Health Boards with their adoption and implementation of BIM in the lead up to SPPN 01/2017. This included the creation of a BIM Strategy, guidance, templates and a training programme. This group subsequently evolved into the Digital Estate Group in 2019 with one of its key objectives being to establish a concept and methodology for Health Boards to digitise their estate. This group continues to meet quarterly.

A Common Data Environment (CDE) is a requirement to comply with SPPN 01/2017 and serves as both a software tool and an information management process which enables a collaborative way of working. When used, the CDE

provides greater reliability of data, and an audit trail of decisions made throughout the capital delivery phase.

The CDE is an essential part of the wider NHSScotland Digital Estate framework and, if implemented, the CDE can act as a single source of truth or the 'golden thread' for the estate throughout the whole lifecycle of an asset. The crucial purpose of this golden thread is to safeguard the availability, completeness and correct record of a facility's construction and its regulatory compliance. The creation of a golden thread of information is therefore inherent to Health Boards and would allow them to respond to building failure events more effectively and eliminate the need for re-surveying or manual data collection. This would form part of the solution to the historic challenges around availability and accessibility of data across the estate.

In 2020/21 NHSScotland Assure (previously HFS) worked with key stakeholders to scope and procure an enterprise level CDE for use by Health Boards. As part of the CDE roll out, all Health Boards were offered Pre-Healthy Start and Healthy Start meetings which were led by NHSScotland Assure and supported by an external consultant (). The purpose of these meetings was to identify and set out the strategic case for use of the CDE, to provide an overview of the guidance documents and support tools available to Health Boards. Additional consultancy support was offered to Health Boards to support the mobilisation and implementation of the CDE. Health Boards were also offered training on the system.

The original project rollout and implementation plan was adjusted due to low Health Board uptake. This was attributed to the extreme pressures Health Boards were under at the time, along with resource challenges within Health Boards. The use of the CDE was not mandated, which contributed to the low uptake from Health Boards, with this being seen as a "nice to have" and not a requirement. Instead, some Health Boards opted to use supply chain CDE during the capital delivery phases of projects, where the benefits of the CDE are not retained at handover and during operation.

The initial NHSGGC pilot covered one site at QEUH, the Institute for Neurological

Sciences building, and other sites within the NHSGGC estate. There are a total of 46 documents uploaded to the CDE for this pilot. NHSScotland Assure's role centered around the development of guidance and tools and the Health Board were responsible for concluding the pilot and rolling this out further within their organisation.

NHSGGC has continued to engage with NHSScotland Assure regarding their ongoing progress on their Digital Estate (DE) journey beyond this initial pilot. One of the challenges the Board is trying to overcome relates to the importance of defining the information requirements at early stages of projects and standardisation of these requirements. This is work that the Board is actively progressing internally and with support from Scottish Futures Trust (SFT). The learning from NHSGGC is being shared more widely within the NHSScotland Digital Estate Group and is being reflected in our own guidance.

The pilot with NHSGGC was fairly limited in scope and while providing a proof of concept and allowing NHSScotland Assure to explore the technology and its use, it was probably not extensive enough to fully answer the question on its effectiveness to monitor assets. However, NHSScotland Assure does believe the CDE could be a key way to support the monitoring, management and performance of assets, if used properly throughout the life cycle of the asset, and as part of a wider Digital Estate strategy. This would also include the Strategic Asset Management System (SAMS) and Health Boards' Computer Aided Facilities Management (CAFM).

The CDE continues to operate, however the contract comes to an end on 31 March 2025, and NHSScotland Assure is currently engaged with key stakeholders (including NHSGGC) to scope and procure a new enterprise CDE.

- a) With reference to question 54 are you familiar with PHS (2020) document "Management of Public Health Incidents: Guidance on the Roles and Responsibilities of NHS Led Incident Management Teams", particularly content of paragraph 100 on page 27 which states "NHS boards, once they have assessed that an incident is or may be occurring, should contact HPS/PHS and the

appropriate team within the Scottish Government who will alert appropriate Ministers if appropriate.” and that a common data environment will not capture the clinical information required to undertake such an assessment?

A. I am familiar with the document ‘Management of Public Health Incidents: Guidance on the Roles and Responsibilities of NHS Led Incident Management Teams’.

I feel it is important to consider the whole document in context. Page v of this document sets out its purpose and scope: “The purpose of this guidance document is to provide support to the NHS boards in preparing for or in response to public health incidents. It is intended to be strategic but not prescriptive and should allow for flexibility so that NHS boards can respond appropriately where necessary”.

The document also states that: “the main body of this guidance document has also been written purposely generic so that it could be applied to any public health or environmental health incident or hazard. More specific information is detailed in the annexes. For guidance on the management of all Healthcare Infection Incidents and Outbreaks please refer to Annex d and Chapter 3 of the National Infection Prevention and Control Manual (NIPCM): <http://www.nipcm.hps.scot.nhs.uk/>”.

Furthermore page 46 of the same document under the sub heading Notification point 4 states: “The Directorate for Population Health is the main point of Government contact for public health incidents (excluding all infection incidents and outbreaks in any healthcare premise, for which separate arrangements apply. **(See Annex D).**”

I would consider this document clearly and concisely references the NIPCM as the relevant national guidance and reporting requirements for healthcare infection incidents.

The document consistently refers to Annex D: Healthcare Infection Incident Assessment Tool (HIIAT) in relation to healthcare settings, which in turn directs the reader to Chapter 3 NIPCM. The NIPCM is developed collaboratively with health

board IPCTs, who therefore have a detailed understanding of its guidance and reporting requirements. To my knowledge, no other health board has produced guidance that selectively incorporates elements from 'Management of Public Health Incidents: Guidance on the Roles and Responsibilities of NHS Led Incident Management Teams' in place of the comprehensive guidance provided within the NIPCM.

- b) It has been suggested that excessive reporting of incidents may divert clinical teams from their practice, potentially affecting patient safety and the morale of relatives, carers, and staff. What is your view on this?

A. I am unclear what evidence underpins this statement. Specifically, I do not understand how the reporting of infection-related incidents is believed to negatively impact the morale of relatives and carers. While I acknowledge that monitoring and reporting incidents and outbreaks requires significant resource, robust surveillance systems are widely recognised by IPC professionals as a fundamental component of effective infection prevention and control, and essential to reducing the risk of healthcare-associated infections. Therefore, while I accept that managing HAI risks places demands on clinical teams, I do not share the view that this is detrimental to patient safety, nor am I aware of any evidence suggesting it adversely affects the morale of relatives, carers, or staff.

Chief Executive Letters (CELs)/Directors' Letters (DLs)

55. The Inquiry has heard evidence that Chief Executive Letters (CELs) / Directors' Letters (DLs) offer an opportunity for guidance, and by extension knowledge and learning, to be transferred across health boards and the Scottish Government. Save for CEL 19 (2010), CEL 27 (2010) and DL (2021) 14, are there any other examples of CELs and DLs which have either directly or indirectly allowed knowledge transfer across health boards in respect of:

- a) The procurement of new facilities

A. NHSScotland Assure is aware of a number of CELs and DLs that have been published that are relevant to both the procurement of new facilities and the management of IPC. These are included in **Appendix D**.

- b) Management of IPCT; and
- A.** ARHAI Scotland publishes a HAI Compendium within the NIPCM. This includes a live list of all CEL and DLs which is updated monthly. The HAI Compendium provides links to current national policy and guidance on HAIs, antimicrobial prescribing and resistance, decontamination, the built environment and other related topics from relevant stakeholders and organisations, including NHS Education for Scotland (NES) resources. It is updated by ARHAI Scotland in response to policy and guidance updates, review or removal.

- c) Any other relevant aspects of healthcare builds?
- A.** Construction Policy Notes (CPNs) are produced by Scottish Government. CPNs alert public sector contracting authorities to new policy, guidance and other matters relating to public sector construction procurement and delivery.
([Construction policy notes \(CPNs\) - gov.scot](#))

It should be noted that it is not within the remit of NHSScotland Assure to maintain the database of publications. This is a function of the Scottish Government.

56. Can you please produce the HAI Compendium list that is currently in force?

- A.** The current HAI Compendium list can be accessed via [HAI Compendium Guidance and resources](#).

57. Are you aware of any future CELs or DLs currently under consideration which will facilitate future knowledge transfer across health boards in respect of:

- a) The procurement of new facilities;
- b) Management of IPCT; and
- c) Any other relevant aspects of healthcare builds?
- A.** The Scottish Government is responsible for writing and publishing CELs and DLs. The Scottish Government may request input from NHSScotland Assure or have requested input from its predecessor organisations for technical, clinical or facilities topics.

I am aware that the Scottish Government is considering new DLs, including a Whole System Planning update and Mental Healthcare-Built Environment Quality and Safety Tool. This question however would be best directed to the Scottish Government for a more fulsome response.

58. The Inquiry has heard of examples where Health Boards have opted not to follow the direction provided through CEL and DLs. It has further heard that the responsibility to comply with CEL and DLs rest with the health boards. What means, if any, are available to:

a) The Scottish Government; and

b) NHS Scotland Assure

to make sure that health boards comply with the guidance recommended or incorporate lessons learned into their systems and processes.

A. The Scottish Government would be best placed to respond to any questions on the means available to them to make sure that Health Boards comply with CEL and DLs.

Ultimately Health Boards are responsible for adherence to CEL and DLs;

NHSScotland Assure has no scope to ensure they comply, beyond the authority given in **DL (2023) 03 (Bundle 52, Volume 2, Document 14, Page 180)**.

Ensuring patient and staff safety through risk assessment and mitigation of risk is the responsibility of the Health Boards. NHSScotland Assure does not have powers to enforce Health Boards to adopt guidance or comply with DL instructions.

59. The Strategic Facility Group's (SFG) terms of reference state that one of the remits of the group is to "Ensure a co-ordinated approach to share and spread knowledge and lessons learned relating to issues affecting all NHS Boards". What steps, if any, have been taken to create a formal structure within the SFG to enable the co-ordinated transfer of knowledge and lessons learned in respect of:

a) The procurement of new facilities;

b) Management of IPCT; and

c) Any other relevant aspects of healthcare builds between health boards?

- A.** The Strategic Facilities Group SFG was a national group established in late 2004/early 2005. It had representation from relevant staff from all Health Boards and provided a national and centralised forum for estates and asset management.

SFG functioned in this way until November 2018 when the group was reviewed and became the Regional Strategic Facilities Group (RSFG). This group had a specific remit to share best practice and maximise the collective resources available, as well as creating capacity and developing capability within the healthcare-built environment for Health Boards. It did this by using a meeting format with additional biannual workshops specifically to aid learning and best practice. The remit would include property and capital planning, engineering and facilities management topics and maintenance and compliance with legislation and guidance.

In 2023 the RSFG became the National Strategic Facilities Management Group (NSFG), which also focused on risk management and education as well as the governance of the reporting Advisory Groups. The Terms of Reference (NSFG TOR) detailed that this group would continue to “ensure a coordinated approach to share and spread knowledge and lessons learned relating to issues affecting all NHS Boards”.

Whilst many relevant topics are, and have been, presented through NSFG and its predecessors, NHSScotland Assure also provides a wide range of forums that are used to share best practice, knowledge and lessons learned. Topics are included from all areas of NHSScotland Assure, for example, Property Sustainability and Capital Planning, Engineering, Decontamination, ARHAI Scotland and Public Private Partnerships Programme Team (PPP). These are detailed in **Appendix D**.

The Learning Network has presented on a range of topics over recent years and is open to all interested staff from Health Boards, construction colleagues and supply chain partners. The following list provides a small extract of the type of learning activity that is provided via NHSScotland Assure and NSFG.

- Workforce (March 2022)

- Assurance Service: Initial Agreement Lessons Learned and Outline Business Case Look Ahead (What I wish I'd known - lessons learned from KSAR Initial Agreement projects) (July 2022)
- IPC Network Workshop Event: Project Stage by Stage Overview (Sept 2022)
- Assurance Service: OBC Lessons Learned and FBC Look Ahead (Oct 2022)
- Research Service: An introduction to research within NHSS Assure: opportunities, networks and ways to break down barriers (Oct 2022, March 2023)
- The NHSScotland Assure Key Stage Assurance Review from the Health Board's Perspective (April 2023)
- The NHSScotland Design Assessment Process (NDAP) - Lessons learned through a decade of use. (November 2023)
- Quality in Construction - Property and Capital Planning (April 2024)
- Building Resilience: Adapting Healthcare Systems to Climate Change (July 2024)
- Sustainability Environmental Management System (November 2024)
- What's the PPP point? (March 2025) (Public-Private Partnership)

NHSScotland Assure also facilitates a national conference which serves as an opportunity to have a learning event covering many topics in one venue. This conference, previously organised by HFS and now organised by NHSScotland Assure, is for Health Boards and wider organisations within the healthcare-built environment, to share the best available national and international knowledge and lessons learned. The last two conferences included significant input from ARHA Scotland as well as traditional sessions on property and capital planning, architecture, engineering, and sustainability and facilities management. NSFG inputs to the conference agenda and speaker topics.

60. What examples are you able to provide of co-ordinated efforts through the SFG to transfer knowledge and lessons learned in respect of:
- a) the procurement of new facilities;

- b) management of IPCT; and
- c) any other relevant aspects of healthcare builds via the SFG?

When providing examples, please comment on the efficacy, perceived or actual, of the process and the reception of health boards to the knowledge or lessons that have been shared.

A. It is important to note that since the launch of NHSScotland Assure we have delivered lessons learned presentations through various forums such as NSFG Subgroups, including Scottish Property Advisory Group (SPAG), Scottish Facilities Management Advisory Group (SFMAG), Scottish Engineering and Technology Group (SETAG) and NHSScotland Environmental Sustainability Group (NESG). Lessons learned form part of the agendas for SETAG and its subgroups and present a platform for sharing lessons learned and health and safety matters. Lessons learned, learning opportunities and other useful information have been disseminated through the following forums:

- The NHSScotland Assure Learning Network,
- NHSScotland Assure Conference, and
- IPC stakeholder groups.

We have also published a lessons learned paper from the work undertaken by the Interim Review Service and we are currently developing a new paper based on learning from the KSARs, due to be published in 2025. These are NHSScotland Assure initiatives, rather than NSFG initiatives.

The efficacy of the events stems from the fact that the sessions and events are co-developed with the governance groups.

Feedback from the Health Boards following learning network events, for example, has indicated that the sessions are well received, with success criteria scored up to 4.28 out of 5. We use these feedback scores to continually improve the scope and content of sessions.

61. What enforcement powers does the SFG have to make sure that health boards

respond to information and knowledge shared through the forum?

- A.** NSFG, as it is now known, has no enforcement powers. It is a voluntary and collaborative group.

62. Do you think that the SFG provides a sufficient forum for knowledge and lessons to be shared?

- A.** As discussed in previous paragraphs, the NSFG can signpost Health Boards to wider relevant information and learning forums that Boards can then use to inform and educate themselves.

Overall, the NSFG, and its associated sub-groups, are considered a useful forum for knowledge and lessons to be shared. Attendance and involvement in these groups and sub-groups is voluntary and therefore subject to senior Health Board participants' other ongoing commitments. However, attendance at this forum is prioritised by most Health Boards.

63. What formal forums or structures are available for the distribution of knowledge and lessons learned where individual health boards commission reviews and/or reports in respect of:

- a) The procurement of new facilities;
- b) Management of IPCT; and
- c) Any other relevant aspects of healthcare builds?

Please provide examples and provide comment on any awareness concerning the non-commissioning health boards incorporating lessons learned and acquired knowledge into their own practices.

- A.** NHSScotland Assure has had feedback from Health Boards on how valuable they have found the various learning opportunities and lessons learned sessions, which have been incorporated within Health Board practices. NHSScotland Assure runs sessions across various topics relevant to the healthcare-built environment. We aim to be responsive to Health Board requests; the formation of the learning network sessions being dependent on Health Boards' requirements at a particular moment in time.

It is important to note that NHSScotland Assure's lessons learned and information

sharing networks are for all Health Boards, irrespective of whether they are engaged in a current capital project.

NHSScotland Assure have identified an opportunity to further enhance this learning for Health Boards and wider stakeholders by:

- Expanding the scope of sharing of the lessons learned.
- Ensuring lessons learned opportunities are extended to include the private sector.
- Development of lessons learned framework, where capturing of lessons learned is embedded into assessment and advice services across NHSScotland Assure.
- Provision of a robust feedback loop for new projects on previous lessons.

64. What opportunities are available for staff to develop their interdisciplinary awareness and knowledge of the healthcare-built environment with colleagues from other health boards in respect of:
- a) The procurement of new facilities;
 - b) Management of IPCT; and
 - c) Any other relevant aspects of healthcare builds?

Where examples are provided, please provide details of the agencies and organisations involved in overseeing the development opportunities. In the event of there being no formalised structures enabling knowledge transfer and staff interdisciplinary awareness, please provide examples of any plans that are in place to fill this gap.

- A.** NHSScotland Assure has facilitated training for colleagues across NHSScotland on the procurement of new facilities, management of IPCT and any relevant aspects of healthcare through our teams, including PSCP, Engineering, FM services and ARHAI Scotland. This takes various formats, including:

- Structured training delivered through the National Advisory Groups (for example we have recently commissioned training for National Groups on Medical Locations (SHTM 06-01), CIBSE Guide M (Commissioning); Electricity at Work Regulations).

- Continual Professional Development (CPD) type training through the National Advisory Groups - we work closely with the groups and wider industry to identify relevant topics.
- Through development of guidance and other technical materials, for example SETAG commissioned NHSScotland Assure to create a document for Health Boards on the Medium Plant Combustion Directive.
- We have provided "KSAR Surgeries" to NHSScotland IPC colleagues.
- We have created "learning animations" on key IPC topics, including wash hand basin hygiene, with further topics under development.

NHSScotland Assure currently provides Authorising Engineer (AE) Services to various Health Boards across NHSScotland. As part of this role, the AE can share specific learning with Health Board staff; this is an important link to estates colleagues. This is not mandated; Health Boards are free to choose their own AEs.

NHSScotland Assure has facilitated specific healthcare-built environment training to NHSScotland Assure IPC colleagues and are currently considering how this could be rolled out more widely to other Health Board IPC colleagues.

65. Following the issues at QEUH/RHC what actions and/or mechanisms, other than those discussed above, have been put in place, save for the creation of NHS Assure, which address the transfer of knowledge across health boards in respect of:

- a) The procurement of new facilities;
- b) Management of IPCT; and
- c) Any other relevant aspects of healthcare builds?

A. The response to this question is detailed in the preceding paragraphs, with **Appendix D** giving further detail of learning events which NHSScotland Assure facilitates access for Health Boards. These events form a variety of learning and sharing opportunities related to risks within the healthcare-built environment and endeavor to encourage participation in learning opportunities for all Health Boards.

- a) With reference to question 63 of your statement,
- (i) What formal forums or structures are available for the distribution of knowledge and lessons learned for IPCTs?
- A.** There are several channels available for sharing new evidence, knowledge, and lessons learned within ARHAI Scotland. The organisation has six priority programmes, each supported by working groups and/or oversight groups. A key part of these groups' remit is to exchange individual experiences, challenges, and solutions relevant to their specific priority areas. However, this process depends on the willingness of group members to actively share their insights. The NIPCM is a live document which is updated in real time to reflect any lessons learned.

ARHAI Scotland also coordinates national alerts and briefing notes related to HAIs, which are disseminated via email.

In addition, there are three national groups — the Infection Control Manager (ICM), ICD, and Infection Control Nurse (ICN) groups — which meet regularly to facilitate knowledge exchange and collaboration.

HAI Executive Leads are supported by a formal forum that also promotes the sharing of knowledge and best practices.

The learning from the work undertaken through the KSAR process has facilitated the development of IPC resources, sharing learning with health boards through the publication of Notes for Board, NES animated education resources and IPC toolbox talks (<https://www.nss.nhs.scot/antimicrobial-resistance-and-healthcare-associated-infection/clinical-assurance/guidance-and-publications/>). Furthermore, ARHAI Scotland is currently undertaking an evaluation of IPC services provided through the KSAR process, with the aim of identifying future developments to assist the local IPC health board teams.

- (ii) What was the output from the SNIF review which was submitted to ARHAI by the two IPC networks (ICM,ICD)?
- A.** SNIF (Scotland's National Infection Prevention and Control Forum) was established as a joint initiative between the ICM, ICN, and ICD groups, in

collaboration with ARHAI Scotland. The forum operated with rotating Chairs from each group, while ARHAI Scotland provided administrative support.

The group evolved from a successful weekly, and later monthly, COVID-19 meeting, which had proven valuable for sharing emerging evidence, policy updates, guidance changes, cluster reviews, and lessons learned across NHS Boards. Based on this success, it was agreed that an informal monthly meeting should continue.

The remit of the group within the Terms of Reference was agreed,

- “To provide multidisciplinary IPC collaborative forum to provide support and networking opportunities for IPC communities across NHSScotland.
- To support staff in these services and share learning and cross organisational links.
- To enable mutual sharing of IPC expert knowledge, horizon scanning, areas or suggestions for improvement and lessons learned across Scotland. Sharing of lessons learned are informal and do not replace existing reporting processes or requirements.
- The group will have no outputs or approval remit. The sole purpose of the group is to bring together the IPC community for information sharing and support.
- Where issues, concerns or topics are being considered by other national groups i.e. ARHAI Scotland working groups, it should be noted that the SNIF forum is not the primary route for feedback. Feedback should continue to go via the agreed communication and governance structures set up for the national group at which the discussion point is being considered”.

The group was set up in November 2024, and a review was conducted with all attendees in March 2025. The consensus was that the group’s purpose had become unclear and limited.

Concerns were raised by members of the ICM and ICD groups, who expressed frustration that issues brought to SNIF were not being adequately discussed or

resolved. ARHAI Scotland members also noted that some participants were using the forum to raise matters that bypassed established ARHAI Scotland governance structures and working groups. Additionally, there was a perception among some NHS Board representatives that SNIF was primarily an ARHAI Scotland-led meeting, which was not the case, as demonstrated above.

Following discussions with the rotating chairs, it was agreed that the group no longer served a distinct purpose. It was felt that the work currently being undertaken by the HAI Executive Leads, particularly around networking for senior IPC colleagues across Scotland, would be a more appropriate and effective forum moving forward.

NHS Assure Remit

66. Are you satisfied with the scope of NHS Scotland Assure's current remit and, in your view, if at all, how might this be enhanced?

A. NHSScotland Assure's current extended remit stems from the commission NSS received from the Scottish Government in 2019, to support the improvement of Quality in the Healthcare-Built Environment. NHSScotland Assure was developed from this aspiration, with an aim to provide assurance to the Scottish Government that current new builds and major refurbishment projects were:

- being delivered in line with extant NHSScotland guidance
- fit for purpose,
- and free from avoidable risk of harm.

67. Can you please produce the "commission received from the Scottish Government in 2019.

A. I provided detail about the commission received from the Scottish Government in my first witness statement. Paragraphs 9 and 10 describe this:

"On 27 May 2021, a "DL" letter from the Director of Health Finance and Governance, within SG, was sent to the NHS Health Board Chief Executives,

Directors of Finance, Nursing Directors and Directors of Estates and Facilities
(Hearing Commencing 26 February 2024, Bundle 9, Document 2, Page 70).

The purpose of the letter was to inform Health Boards of the development of NHS S Assure and its role.

An Interim Review Service was established within NSS and operated until NHS S Assure became operational in June 2021. The DL letter let the Health Boards know that NHSScotland Assure would be going live from June 2021. It also confirmed that NHS S Assure would comprise of a number of functions that would help ensure reduced risk in the healthcare-built environment. The letter explained that NHS S Assure would be accountable to SG and be hosted by NSS. It further explained that it had been co-designed with Health Boards and other stakeholders, The Programme Board for the delivery of this new service consisted of a large number of stakeholders, including Health Boards and SG, who are listed in the Target Operating Model (TOM). The NHS S Assure role would encompass the lifecycle of a build from Initial Agreement (IA) to final decommissioning of a building, when it would no longer be viable for service delivery”.

The Target Operating Model (TOM) in 2019-2021 proposed impact benefits and service outcomes as the framework for understanding NHSScotland Assure’s performance and measures. A range of outcomes were proposed, to be delivered by 8 services:

- Compliance
- Research, development and innovation
- Intelligence
- Provision and co-ordination of subject matter expertise
- Guidance
- Workforce planning and development (for NHSScotland-wide capability)
- Response service
- Knowledge management and communications

68. Can you please produce the Target Operating Model (TOM) in 2019 - 2021.

A. The TOM was provided to the Inquiry as part of my first witness statement (**Bundle 9, Document 1, Page 4**).

The TOM highlights the importance of integration, a strong relationship between its services, and a holistic approach.

There are approximately 300 staff within NHSScotland Assure. Staff work within several specialised areas, made up of, but not limited to, highly skilled and experienced engineers, nurses, architects, healthcare scientists, facilities management professionals and capital project advisors. There are approximately 60 clinically qualified staff, comprising healthcare scientists, nurse consultants and IPC nurses. There are also approximately 115 technical experts such as engineers, capital project advisors, architects and sustainability specialists.

NHSScotland Assure also employs 120 staff working within hard facilities management (capital infrastructure) and soft facilities management (for example, laundry, cleaning, catering etc.) and approximately 25 staff who are involved in areas such as decontamination, the mammography fleet and oxygen services (**Hearing Commencing 26 February 2024 - Witness Statements – Volume 1, Document 10, Page 237**). NHSScotland Assure supports the planning of Health Board decontamination services and commissions the national home oxygen service for patients. Its medical physics service supports the Scottish Breast Screening Programme with safety advice, and NHSScotland Assure is also leading on the 'Once for Scotland' programme, for the continued delivery of these services.

NHSScotland Assure also has the remit of the pre-existing divisions of HFS and ARHAI Scotland. HFS provided operational guidance and support to NHSScotland bodies on various healthcare facilities topics. NHSScotland Assure's remit continues to include delivering and coordinating advice on national facilities, decontamination, equipping, and technical matters, to support and improve health and well-being services. NHSScotland Assure continues to work closely with the Scottish Government and NHSScotland Health Boards to establish professional and technical standards and best practices. ARHAI

Scotland is a clinical service offering national expertise in IPC, antimicrobial resistance (AMR), and HAI. ARHAI Scotland's mission is to reduce the burden of infection and antimicrobial resistance within Scottish care settings by establishing a robust evidence base for practice and building mechanisms for monitoring key priority areas. It continues to provide expert intelligence, support, advice, evidence-based guidance, and clinical leadership to local and national government, health and care professionals, and the public.

As part of our current remit, NHSScotland Assure have been working alongside the NHS in England (NHSE), through national devolved nations meetings. NHSE were considering developing a derogations process, however this work has not had outputs that are useful to NHSScotland. The devolved nations often work in a collaborative manner to ensure that process applies across the whole of the UK, where possible. Therefore, NHSScotland Assure have now established a small working group to develop a derogations process for the whole of the UK. This work will be tabled for agreement at the devolved nations meeting within the next financial year.

NHS Scotland Assure are also supporting BDaC (Building Design and Construction group) in the development of a 'Once for Scotland' briefing toolkit/template. This work has been ongoing since an independent report on 'Improving Briefing in NHSScotland Capital Projects' was commissioned and produced by BDaC in 2022. The development of the work, including a minimal viable product of what the toolkit could look like, was discussed at the Scottish Property Alliance Group (SPAG) at the start of 2025, who have agreed to send a commission to NHSScotland Assure for consideration as to continuance of the work.

I am satisfied with the current remit of NHSScotland Assure as far as it relates to the commission received from the Scottish Government and the historic remit inherited through HFS and ARHAI Scotland. I do however recognise the need to continually review those remits holistically, to ensure continuous improvement in the way in which NHSScotland Assure deliver on the combined remit, so ensuring that NHSScotland Assure is supporting NHSScotland and its healthcare-built environment to be safe, fit for purpose, cost effective and capable of delivering

sustainable services over the long term. This will include the exploration of how we can better use the subject matter expertise across the organisation at all stages of asset development, delivery and management, as well as the identification of any knowledge gaps or service improvement opportunities. I also recognise the need to work closely with the Scottish Government to reconfirm our remit and ensure national governance is in place to allow us to undertake the remit assigned to us.

69. In the event NHS Scotland Assure offer support to a health board and it is refused, what powers of intervention, if any, do you have?

A. NHSScotland Assure is not a regulator. Healthcare Improvement Scotland (HIS) is the regulator for NHSScotland. NHSScotland Assure exists as a mechanism to support Health Boards to provide the best healthcare-built environment so that they understand their roles and responsibilities in that environment.

As such, NHSScotland Assure does not have any powers of intervention with Health Boards, other than issuing an unsupported status to a KSAR or NDAP, which would prevent a project being approved through the governance framework of CIG and NIB.

We are a national service that also provides responsive expert advice and support to Health Boards related to the healthcare-built environment. A proportion of the NHSScotland Assure workplan each year is made up of reactive work on behalf of the Health Boards. This type of work would include the response of NHSScotland Assure to the potential identification of RAAC in the NHS estate, support for Health Boards with the new process for Whole System Planning and ongoing work to support the Covid Inquiries in Scotland and the UK.

As noted above it is mandatory for Boards to engage with NHSScotland Assure when undertaking major capital build and refurbishment projects. NHSScotland Assure have the ability, where appropriate, to withhold support which can impact funding and the opening of projects (**DL (2023) 03 (Bundle 52, Volume 2, Document 14, Page 180)**). This authority allows us to ensure that healthcare facilities are assessed and that assurance on stringent safety and quality

standards is provided before they become operational. Whilst our primary role is to provide support and guidance to health Boards, and we are not a public facing service, our mandate to assess and seek assurance on compliance with standards means that, if necessary, and as facilitated through Scottish Government governance, we can effectively raise concerns on projects that do not meet the required criteria, which should provide reassurance to the public. This includes any IPC infection and outbreak issues that have not been reported in the correct manner to the Scottish Government. To date this is a very unusual occurrence, with most Health Boards complying with CEL and DL instructions.

70. Would such powers of intervention be beneficial? If no, why not?

A. NHSScotland Assure has a wide range of services, and we work with Health Boards in a collaborative relationship. It would not be appropriate for NHSScotland Assure to have intervention powers that would impact on this relationship based on collaboration and trust. A very large proportion of services that we provide are supportive and advisory for the Health Boards. We have built on that relationship as subject matter experts and as a source of advice and knowledge for Health Boards. Ultimately, it is a decision for Health Boards whether they take our advice or not across a significant majority of what we do. Usually, however, when Health Boards approach us for advice, it is because they require our support and expertise, and they trust that we will be able to provide a solution to their issue by working with them to mitigate or resolve the risks and issues that they have raised with us. Because of this collaborative approach, issues requiring escalation to the Scottish Government as described in the coming paragraphs are rare.

Whilst I recognise there may be a place for strengthening NHSScotland Assure's role in providing a supported or unsupported status for any live healthcare-built project in NHSScotland we do not think it would be possible or practicable for NHSScotland Assure to be involved in all small-scale projects below the delegated authority limits.

The practicalities of staffing levels and funding required to independently review all projects need to be balanced with the scale, value or complexity of the projects

being reviewed. I do not believe it would be possible or practical to review all projects below the delegated authority limits that each Health Board operates within. There are, however, a number of working routes for NHSScotland Assure to 'intervene' through formal or informal practice. NHSScotland Assure has the following escalation points when we are not supportive of the position of a Health Board.

NDAP: The ultimate 'escalation' under NDAP is that we do not provide the Health Board with a supported status and the Health Board would be made aware that a supported status would not be the outcome of the NDAP during the process. This would then prevent the Health Board securing business case approval through CIG. We can also informally raise issues with the Scottish Government before the formal CIG stage. The Scottish Government may then discuss the highlighted risks and issues with the Health Board.

The State of NHSScotland Assets and Facilities Report (SAFR) Annual Asset Management Returns: if a Health Board is not compliant with the request to complete this report NHSScotland Assure can escalate to the Scottish Government which will then liaise with the Health Board directly.

Capital projects: NHSScotland Assure can escalate non-compliance with Frameworks Scotland (which is mandated for certain projects), to the Scottish Government to formally intervene.

Capital projects: where NHSScotland Assure has concerns over any aspect of project delivery (for example, team, programme, governance, budget) this can be raised through CIG where NHSScotland Assure are members. This would then be considered by CIG and will either affect the recommendations or may even lead to unapproved status.

For some commissions we now use the NHSScotland Assure Service Level Agreement (SLA) and that does include a space for an escalation point from each party for any issues that cannot be resolved by the primary contacts. This is more used for one off type commissions e.g. the CHAS Hospice, or the support to HMP

Glasgow.

Equipping has its own SLA which is used on every project. Again, actual escalations are incredibly rare, and usually issues are resolved through discussion.

Public Private Partnerships Programme Team (PPP): NHSScotland is implementing Hand back Readiness Reviews which will provide NHSScotland Assure escalation to the National Infrastructure Board (NIB), although this process is still to be tested in practice.

KSAR unsupported status when escalated to the Scottish Government will result ultimately in a Health Board being unable to open their building to patients. This position is set out in DL 2023 (03).

In a lot of cases where we have identified noncompliance with processes, or guidance, we rely on existing relationships with Health Boards and communication in person with them to resolve issues.

The 4 main routes of formal escalation within ARHAI Scotland are:

- ☐ Healthcare Infection Outbreak/Incident - Hospital Infection Incident Assessment Tool (HIIAT)
- ☐ Data Exceedance - Quarterly Epidemiological Commentary for the Surveillance of Healthcare Associated Infections in Scotland – Production of Quarterly Exception Reports (SOP)
- ☐ [The National Support Framework 2017](#)
- ☐ Escalation of Concerns (including Clinical Governance): This would be carried out using internal escalation through line manager and clinical governance reporting structure within NSS - recognising the professional codes of conduct and practice and duty of care.

71. In the event where concerns are raised or recommendations made by NHS Scotland Assure, particularly in respect of the Key Stage Assurance Review (KSAR), what enforcement powers do you have, if any, to ensure compliance with

recommendations made?

- A. DL (2023) 03 (Bundle 52, Volume 2, Document 14, Page 180)** states "This DL covers the commissioning, completion, and handover part of the process and notifies you that all building projects going through a KSAR, should not open to patients or the public until you receive a 'supported status' from NHSScotland Assure."

There are conditions for commissioning, completion and handover within the KSAR of healthcare builds. A Health Board is unable to admit patients to a building and perform clinical activities until a supported status for the KSAR is given by NHSScotland Assure and approved through the Scottish Executive Health Department Capital Investment Group (SCIG) process. This will ensure that all six areas (water and drainage, ventilation, medical gases, electrical and fire) covered by the KSAR process are safe for patients, visitors and staff.

When supported status, as per **DL (2023) 03 (Bundle 52, Volume 2, Document 14, Page 180)**, has been achieved for the Commissioning and Handover KSARs, and the responsible Health Board is content for the building to open, the Senior Responsible Officer sends a copy of the report to the Chair of SCIG, for information.

The NDAP process is also mandated under CL 19 (2010), and Health Boards would not be able to proceed with a project unless a supported NDAP is completed. An NDAP review takes place at each business case stage and the supported/unsupported status is reported to the Health Board as part of a report containing recommendations.

The report is then verified by the Health Board confirming agreement to adopting and implementing the recommendations.

The NDAP is then considered as part of the business case submission to the Capital Investment Group (CIG) to be reviewed. Typically, a business case would not be approved for a Health Board to proceed without a supported NDAP; however, this is ultimately a decision for CIG.

The NDAP process currently concludes at Full Business Case stage, this is being reviewed to understand whether it would be beneficial for it to continue into construction and handover phases of a project.

72. In your view would such powers be beneficial? If not, why not?

A. Any additional powers would need to be carefully considered in terms of Health Boards responsibilities, NHSScotland Assure capacity and remit and the intention to review NHSScotland Assure TOM by the Scottish Government who commission our role and remit. Therefore, although it may be beneficial to have powers that ensure Health Boards share the information requested by NHSScotland Assure services, which would allow a more informed response to the Scottish Government and CNOD from NSS, I do not believe NHSScotland Assure is currently commissioned to deliver any such change in model without a review of the totality of service provision and commission by the Scottish Government.

Conclusion

73. Is there anything further which you wish to add that you think may assist the Inquiry?

A. I hope the Inquiry finds this statement helpful and there is nothing further I wish to add.

Declaration

74. I believe that the facts stated in this witness statement are true. I understand that this statement may form part of the evidence before the Inquiry and be published on the Inquiry's website.

The witness was provided access to the following Scottish Hospital Inquiry bundles/documents for reference when they completed their statement.

The witness was provided access to the following Scottish Hospital Inquiry bundles/documents for reference when they completed their statement.

Appendix A

A43255563 – Bundle 1 – Incident Management Team Meeting Minutes (IMT Minutes)

A37521453 – Bundle 3 – Governance – Volume 3 (of 3)

A37525665 - Bundle 4 – Single Bed Derogation

A46005509 - Bundle 9 - Documents relevant to NHS Assure

A47168969 – Bundle 13 – Miscellaneous – Volume 3

A47232226 – Bundle 13 – Miscellaneous – Volume 7

A43962726 – Bundle 15 – Additional Supporting Documents from NHS Lothian

A48408984 – Bundle 19 - Documents referred to in the Quantitative and Qualitative Infection Link expert reports of Sid Mookerjee, Sara Mumford and Linda Dempster

A49240403 - Bundle 21 – Substantive Core Participant responses to Dr Walker Report – Volume 2

A49799834 – Bundle 27 – Miscellaneous Documents - Volume 4

A53511130 – Bundle 51 – Sir Robert Francis Whistle-blowing Expert Report and supporting documents

A53674650 – Bundle 52 – Miscellaneous Documents – Volume 1

A53671356 – Bundle 52 – Miscellaneous Documents – Volume 2

A53745096 – Bundle 52 – Miscellaneous Documents – Volume 3

A47231435 – Hearing Commencing 26 February 2024 – Witness Statements – Volume 1

A49847577 – Witness Bundle - Week Commencing 26 August 2024 – Volume 3

A49968596 – Hearing Commencing 19 August 2024 – Day 13 – 6 September 2024

Laura Imrie

The witness provided the following documents to the Scottish Hospital Inquiry for reference when they completed their statement.

Appendix B

A37207378 - Bundle 3 – Governance – Volume 3 (of 3)

A34253738 – Bundle 4 – Single Bed Derogation
A43494369 – Bundle 9 – Documents relevant to NHS Assure
A32341688 – Bundle 9 – Documents relevant to NHS Assure
A33662490 – Bundle 13 – Miscellaneous – Volume 3
A32375006 - Bundle 13 – Miscellaneous – Volume 5
A42408714 – Bundle 15 – Additional Supporting Documents from NHS Lothian
A48852131 – Bundle 21 – Substantive Core Participants responses to Dr Walker Report
– Volume 2
A53244263 - Bundle 52, Volume 1 – Miscellaneous Documents
A48699683 – Bundle 52, Volume 2 – Miscellaneous Documents
A52458811 – Bundle 52, Volume 2 – Miscellaneous Documents
A52458813 - Bundle 52, Volume 2 – Miscellaneous Documents
A52458469 - Bundle 52, Volume 2 – Miscellaneous Documents
A52458339 - Bundle 52, Volume 2 – Miscellaneous Documents
A50778503 - Bundle 52, Volume 2 – Miscellaneous Documents
A52458336 – Bundle 52, Volume 2 – Miscellaneous Documents
A44253156 - Bundle 52, Volume 2 – Miscellaneous Documents
A52459163 - Bundle 52, Volume 2 – Miscellaneous Documents
A52459158 - Bundle 52, Volume 2 – Miscellaneous Documents
A52459154 - Bundle 52, Volume 2 – Miscellaneous Documents
A33662466 – Bundle 52, Volume 2 – Miscellaneous Documents
A52459148 - Bundle 52, Volume 2 – Miscellaneous Documents
A51859105 - Bundle 52, Volume 2 – Miscellaneous Documents
A52459117 - Bundle 52, Volume 2 – Miscellaneous Documents
A52459114 - Bundle 52, Volume 2 – Miscellaneous Documents
A52459038 - Bundle 52, Volume 2 – Miscellaneous Documents
A52459035 - Bundle 52, Volume 2 – Miscellaneous Documents
A52459148 - Bundle 52, Volume 2 – Miscellaneous Documents
A45691768 - Bundle 52, Volume 2 – Miscellaneous Documents
A44607793 – Hearing Commencing 26 February 2024 – Witness Statements – Volume 1

Appendix C – Julie Critchley CV

Julie Critchley



Profile

As a clinician and change agent I am committed to providing high quality, effective and efficient services and structures that give best value for money. I understand the correlation between well supported committed staff and high quality person centered service delivery.

Key Skills

- Credible leader with excellent interpersonal and communication skills
- Demonstrable history of complex service transformation
- Strong people and performance management skills
- Ability to deliver quality services within tight fiscal environment
- Values driven performance
- Demonstrable experience at Board level in an NHS Foundation Trust

Career History

National Services Scotland - NHS Scotland

Assure

September 2021 –

Date Director NHS Scotland Assure

Director of NHS Scotland Assure is a new post and a new service, which has been co-designed with users. NHS S Assure was brought into being to deliver a co-ordinated approach to improve the risk management in new build and refurbishment projects across NHS Scotland. The new service underpins a transformation in the

holistic approach to minimising risk in our healthcare buildings and environments, protecting patients from the risk of infection and supporting better outcomes for patients in Scotland. The services incorporate existing services such as Capital Planning, Engineering and Facilities Management with clinical input via Antimicrobial Resistance and Healthcare Acquired Infection and enhanced service input such as Research and Assurance services.

We work with all the Health Boards within Scotland on their new build and refurbishment aspirations, verifying their outputs so that their Boards can have some degree of assurance that their builds will be compliant with the latest guidance and provide their patients and staff with an excellent healthcare build environment. I am accountable via National Services Scotland to Scottish Government and my services aim to provide assurance that the Healthcare build is safe, fit for purpose, cost effective and capable of delivering sustainable services over the long term. We will work with SG in prioritising work programmes jointly that will deliver a great healthcare environment for Scotland

Salford Royal NHS Foundation

Trust

June 2019 – September 2021 Head of

Clinical Disaggregation and

Due Diligence

My previous role was Head of Due Diligence and Clinical Disaggregation for the NHSI facilitated mandated transfer of Pennine Acute Trust into Salford Royal Foundation Trust and Manchester Foundation Trust, a transaction of approximately £600million with 10,000 staff. This transfer was initiated due to the continuing unsustainability of Pennine Acute Trust. This transaction formally allowed the majority of Pennine Acute Trust, Royal Oldham Hospital, Fairfield Hospital and Rochdale Infirmary to transfer across to SRFT with North Manchester General Hospital transferring to Manchester Foundation Trust under the same transaction umbrella.

I was responsible for all aspects of Due Diligence for the transaction including, Finance, Estates, Commercial, Taxation, Clinical, Workforce, IT, Contracting and Equipment for all services provided by Pennine Acute services. I was also responsible for the Clinical Disaggregation and pathway provision for this very complex transaction. The safe disaggregation of all clinical services provided on the North

Manchester General Hospital, Fairfield General Hospital, Oldham Royal DGH, Rochdale Infirmary is the most important aspect of this transaction, and it is paramount that robust pathway provision and safe transfer of clinical services was ensured. This transaction is particularly complicated as it is both a transfer and a carve out transaction with a time limited residual legacy organisation post transfer.

I worked closely with a number of key internal and external stakeholders including Manchester Foundation Trust, Commissioners, Local Authority, Regulators NHSI and NHSE, staff groups and Pennine Vendor. The transfer of these services enhanced quality service delivery and allowed for improvement of services that were highlighted as requires improvement or inadequate in previous CQC inspections.

Wrightington, Wigan and Leigh NHS

Foundation Trust

Jan 2017 – June

2019 Integration Programme Director

This was a new role intrinsic to Wrightington, Wigan and Leigh NHS Foundation Trust (WWL) with a budget of [REDACTED] and 4500 staff committed to becoming a key partner in integrated service delivery and the development of a Local Care Organisation in Wigan. Strategically I was responsible for optimising the relationship between WWL and other stakeholders within the Wigan health and social care economy and the wider Greater Manchester (GM) region. I was involved in the development and implementation of a Wigan Local Care Organisation and sat on the Healthier Wigan Partnership Board. I also led for WWL, with the Deputy Director of Finance, on health and social care bids into Greater Manchester Transformation Programme.

My main remit was responsibility for the NHSI governed transition and transformation of all Adult and Children's Community Service provision from the incumbent Community Provider to WWL, a transaction of [REDACTED] with 1000 staff.. This role necessitated the utilisation of significant negotiation and influencing skills to bring together disparate organisations and regulators with diverse drivers and priorities.

Concurrently I led, with the Strategic Project Director, on 4 capital bids to enhance theatres and outpatients provision at Wrightington Hospital, expand A&E services at Wigan, collocate GP streaming at Wigan Infirmary and build with Wigan Borough

Council an 85 bed step up step down facility in Leigh. In support of the expansion of Orthopedic surgery into Wrightington Hospital, I reviewed all support services and reconfigured MSK CATS triage service and RTT performance, which is above, mandated performance targets. By continuously reviewing and improving pathways WWL maintained an above target trajectory for RTT within the Trust and maintained compliance with all associated targets.

Having led on the development and operation of the most successful GP streaming service within GM, I was asked by Wigan Borough CCG to review all of CCG non-GMS contracted GP activity and produce an options appraisal paper around the future of Extended Hours, Out of Hours provision and Walk in Centre provision. The recommendations within this paper have been operationalised and will improve efficiency, reduce spend and improve patient experience.

Cheshire and Wirral Partnership

NHS Trust

May 2015 – Jan 2017

Transformation Director

This post came into place to support the NHS New Models of Care initiative. The main duties and responsibilities related to the development of a Multi-Specialty Community Provider for Western Cheshire and to inform the transformation of service delivery in partnership across Western Cheshire. As such communication and leadership skills were at a premium working with a diverse set of stakeholder some of whom had conflicting drivers and targets.

The remit of this post was to formulate and operationalise the strategic direction of CWP within Western Cheshire and to respond to National Initiatives

My primary connections were with the Acute Trust, GP networks and Primary Care leads, the CCG and Social care. As a team the Director of Operations from the Acute Trust, the Chair of the GP consortia and the Director of Commissioning for the CCG and I worked together on the submissions for transformation of our service delivery in line with Vanguard aspirations to integrate Community, Primary Care and Mental Health provision.

Cheshire and Wirral Partnership NHS

Trust

December 2014- May

2015 Director of Operations

I covered the Director of Operations post for Cheshire and Wirral Partnership NHS Trust whilst the incumbent was on planned Sick leave.

The Director of Operations is an Executive member of the Trust Board and reports directly to the Chief Executive as such I was responsible for the day to day operational management and service delivery of care to patients, delivering on the operational management of CWP whilst improving quality within financial constraints. I was also responsible for working in collaboration with other stakeholder across the whole of the CWP footprint to provide services that are responsive to patient need against a diverse set of drivers and organisational priorities.

The Trust delivers a wide range of Mental Health, rehabilitation and physical health services with a clinical staff base of 3000 and budget of [REDACTED]. I had responsibility for the delivery of and achievement of performance targets and compliance with national and local contracts and initiatives. I was also responsible for the cohesive delivery with partners across wide and diverse geographic area - delivering services in over 90 different locations across a wide geography to a population of over 1million. In addition, I was responsible for the operational management and delivery of all clinical services, working with the other executive directors and the governors of the Trust to provide person centered care.

Cheshire and Wirral

Partnership Trust

April 2011- Dec 2014 Service

Director

As Service Director I was totally responsible for the clinical and financial delivery of all services provided by CWP to the population of West Cheshire. My budgetary responsibly was [REDACTED] with 1500 clinical staff providing services across Western Cheshire. The services included acute Mental Health Wards both Adult and Children's services, Rehabilitation and Learning Disability wards, Community Mental Health Teams and services interfacing with the acute sector such as Hospital Alcohol

services and Psychiatric liaison team. CWP West is unique within our organisation as I was also responsible for all Physical Health services delivered within a community setting, these included GP practices, GP Out of Hours, GP extended hours, integrated health and social care community teams, integrated acute, community and social care intermediate care provision and integrated therapy provision for which we had joint management posts with acute care reporting into myself and the Director of Operations for the Acute Hospital. Child and Adolescent Mental Health services have also been enhanced during my tenure with the tendering and building of a bespoke [REDACTED] Unit for children's Mental Health services that allows us to incorporate acute and sub-acute ward provision and a base for community teams and school provision. It allowed us to approach the expected tendering of service by NHS England with confidence for the future and provides fantastic outcomes for those vulnerable children who are in our care.

I was also responsible for coordinating and preparing services for any statutory inspections including MH and CQC for which the Trust overall achieved a rating of Good with Outstanding for Care.

I was also the Trust Emergency Accountable Officer and as such was responsible for the Emergency Planning readiness and response across the Trust.

Early career

Associate Director of Governance and Quality -
Community Care Western Cheshire (07/2009- 04/2011)
Deputy Managing Director –CCWC (07/2007-07/2009)
Commissioning Manager Older Person
Services – CCG secondment (07/2005-
07/2007) Podiatrist and Podiatry Services
Manager (1992-2005)

Education

Nye Bevan Programme – NHS Leadership Academy
MBA – Liverpool University
Advanced Medical Leader – British Association of Medical Managers

Degree in Podiatric Medicine – Westminster University

HCPC registered

Appendix D

NIPCM Timeline 2012-2024

Date	Version	Changes
13 January 2012	Launch of version 1.0 of NIPCM.	Initial chapter 1 which was 10 SICPs and Appendix 1-9.
December 2012	Version 2.0	<p>Amended after Hospital (ICN leads) consensus meeting on 1 November 2012.</p> <ul style="list-style-type: none">• General updating of wording and examples throughout document.• Inclusion of statement around the launch of the manual.• Inclusion of statement explaining this is the practice guide for all care settings.• Inclusion of reference to the literature reviews.• Inclusion of disclaimer.• Additional responsibility added related to incident reporting.• Further details around patient placement including if had hospitalisations abroad in last 6 months.• Hand hygiene updated to include using personal dispensers, use of soap and

		<p>water, using antimicrobial hand wipes and using emollients for skincare. Skin care updated to include reference to drying hands.</p> <ul style="list-style-type: none">• Respiratory hygiene updated to include reference to wipes.
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Date	Version	Changes
		<ul style="list-style-type: none"> • PPE updated to include disposing of PPE in waste bin, addition of term 'fluid repellent coveralls'. • Management of care equipment addition of explanation of what single use means and reference to sterilised packaged items. Reference to storing items clean and dry. Addition of point around contacting IPCT prior to procuring, trialling or lending any reusable care equipment. • Linen updated to include segregation during patient transfer, not placing extraneous items in laundry receptacle and tagging of infectious linen. • Occupational exposure updated to include reference to limiting sharps handling and not resheathing needles. • Appendix 5 glove selection updated around the wearing of sterile/non-sterile gloves for invasive procedures or as a sterile field and gloves for environmental cleaning. • Appendix 7 decontamination of reusable patient care equipment updated to include space for contact details for IPCT team. Addition of boxes for adding in dilution and products locally. • Appendix 8 management of blood and body fluid spillages updated to include space for contact details for IPCT team. Addition of boxes for adding in dilution

		<p>and products locally.</p> <ul style="list-style-type: none"> Appendix 9 management of occupational exposure incidents updated to include space for contact details for IPCT team. Update to box when skin/tissue is affected to reference use of pre-packed solutions where water not available.
January 2013	2.1	Amended after Hospital (ICN leads) consensus meeting 9 January 2013

Date	Version	Changes
		<ul style="list-style-type: none"> • General updating of wording and examples throughout document. • New final paragraph in Introduction regarding the literature reviews being used for recommendations. • Disclaimer updated to include reference to risk assessment. • Addition of new appendices <ul style="list-style-type: none"> • Appendix 8 - Decontamination status certificate • Appendix 9 - Procuring, trialling or lending any reusable non-invasive patient care equipment • Appendix 10 - Management of linen at care level • Appendix 12 - Management of waste at care area level.
October 2013	2.2 Consultation	<p>Consultation version issued to consensus and any other groups to trial and amend for the inclusion of Chapter 2 TBPs and associated appendices.</p> <p>Inclusion of:</p> <ul style="list-style-type: none"> • Appendix 14 - Infectious agents and/or disease of HAI concern in NHSScotland requiring additional infection control measures: Transmission Based Precautions and

		<ul style="list-style-type: none"> • Appendix 15 - Do I need facial or respiratory protection. • Glossary
4 April 2014	V2.3	Version issued to NHS boards to trial after v2.2 consultation comments had been considered and changes made.

Date	Version	Changes
		<ul style="list-style-type: none"> • General rewording and reformatting throughout. • Inclusion of Chapter 2 – TBPs, appendix 14 infectious agents and/or disease of HAI concern in NHSScotland requiring additional infection control measures, glossary. • Inclusion of statement in introduction ‘The national manual is mandatory for NHS employees and applies to all NHS healthcare settings. In all other care settings the content of this manual is considered best practice.’ • Managers responsibilities. Removed the line around following guidance on PPE. • Update of disclaimer to include care home. • Patient placement updated to include patients who have previously had an MDRO. • 1.2 Hand hygiene updated to say that wipes cannot be used by staff in hospital or care home for hand hygiene unless there is no running water available. • 1.3 Cough and respiratory hygiene updated so say that wipes cannot be used by staff in hospital or care home for hand hygiene unless there is no running water available. • 1.5 Safe management of care equipment updated with additional information on

		<p>the using single-use devices.</p> <ul style="list-style-type: none">• 1.7 Linen updated to advise that clean linen deemed unfit for reuse should be disposed of locally or sent back to the laundry for disposal.• 1.9 Waste updated to reference The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Updated segregation information for domestic
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Date	Version	Changes
		<p>waste. Updated information for disposal of sharps boxes to be manufacturers fill line.</p> <ul style="list-style-type: none"> 1.10 Occupational Exposure updated to reference The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Sentence included around the risk of getting a BBV from an occupational exposure.
January 2015	2.4	<ul style="list-style-type: none"> Section 1.7 –recommendation updated so that that linen deemed unfit for re-use should be returned to the laundry for disposal rather than being disposed of locally. Chapter 2. Transmission Based Precautions the distance for droplet precautions has been changed from “less than 3 feet (1 metre)” to “at least 3 feet (1 metre)”. Addition of section 2.5 ‘Infection Prevention and control during Care of deceased’. Appendix 14 - Inclusion of Viral Haemorrhagic Fever. Addition of Appendix 15 - Key Infections from HSE Guidance “Controlling the risks of infection at work from Human Remains”.

Date	Version	Changes
December 2015	2.5	<ul style="list-style-type: none"> • Section 1.4. PPE. Update to theatre headwear section to say 'Changed/disposed of between clinical procedures/tasks or if contaminated with blood and/or body fluid'. • Glossary: <ul style="list-style-type: none"> • Addition of Hazard Group 4 • Fluid repellent changed to fluid resistant • Definition of outbreak changed • Surgical face masks definition changed to include IIR masks. • Appendix 3 – Surgical Scrubbing – Inclusion of footnote 1 on use of surgical sponge between fingers and 2 on repeating steps 1-5 to the forearms. • Appendix 10 – Management of linen at care area level. Inclusion of Linen bagging and tagging guidance. • Appendix 14 – List of infectious agents and/or diseases that require TBPs in addition to SICPs. <p>Inclusion of 'until resolution of symptoms' in the Optimal patient placement box</p> <p>Inclusion of 'e.g respiratory secretions' in the Surgical Facemask box.</p>

April 2016	3.0	<p>This is the version that was used for the first version of the NIPCM website which was launched in April 2016</p> <ul style="list-style-type: none"> • Section 1.2 – Hand hygiene <p>Addition of statement for moment 2 ‘If ABHR can’t be used then antimicrobial soap should be used.’</p>
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Date	Version	Changes
		<p>Skin care. Removal of word 'breaks' when referring to when to use emollient hand cream.</p> <ul style="list-style-type: none"> • Section 1.4 – PPE - Footwear <p>New bullet added</p> <p>Footwear must be:</p> <p>Able to either withstand machine washing at 40°C or disinfection with a chlorine releasing agent.</p> <ul style="list-style-type: none"> • Section 1.5 – Decontamination of patient care equipment <p>Addition of text to replace Appendix 8 – Decontamination status certificate and Appendix 9 – Procuring, trialling or lending any reusable non-invasive care equipment.</p> <p>Addition of text 'Guidance may be required prior to procuring, trialling or lending any reusable non-invasive equipment. (This text replaces the blank Appendix 9 – Procuring, trialling or lending any reusable non-invasive care equipment)'.</p> <ul style="list-style-type: none"> • Section 1.9 - Waste <p>Addition of text 'Local guidance regarding management of waste at care level may be available.' This text replaces the blank appendix 12 Management of waste at care area level'</p> <ul style="list-style-type: none"> • Section 1.10 – Management of occupational exposure incidents

		<p>Inclusion of new sentence 'Always dispose of needles and syringes as 1 unit.'</p> <ul style="list-style-type: none">• Appendix 1 – How to hand wash <p>Addition of asterisk*Any skin complaints should be referred to local occupational health or GP.</p>
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Date	Version	Changes
		<ul style="list-style-type: none"> Appendix 3 – Surgical scrubbing <p>Addition of new sentence. Undertake Appendix 1 prior to starting scrub.</p> <p>Image 4 updated with the words ‘using a rotational method’</p> <ul style="list-style-type: none"> Appendix 9 – Management of blood and body fluid spillages <p>Addition of asterisk to say ‘All NHSScotland settings must use granules or equivalent product e.g spill kits’.</p> <ul style="list-style-type: none"> Appendix 11 – Aide memoire for patient placement considerations and respiratory protective equipment (RPE) and fluid resistant surgical facemasks (FRSMs) for infectious agents. <p>Addition of extra wording in Footnote 4. Induction of sputum (not including chest physiotherapy).</p>
September 2016	3.1	<p>Addition of Chapter 3 – Healthcare Associated Infection Outbreaks and Data Exceedance. This chapter was not mandatory at this stage and was being used and reviewed by the Steering Group prior to launch in 2017</p> <ul style="list-style-type: none"> Appendix 7 – Decontamination of reusable non-invasive care equipment <p>Rewording of 3rd bullet in left hand side box to now read. "Disinfect specific items of non-invasive, reusable, communal care equipment if recommended by the manufacturer e.g. 70% isopropyl alcohol on stethoscopes".</p>

		<p>This is changed from "Disinfectants may be used routinely to decontaminate specific items of non-invasive, reusable, communal care equipment if recommended by the manufacturer e.g 70% isopropyl alcohol on stethoscopes."</p>
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Date	Version	Changes
		<p>Replacement of 3rd bullet at the bottom of the middle and right hand side box with an asterisk that reads.</p> <p>*If the item cannot withstand chlorine releasing agents consult the manufacturer's instructions for a suitable alternative to use following or combined with detergent cleaning.</p> <p>This replaces the bullet that read " If the item cannot withstand chlorine releasing agents consult the manufacturer's instructions for a suitable alternative e.g 70% isopropyl alcohol.</p> <ul style="list-style-type: none"> • Section 1.2 – Hand Hygiene <p>Inclusion of new bullet point where reference to when to wash hands with non-antimicrobial soap.</p> <p>Wash hands with non-antimicrobial soap if:</p> <ul style="list-style-type: none"> • caring for patients with vomiting or diarrhoeal illnesses; or • Section 2.4 – PPE - RPE <p>Addition of National Minimum Risk Categorisation for HCW fit testing with FFP3</p>
December 2016	3.2	<ul style="list-style-type: none"> • Update to definitions in Chapter 3.

6 December 2016	3.4	<ul style="list-style-type: none"> • All references to Healthcare Associated Infection Incident Outbreak Reporting Template removed and replaced with Healthcare Infection Incident Outbreak Reporting Template. • Chapter 3 <p>Title changed to 'Healthcare Infection, Incident, Outbreak and Data Exceedance.'</p>
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Date	Version	Changes
		<p>Introduction. Healthcare settings changed to 'health and other care settings.'</p> <ul style="list-style-type: none"> Appendix 12 – HIIAT <p>Calculate the Impact. Scoring now changed to allow 1 moderate to be HIIAT Green</p> <p>Part 2- Communication. Bullet point 2 GREEN now reads: Only inform HPS if support/expert advice is required or there is an accompanying press holding/ release/ pro-active statement.</p> <p>Part 2 – Communication bullet point – 'a HIIORT is not required' is removed.</p> <ul style="list-style-type: none"> Appendix 13 - HIIORT <p>Red box instruction page 1 changed to – 'Complete within 24 hours for all HIIAT Red and Amber; for HIIAT Green complete only if accompanied by a press statement (holding, release, proactive) and/or HPS support requested.'</p> <p>Red box instruction page 2 changed to – 'Complete this update section weekly as a minimum or as agreed with IMT and HPS for onward reporting to SGHSCD.'</p>
February 2017	3.5	<ul style="list-style-type: none"> Final changes made to Chapter 3 from comments from steering group.
March 2017	3.6	<ul style="list-style-type: none"> Incorporation of Chapter 3 with comments from Steering Group. Section 1.9 Waste. Taking out of the word 'infectious' under Orange Waste

3 April 2017		<p>Launch on 3 April 2017 of Chapter 3 – Outbreaks and Incidents.</p> <p>The additional appendices and resources are:</p> <p>Revised Appendices</p> <ul style="list-style-type: none"> • NHSScotland Alert Organisms/Conditions list
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Date	Version	Changes
		<ul style="list-style-type: none"> • The Healthcare Infection Incident Assessment Tool (HIIAT) • The Healthcare Infection Incident Outbreak Reporting Template (HIIORT) <p>Additional Resources</p> <ul style="list-style-type: none"> • Generic Outbreak checklist • Draft agenda for an IMT • SBAR report template • Full IMT report template • Incident/Outbreak data collection tool • Hot Debrief <p>A-Z of pathogens launched at same time</p>

<p>July 2017</p>	<p>3.7</p>	<ul style="list-style-type: none"> • Introduction: Minor changes in wording to include health and social care integration. • 3.2.2 Inclusion of the line 'The resources section is not mandatory but can be used as a supporting tool for the NIPCM.' • Appendix 11. Amendments to footnotes and inclusion of pathogens <ul style="list-style-type: none"> • Acinetobacter baumannii • Bacillus anthracis • Bacillus cereus • Carbapenemase producing Enterobacteriaceae (CPE)
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Date	Version	Changes
		<ul style="list-style-type: none"> • <i>Corynebacterium diphtheriae</i> • Enterovirus D68 • Hepatitis A virus • Legionella • Novel coronavirus • Panton Valentine Leukocidin (PVL) – positive <i>Staphylococcus aureus</i> • <i>Pseudomonas aeruginosa</i> • <i>Stenotrophomonas maltophilia</i> • Vancomycin-resistant Enterococci (VRE) • Vero cytotoxin-producing <i>Escherichia coli</i> (VTEC) • Appendix 13 – Line updated to say ‘Unless otherwise stated, one case would require an IPCT or HPT review to advise SICPs and TBPs have been followed and continue to be applied as part of routine Public Health response (when dealing with a case).’ • Appendix 14 – HIIAT. Update to text in Part 2 for Amber to say ‘Review and report HIIAT at least weekly or as agreed between IMT and HPS.’

		<ul style="list-style-type: none">• Appendix 15 – HIIORT. Update to text box for Section 6 to say 'Complete this update section weekly as a minimum if Red or Amber or as agreed with IMT and HPS for onward reporting to SGHSCD.
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Date	Version	Changes
October 2017	3.8	<ul style="list-style-type: none"> Document Information grid. Update to include 'and Chapter 3 Healthcare Infection incidents, outbreaks and data exceedance. It is planned to further develop the content of the manual.' Introduction. Inclusion of new paragraph. <p>'The manual has subsequently been endorsed by the Chief Medical Officer (CMO), Chief Pharmaceutical Officer (CPO), Chief Dental Officer (CDO) and Chief Executive Officer of Scottish Care.'</p> <ul style="list-style-type: none"> Responsibilities <p>Organisations must ensure. Change 3rd bullet to include 'including near misses'</p> <p>Managers of all services must ensure that staff:</p> <p>Change 2nd bullet to include 'if this cannot be implemented a robust risk assessment must be undertaken and approved through local governance procedures.</p> <p>Change to 5th bullet to include 'including near misses e.g sharps or PPE failures.'</p> <p>IPCTs and HPTs must:</p> <p>Change to 2nd bullet to say 'including the HIIAT/HIIORT ensuring actions are taken following completion of HIIAT'</p> <p>Inclusion of new bullet. 'Complete documentation when an incident/outbreak or data exceedance is reported.'</p>

		<ul style="list-style-type: none">• Disclaimer. <p>Inclusion of 'approved through local governance procedures.'</p> <ul style="list-style-type: none">• Section 1.2 Hand Hygiene
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Date	Version	Changes
		<p>Inclusion of new paragraph 'Hand washing sinks must not be used for the disposal of other liquids (See Appendix 3 of the Pseudomonas guidance).'</p> <p>In the paragraph 'Hand wipes should not ' the inclusion in the second sentence of the words 'In this circumstance.'</p> <ul style="list-style-type: none"> • Section 1.4 Personal Protective Equipment (PPE) <p>Inclusion of new bullet point 'not be impeded by accessories such as piercings/false eyelashes.'</p> <ul style="list-style-type: none"> • Section 1.7: Safe Management of Linen <p>Inclusion of reference to the National Guidance for Safe Management of Linen in NHSScotland Health and Care Environments For laundry services/distribution</p> <ul style="list-style-type: none"> • Section 1.10 Occupational Safety: Prevention and Exposure Management (including sharps) <p>3rd paragraph addition of word 'recapped'</p> <p>5th paragraph inclusion of 'If a safety device is being used safety mechanisms must be deployed before disposal.</p> <p>Inclusion of sentence. 'There is a legal requirement to report all sharps injuries and near</p>

		<p>misses to line managers/employers.'</p> <p>Footnote 4 updated to say 'A local risk assessment is required if re-sheathing is undertaken using a safe technique for example local anaesthetic administration in dentistry.'</p> <ul style="list-style-type: none">• Section 2.4 – PPE: RPE
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Date	Version	Changes
		<p>Inclusion of new sentence in second paragraph. 'If the hazard is unknown the clinical judgement and expertise of IPC/HPT is crucial and the precautionary principle should apply.'</p> <p>Inclusion of new paragraph. 'The decision to wear an FFP3 respirator/hood should be based on clinical risk assessment e.g task being undertaken, the infectious state of the patient, the presenting symptoms, risk of acquisition and the availability of treatment.'</p> <p>Inclusion of new paragraph:</p> <p>Powered hoods must be:</p> <ul style="list-style-type: none"> • Single use (disposable) and fluid repellent • The filter must be enclosed with the exterior and the belt able to withstand disinfection with 10,000 ppm av Chlorine • Glossary <p>Addition of new terms</p> <ul style="list-style-type: none"> • Mucocutaneous exposure • Non-intact skin • Non-intact skin exposure • Safer sharp • Sharps incident

		<ul style="list-style-type: none">• Significant sharps incident• Significant occupational exposure <p>Update to existing terms</p> <ul style="list-style-type: none">• Recapping/Re-sheathing• Sharps
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Date	Version	Changes
		<ul style="list-style-type: none"> Sharps injury <ul style="list-style-type: none"> Appendix 10 – Management of occupation exposure incidents <p>Update to first bullet in the bottom box to now include ‘For investigation this should be proportionate to the potential severity of the incident.’</p> <ul style="list-style-type: none"> Appendix 11 - Update to title to ‘Optimal patient placement and RPE requirements for Infectious agents.’ <p>Update to introductory text.</p> <p>Update to Footnote 3.</p>

February 2018	3.9	<ul style="list-style-type: none"> • Chapter 1.9 – Waste <p>Updated to ensure follows SHTN3. Under section 'Safe waste disposal at care area level' the reference to liquid waste has been changed to 'placing in an orange lidded leak-proof bin' instead of 'placing in a healthcare waste bag'.</p> <ul style="list-style-type: none"> • Chapter 2 <p>Inclusion of further details on patient placement (Chapter 2.1) and management of care environment (Chapter 2.3) by hospital, care home and primary care/outpatient settings and PPE/RPE (Chapter 2.4) giving further detail on respirator use and removal.</p> <ul style="list-style-type: none"> • Appendix 8 – Management of linen at care area <p>Update made to asterisk in the inner bag column for heat labile laundry. It now includes 'Colour coding for personal laundry bags may vary locally'.</p> <ul style="list-style-type: none"> • Appendix 10 - Management of occupation exposure incidents <p>Change to guidance for contact lenses.</p>
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Date	Version	Changes
		<ul style="list-style-type: none"> Appendix 11 - Optimal patient placement and RPE requirements for Infectious agents <p>Changes to the layout and content which is an 'Aide Memoire for optimum patient placement and Respiratory Protective Equipment (RPE) for infectious agents whilst a patient is in hospital'.</p>
March 2018	3.10	<ul style="list-style-type: none"> Chapter 2.3 – Safe management of the care environment <p>The requirement for 'twice daily' decontamination has been changed to 'at least daily' and now reads. 'Patient isolation/cohort rooms/area must be decontaminated at least daily, this may be increased on the advice of IPCTs/HPTs. These areas must be decontaminated using either:'</p> <p>The word 'Vacated' has also been added and now reads 'Vacated rooms should also be decontaminated following an AGP'.</p>
April 2018	3.11	<ul style="list-style-type: none"> Chapter 1.7 – Safe management of Linen <p>In the section Clean Linen the third bullet point has been removed.</p> <p>'Clean linen that is deemed unfit for re-use e.g badly torn, should be disposed of locally or returned to the laundry for disposal' and replaced by 'All linen that is deemed unfit for re-use e.g torn or heavily contaminated, should be categorised at the point of use and returned to the laundry for disposal.'</p>

Date	Version	Changes
July 2018	3.12	<ul style="list-style-type: none"> Section 2.3 Safe management of patient care equipment in an isolation/cohort area <p>Last paragraph inclusion of 'theatre recovery'.</p> <p>Bullet 5 – Change of wording from 'usually about' to 'a minimum of'</p> <ul style="list-style-type: none"> Section 2.4 Safe management of the care environment <p>National Minimum Risk Categorisation' changed to 'National Priority Risk Categorisation'</p> <p>Sentence beginning 'All tight fitting RPE; changed to 'Powered respirator hoods'</p> <ul style="list-style-type: none"> Section 2.5 Infection prevention and control in care of the deceased <p>Paragraph 3 word 'harbouring' changed to 'have'</p> <ul style="list-style-type: none"> Appendices <p>Titles updated to include:</p> <p>1-11 – Best practice</p> <p>12-15 –Mandatory</p> <p><input type="checkbox"/> Appendix 14 – HIIAT</p> <p>Inclusion of paragraph in table for Part 2. 'Following assessment by the NHS Board and HPS one collective HIIORT may be submitted for instances where multiple areas within a site are affected by the same infection such as seasonal influenza.'</p>

		<input type="checkbox"/> Inclusion of Addendum for Infection Prevention and Control within Neonatal Units (NNUs)
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Date	Version	Changes
August 2018	3.13	<ul style="list-style-type: none"> • Changes made to Addendum for Infection prevention and control within neonatal units (NNU) <p>4.1 Placement of neonates/assessment for infection risk. The first sentence now includes '(this is currently under review)' when referring to the Assessment for infection risk.</p> <p>The link to the 'Assessment for infection risk' page has been updated to say 'The clinical risk assessment (CRA) for microbiological screening on admission or transfer in the NNUs is currently under review by the Neonatal Units Infection Reduction Steering Group. This will be available in late September 2018.'</p> <p>4.2 Healthcare infections, incidents, outbreaks and data exceedance. The second bullet point has been changed from 'three or more cases of colonisation with same organisms' to 'two or more cases of colonisation with the same organism.'</p>

<p>March 2019</p>	<p>3.14</p>	<ul style="list-style-type: none"> • Introduction <p>New bullet:</p> <p>Improve the application of knowledge and skills in infection prevention and control</p> <ul style="list-style-type: none"> • Section 1.2 – Hand Hygiene <p>Updates to ‘Before performing Hand Hygiene’</p> <p>‘bare below the elbows’ added to first bullet point</p> <p>Inclusion of note in second bullet point *For health and safety reasons, Scottish Ambulance Service Special Operations Response Teams (SORT) in high risk situations require to wear a wristwatch.</p>
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Date	Version	Changes
		<p>Inclusion of new paragraph 'Where there is no running water available or hand hygiene facilities are lacking, staff may use hand wipes followed by ABHR and should wash their hands at the first available opportunity.'</p> <p>Removal of paragraph 'Hand wipes should not be used by staff in the hospital/care setting for hand hygiene unless there is no running water available. In this circumstance staff may use hand wipes followed by ABHR and should wash their hands at the first available opportunity.'</p> <p>Update to Skin care</p> <p>New bullet</p> <ul style="list-style-type: none"> • Staff with skin problems should seek advice from Occupational Health or their GP. <p>Update to Surgical hand antisepsis</p> <p>Inclusion of 'Single use' before nail brushes in bullet 2</p> <ul style="list-style-type: none"> • Section 1.4 – PPE <p>New bullet added to 'All PPE should be:'</p> <ul style="list-style-type: none"> • changed immediately after each patient and/or following completion of a procedure or task; and <p>Removal of 4th bullet for 'Gloves should be'</p>

		<p>to avoid excessive sweating and interference with dexterity.'</p> <p>New bullet added to 'Full body gowns/fluid repellent coveralls '</p> <ul style="list-style-type: none">• Worn when a disposable apron provides inadequate cover for the procedure/task being performed.
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Date	Version	Changes
		<p>New bullet added to 'Eye/face protection'</p> <ul style="list-style-type: none"> • 'Not be touched when worn.' <p>Update to 3rd bullet in Footwear. Inclusion of text 'in these areas have a decontamination schedule with responsibility assigned.'</p> <p>New bullet in 'Headwear'</p> <ul style="list-style-type: none"> • removed before leaving the theatre/clean room • Appendix 12 – Application of infection control precautions in the deceased <p>Updated to reflect the new HSE Guidance Managing infection risks when handling the deceased: Guidance for the mortuary, post-mortem room and funeral premises, and during exhumation.</p> <ul style="list-style-type: none"> • Appendix 14 – HIIAT <p>HIIAT. Part 2: Communication. Amber</p> <p>Addition of the word twice to the paragraph 'Review and report HIIAT at least twice weekly or as agreed between IMT and HPS'.</p> <ul style="list-style-type: none"> • Appendix 15 – HIIORT <p>Page 1.</p>

		<p>Box at top – Inclusion of initial assessment</p> <p>Section 2 – Taken out total number of beds and total number of beds occupied.</p> <p>Section 3 – Inclusion of further information in the case definition box</p>
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Date	Version	Changes
		<p>Addition of 2 new boxes – implementation of the NIPCM and providing information to patients/relatives</p> <p>Section 5 – Updates to Press statement box</p> <p>Page 2</p> <p>Box at top – Updated information on completion of section</p> <ul style="list-style-type: none"> Appendix 16 – New appendix: ‘Best Practice - Aide Memoire for levels of PPE for healthcare workers when providing patient care’
23 August 2019		<ul style="list-style-type: none"> Addition of Aide-memoire - Prevention and management of healthcare water-associated infection incidents/outbreaks as an interim measure until delivery of comprehensive evidence-based guidance which will form Chapter 4 of the National Infection Prevention and Control Manual (NIPCM) on the built environment and decontamination. Publication of Clinical Risk Assessment for use in neonatal units after being piloted by NHS boards.
31 August 2019		<ul style="list-style-type: none"> Addition of Aide-memoire: Prevention and management of healthcare ventilation system-associated infection incidents/outbreaks as an interim measure until delivery of comprehensive evidence-based guidance which will form Chapter 4 of the National Infection Prevention and Control Manual (NIPCM) on the built

		environment and decontamination.
8 November 2019		<ul style="list-style-type: none"> • Development process/methodology <p>The methodology has been updated to include:</p> <ul style="list-style-type: none"> • two-person systematic methodology

Date	Version	Changes
		<ul style="list-style-type: none"> • grading of recommendations updated to include new system based on HICPAC grading • new search strategies including this for CINHAL included for select literature reviews - more to be included as work progresses
8 Nov 2019		<ul style="list-style-type: none"> • Aerosol Generating Procedures (AGPs) Literature review <p>A review of the extant scientific literature regarding aerosol generating procedures (AGPs) in the healthcare environment has been undertaken to form evidence-based recommendations for practice. The specific objectives of the review are to determine:</p> <ul style="list-style-type: none"> • What is an aerosol generating procedure (AGP)? • Which procedures are considered to be aerosol generating?
29 Nov 2019		<ul style="list-style-type: none"> • Appendix 13 - Mandatory Alert Organism/Condition list <p>Following consultation Appendix 13 has been updated with the following changes:</p> <p>Inclusion of new sentence in Paragraph 2. 'Further information on optimal patient placement and use of respiratory protective equipment is available in Appendix 11 of the NIPCM. Pathogen specific information and links to available guidance can be found in the NIPCM A-Z of pathogens.</p> <p>Table 1</p> <ul style="list-style-type: none"> • 'Clostridium' changed to 'Clostridiodes'.

		<ul style="list-style-type: none">• Staphylococcus aureus locations changed from 'All care settings' to 'High risk units e.g ICU/PICU.'
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Date	Version	Changes
		<ul style="list-style-type: none"> • ESBL producers locations changed from 'All clinical/care settings' to 'High risk units e.g ICU/PICU/NICU, oncology/haematology'. • New bacteria included 'Meticillin-resistant Staphylococcus aureus (MRSA) and borderline oxacillin-resistant S. aureus (BORSA)'. • Carbapenem-resistant Enterobacteriaceae (CRE) changed to 'Carbapenem-resistant organisms (CRO)'. <p>Table 6</p> <p>Major changes made to text and table</p>
2 December 2019		<ul style="list-style-type: none"> • Appendix 11 - Best Practice - Aide Memoire for Optimal Patient Placement and Respiratory Protective Equipment (RPE) for Infectious agents whilst a patient is in hospital <p>Inclusion of bacteria with exceptional resistance directing to Appendix 13.</p> <p>Inclusion of High Consequence Infectious disease (HCID) directing to PHE List of HICD.</p> <p>Updates to VRE and VHF.</p> <p>Updates to footnote 3, 5 and 7</p>

30 January 2019		<ul style="list-style-type: none"> • Section 2.3 - Management of the care environment - decontamination of vacated rooms following an AGP. <p>The advice has been updated with regard to number of air changes per hour. It now reads:</p> <p>'Vacated rooms should also be decontaminated following an AGP. Clearance of infectious particles after an AGP is dependent on the ventilation and air change within</p>
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Date	Version	Changes
		the room. In an isolation room with 10-12 air changes per hour (ACH) a minimum of 20 minutes is considered pragmatic; in a side room with 6 ACH this would be approximately one hour. Advice should be sought from IPCT.'
24 Feb 2020		<ul style="list-style-type: none"> Literature reviews – eye/face protection and surgical face masks <p>The PPE literature reviews for eye/face protection and surgical face masks have been updated to include 'a full face shield can be used in place of goggles/visor and a fluid-resistant surgical mask for protection against droplet splash and spray'.</p>
11 Mar 2020		<ul style="list-style-type: none"> Updated AGP added to Appendix 11 and AGP literature review <p>An update has been made and High flow nasal oxygen (HFNO) has been added to Appendix 11 and the AGP literature review as an aerosol generating procedure.</p> <ul style="list-style-type: none"> Section 1.4 – PPE <p>Video for donning and doffing of PPE for healthcare workers in primary care settings is added.</p>

12 Mar 2020		<p>Update to requirements for using a full face visor as PPE/RPE</p> <ul style="list-style-type: none">• Section 1.4 – PPE <p>Fluid Resistant Type IIR surgical face masks must be:</p> <ul style="list-style-type: none">• worn if splashing or spraying of blood, body fluids, secretions or excretions onto the respiratory mucosa (nose and mouth) is anticipated/likely;• a full face visor may be used as an alternative to fluid resistant Type IIR surgical face masks to protect against splash or spray. However, a full face visor alone is not sufficient when droplet precautions are being employed and
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Date	Version	Changes
		<p>a fluid resistant Type IIR surgical face mask and eye/face protection must be worn as outlined in Appendix 16.</p> <ul style="list-style-type: none"> Section 2.4 <p>All tight fitting RPE i.e FFP3 respirators must be:</p> <ul style="list-style-type: none"> Compatible with other facial protection used i.e. protective eyewear so that this does not interfere with the seal of the respiratory protection. Regular corrective spectacles are not considered adequate eye protection. If wearing a valved, non-shrouded FFP3 respirator a full face shield/visor must be worn. <p>Poster below gives further information on compatibility of facial hair and FFP3 respirators and can be used when fit testing and fit checking.</p>
30 Mar 2020		<ul style="list-style-type: none"> Appendix 11 <p>Update to AGPs list in Appendix 11, footnote 3</p> <p>The UK COVID-19 guidance updated following NERVTAG advice and the following AGPs have been added:</p> <p>Bronchoscopy and upper ENT airway procedures that involve suctioning.</p> <p>Upper Gastro-intestinal Endoscopy where there is open suctioning of the upper respiratory tract</p>

13 May 2020		<ul style="list-style-type: none">• Addition of SBAR assessing the evidence base for medical procedures which create higher risk of respiratory infection transmission from patient to healthcare worker.
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Date	Version	Changes
		<p>The SBAR and supplementary information reviews the current evidence base on medical procedures that create a higher risk of respiratory infection transmission from patient to healthcare worker.</p> <p>The recommendations in Table 1 of the SBAR are used as the AGP list for footnote 4 of Appendix 11 of the NIPCM.</p> <ul style="list-style-type: none"> Appendix 11 - Best Practice Aide Memoire for patient placement and RPE for infectious agents while a patient is in hospital <p>The list of AGPs in footnote 4 of Appendix 11 has been updated after review of the current scientific literature and was agreed in collaboration with experts from New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG) and Public Health England (PHE).</p>
13 Jul 2020		<ul style="list-style-type: none"> Updated Hand Hygiene Literature reviews - Products, Skin Care, Surgical Hand Antisepsis in the clinical area <p>These 3 literature reviews have been reviewed and updated as part of the planned review process. Lists of all updates made can be viewed in the Version history section.</p>
13 Jul 2020		<ul style="list-style-type: none"> Appendix 11 - Best Practice Aide Memoire for patient placement and RPE for infectious agents while a patient is in hospital <p>Footnote 3 of Appendix 11 now has the updated list of procedures classed as AGPs based on rapid review and SBAR in consultation with NERVTAG.</p>

23 Jul 2020		<ul style="list-style-type: none">• New literature review Hand Hygiene: Hand washing, hand rubbing and indications for hand hygiene
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Date	Version	Changes
		<p>Three reviews (Hand washing V2.0 2016, Indications for Hand Hygiene V2.0 2016, and Use of Alcohol Based Hand Rub V2.0 2016) were amalgamated into one review using the two-person NIPCM methodology.</p> <p>New recommendations were added in for:</p> <p>When should hand hygiene be performed?</p> <p>How should hands be dried after hand washing?</p> <p>What is the evidence regarding the wearing of jewellery in relation to hand hygiene, including Jewellery worn for religious reasons?</p> <p>What are the requirements for sink design, provision and types of tap for clinical hand wash?</p> <p>Is the use of alcohol based hand rubs suitable for individuals who abstain from alcohol for religious reasons?</p>
4 Aug 2020		<ul style="list-style-type: none"> Updated literature review: Blood and body fluid spillages <p>This literature review has been reviewed and updated as part of the planned review process. Lists of all updates made can be viewed in the Version history section.</p>
6 Aug 2020		<ul style="list-style-type: none"> Updated literature review: Safe disposal of waste <p>This literature review has been reviewed and updated as part of the planned review process. Lists of all updates made can be viewed in the Version history section.</p>

Date	Version	Changes
17 Aug 2020		<ul style="list-style-type: none"> Updated RPE literature review <p>The RPE literature review has been reviewed using the two-person systematic review methodology.</p> <p>New questions added regarding fit testing, valved respirators, respirator standards, powered respirators and respirator storage.</p>
3 Sep 2020		<ul style="list-style-type: none"> Appendix 11 - Best Practice Aide Memoire for patient placement and RPE for infectious agents while a patient is in hospital <p>The SARSCoV-2/COVID-19 entry for optimal patient placement and RPE has been updated and now reads.</p> <ul style="list-style-type: none"> Optimal placement whilst patient is considered infectious and until resolution of symptoms: High Risk (Red) Pathway & ideally single en-suite room or confirmed COVID19 cohort. Respiratory protection (RPE) for healthcare workers whilst patient is considered infectious: Fluid Resistant surgical facemask (FRSM) for routine care and FFP3 or hood for AGPs

4 Sep 2020		<ul style="list-style-type: none">• Section 2.4 PPE and RPE <p>Section 2.4 has been updated after review of the RPE literature review</p> <p>Some sections been moved around to improve readability.</p> <p>Updates made:</p> <p>All tight fitting RPE i.e FFP3 respirators must be:</p>
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Date	Version	Changes
		<ul style="list-style-type: none"> Single use (disposable) and fluid-resistant. NB Valved respirators maybe shrouded or unshrouded. Respirators with unshrouded valves are not considered to be fluid-resistant and therefore should be worn with a full face shield if blood or body fluid splashing is anticipated. Fit tested (by a competent fit test operator) on all healthcare staff who may be required to wear a respirator to ensure an adequate seal/fit according to the manufacturers' guidance. Glossary <p>The definition for airborne particles (aerosols) has changed to:</p> <p>'Very small particles that may contain infectious agents. They can remain in the air for long periods of time and can be carried over long distances by air currents. Aerosols can be released during aerosol generating procedures (AGPs).'</p>

<p>4 Sep 2020</p>		<ul style="list-style-type: none"> • Section 1.2 Hand Hygiene <p>The following changes have been made to section 1.2 to reflect changes in the hand hygiene literature reviews</p> <p>Before performing hand hygiene:</p> <ul style="list-style-type: none"> • 'bracelets or bangles such as the Kara which are worn for religious reasons should be able to be pushed higher up the arm and secured in place); <p>Skin care:</p> <p>'Warm/tepid water should be used to reduce the risk of dermatitis; hot water should be avoided. Pat hands dry thoroughly after hand washing using disposable paper towels; avoid rubbing which may lead to skin irritation/damage. Do not use refillable dispensers or provide communal tubs of hand cream in the care setting.</p>
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Date	Version	Changes
		<p>Surgical hand antisepsis:</p> <p>Nail brushes should not be used for surgical hand antisepsis. Nail picks (single-use) can be used if nails are visibly dirty. Soft, non-abrasive, sterile (single-use) sponges may be used to apply antimicrobial liquid soap to the skin if licensed for this purpose. ABHR can be used between surgical procedures if licensed for this use or between glove changes if hands are not visibly soiled.</p>
9 Oct 2020		<ul style="list-style-type: none"> Literature reviews for Transmission Based Precautions Definitions and Safe Management of Linen <p>These literature reviews have been reviewed and updated as part of the programmed review schedule.</p>
19 Oct 2020		<ul style="list-style-type: none"> SBAR: Assessing the evidence base for medical procedures which create a higher risk of respiratory transmission from patient to healthcare worker. <p>This SBAR has been updated to include the footnote for Respiratory Tract Suctioning.</p> <p>'The available evidence relating to Respiratory Tract Suctioning is associated with ventilation. In line with a precautionary approach open suctioning of the respiratory tract regardless of association with ventilation has been incorporated into the current (COVID-19) AGP list. It is the consensus view of the UK IPC cell that only open suctioning beyond the oro-pharynx is currently considered an AGP i.e. oral/pharyngeal suctioning is not an AGP. The evidence on respiratory tract suctioning is currently being</p>

		reviewed by the AGP Panel.'
3 Nov 2020		<ul style="list-style-type: none"> • Scottish COVID-19 Infection Prevention and Control Addendum for Acute Settings now available

Date	Version	Changes
		The purpose of this addendum is to provide COVID-19 specific IPC guidance for NHSScotland on a single platform.
9 Nov 2020		<ul style="list-style-type: none"> Appendix 5 - Glove selection chart <p>This chart has been updated and is now presented in a more accessible format to enable use in other non-hospital care settings for example care homes.</p>
11 Nov 2020		<ul style="list-style-type: none"> Literature reviews on surgical face mask and eye/face protection for SICPs and TBPs <p>The SICPs literature reviews have been updated including new questions on TBPs and have been issued as new versions.</p> <p>Updates have been made within the PPE section of the manual further to the recommendations in the literature reviews.</p>
10 Dec 2020		<ul style="list-style-type: none"> COVID-19 updates to Chapter 3 and Acute Addendum <p>Updates have been made to Chapter 3 and it now includes sections on COVID-19.</p> <p>The COVID-19 acute addendum has been updated and now includes a section on PPE requirements for delivery of COVID-19 vaccinations and section on outbreaks.</p>
23 Dec 2020		<ul style="list-style-type: none"> Scottish COVID-19 care home infection prevention and control addendum added to NIPCM providing COVID-19 specific infection and prevention control (IPC) guidance for care home staff and providers on a single platform to improve

		accessibility.
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Date	Version	Changes
11 Jan 2021		<ul style="list-style-type: none"> Scottish COVID-19 Community Health and Care Settings Infection Prevention and Control Addendum added to NIPCM providing specific IPC guidance for community health and care settings on a single platform improving accessibility for users. The guidance within this addendum is in line with the UK IPC remobilisation guidance however some deviations for NHSScotland exist.

<p>24 Feb 2021</p>		<ul style="list-style-type: none"> • Appendix 13 Mandatory Alert organisms/conditions <p>Table 1 has been updated for Staphylococcus aureus. It now says:</p> <p>‘Boards should implement local surveillance to allow appropriate intervention where a data exceedance is recognised for common circulating strains and where 2 or more cases with the same resistant strain are identified. This might include contact with the ward or development of SPC charts to ensure clusters would be detected and investigated appropriately.</p> <p>NB: S.aureus bacteraemia must be investigated in all wards/departments as per National surveillance protocol.’</p> <ul style="list-style-type: none"> • New management of care equipment literature review for SICPs and TBPs <p>A new literature review has been produced that covers SICPs and TBPs and replaces the separate literature reviews.</p> <ul style="list-style-type: none"> • New Aprons and Gowns literature review for SICPs and TBPs <p>A new aprons and gowns literature review covering SICPs and TBPs has been produced. This replaces the separate SICPs and TBPs literature reviews.</p> <p>The PPE sections of the manual for SICPs and TBPs have been updated to reflect the literature review recommendations.</p>
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Date	Version	Changes
24 May 2021		<ul style="list-style-type: none"> • Infection Prevention and Control Manual for older people and adult care homes (Care Home IPCM) <p>In order to support care homes successfully adopt and implement the NIPCM, this context specific Care Home Infection Prevention and Control Manual (CH IPCM) has been co-produced with national and local stakeholders.</p> <p>The content of the CH IPCM is completely aligned to the evidence based NIPCM and is intended to be used by all those involved in residential care provision.</p> <p>The CH IPCM contains chapters on Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs).</p>
9 Aug 2021		<ul style="list-style-type: none"> • Updated literature review development process and footwear literature reviews <p>The literature review development process search strategies have been updated.</p> <p>The Footwear literature review has been updated using the 2 person methodology. 5 additional questions have been included and 2 existing questions have been modified.</p>
18 Aug 2021		<ul style="list-style-type: none"> • PPE - Headwear literature review and recommendations <p>The headwear literature review has been updated and includes new questions and recommendations. These include a new bullet:</p> <p>Headwear must be:</p> <ul style="list-style-type: none"> • worn as PPE for procedures where splashing/spraying of body fluids is anticipated, and as source control when performing clean/aseptic

		procedures where risk of infection is deemed to be high.
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Date	Version	Changes
16 Sept 2021		<ul style="list-style-type: none"> Updated Literature Review - Cough etiquette/respiratory hygiene <p>This literature review has been reviewed and updated with the following changes made:</p> <p>The inclusion of 'In the absence of disposable tissues and hand hygiene facilities, individuals should cough or sneeze into their elbow/sleeve'</p> <p>Addition of 'Avoid touching face (nose, mouth and eyes)'</p> <p>New question added 'What support is required for patients with restricted mobility or additional needs in understanding cough etiquette principles?'</p>
20 Oct 2021		<ul style="list-style-type: none"> Updated patient placement literature review and change to chapter text <p>The standard infection and transmission based precautions patient placement, isolation and cohorting literature review has been updated and the following changes made to the NIPCM.</p> <p>Chapter 1</p> <p>Inclusion of new paragraph:</p> <p>'Patients who may present a particular cross-infection risk should be isolated on arrival and appropriate clinical samples and screening undertaken as per national protocols to</p>

		<p>establish the causative pathogen. This includes but is not limited to patients:'</p> <p>Inclusion of new bullet points:</p>
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Date	Version	Changes
		<p>Who have been a close contact of a person who has been colonised or infected with CPE in the last 12 months. Who have been in contact with a confirmed COVID-19 individual and are still within the 14-day self-isolation period.</p> <p>Updated bullet points:</p> <p>With symptoms such as loose stools or diarrhoea, vomiting, fever or respiratory symptoms. Who have been hospitalised outside Scotland in the last 12 months (including those who received dialysis).</p> <p>Chapter 2</p> <p>New and updated bullets as per Chapter 1.</p> <p>New paragraph</p> <p>'When single-bed rooms are limited, patients who have conditions that facilitate the transmission of infection to other patients (e.g., draining wounds, stool incontinence, uncontained secretions) and those who are at increased risk of acquisition and adverse outcomes resulting from HAI (e.g., immunosuppression, open wounds, invasive devices, anticipated prolonged length of stay, total dependence on HCWs for activities of daily living) should be prioritised for placement in a single-bed room. Single-bed room prioritisation should be reviewed daily and...'</p> <p>Hospital settings:</p>

		<p>Updated bullet point</p> <p>'Isolation of infectious patients can be in specialised isolation facilities, single room isolation, cohorting of infectious patients where appropriate, ensuring that they are separated by at least 2 metres with the door closed.'</p>
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Date	Version	Changes
		<p>Cohorting in hospital</p> <p>New paragraph in discontinuing isolation.</p> <p>'Clinical and molecular tests to show the absence of microorganisms may be considered in the decision to discontinue isolation and can reduce isolation times. The clinical judgement and expertise of the staff involved in a patient's management and the Infection Prevention and Control Team (IPCT) or Health Protection Team (HPT) should be sought on decisions regarding isolation discontinuation.'</p> <p>Primary care/outpatient settings</p> <p>Updated bullet point</p> <p>'Patients attending these settings with suspected/known infection/colonisation should be prioritised for assessment/treatment e.g. scheduled appointments at the start or end of the clinic session. Infectious patients should be separated from other patients whilst awaiting assessment and during care management by at least 2 metres.'</p>

<p>29 Nov 2021</p>		<ul style="list-style-type: none"> • Winter (2021/22) Respiratory Infections in Health and Care Settings Infection Prevention and Control Addendum <p>This guidance has been developed during the ongoing COVID-19 pandemic recognising the likelihood of a surge in other respiratory viruses in addition to COVID-19 over the winter season of 2021/22 and supersedes the 3 COVID-19 addenda (Acute, Care home and Community health and care settings) first published in October 2020.</p> <p>Key changes as we move from the COVID-19 addenda to Winter (21/22), Respiratory Infections in Health and Care Settings Infection Prevention and Control (IPC) Addendum are:</p>
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Date	Version	Changes
		<p>Removal of the 3 distinct COVID-19 care pathways (high/red, medium/amber and low/green) to respiratory and non-respiratory pathways.</p> <p>A return to Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs) as per National Infection Prevention and Control Manual (NIPCM) and the Care Home Infection Prevention and Control Manual (CHIPCM).</p> <p>An algorithm to support placement of service users within health and care settings.</p> <p>Respiratory screening questions to include COVID-19 AND other respiratory pathogens.</p> <p>Ongoing Rapid testing for COVID-19 AND to now include other respiratory pathogens in some settings</p>
1 Dec 2021		<ul style="list-style-type: none"> • 3 new appendices added to NIPCM <p>The NIPCM now includes</p> <p>Appendix 17 - Aerosol Generating Procedures (AGPs) and Post AGP Fallow Time (PAGPFT)</p> <p>Appendix 18 - Physical Distancing in health and care settings: A pandemic measure deployed in 2020 during the COVID-19 Pandemic</p> <p>Appendix 19 - Elective Surgery IPC Principles</p>

2 Dec 2021		<ul style="list-style-type: none">• Section 1.4 PPE <p>The NIPCM has been updated and states 'Transparent face masks may be used to aide communication with patients in some settings'.</p> <p>Further guidance including mask specifications is available.</p>
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Date	Version	Changes
15 Dec 2021		<ul style="list-style-type: none"> COVID-19 literature reviews and SBARs moved from PHS site to the NIPCM. The literature reviews and SBARs produced by ARHAI as part of the COVID-19 pandemic response have been moved from the PHS website to the NIPCM and can be accessed at the link below. <p>Pandemic response literature reviews.</p>
13 Jan 2022		<ul style="list-style-type: none"> Update of surgical face masks literature review <p>The surgical face masks literature review has been updated to include reference to transparent face masks.</p> <p>Transparent face masks guidance is now provided in the manual.</p> <ul style="list-style-type: none"> Updated literature review: PPE Aprons and Gowns <p>The aprons and gowns literature review has been updated based on expert opinion.</p> <p>The recommendation 'How should aprons/gowns be donned?' has been updated to say:</p> <p>‘When worn as part of contact precautions, an apron (or gown if excessive splash or spray is anticipated) should be donned for direct care delivery and contact with the patient’s care environment.’</p>

17 Jan 2022		<ul style="list-style-type: none">• Updated TBP door posters and aide memoire <p>The posters for airborne, contact and droplet precautions and aide memoire have been updated to take account changes made to the aprons and gowns literature review.</p>
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Date	Version	Changes
24 Jan 2022		<ul style="list-style-type: none"> Update to Appendix 14 - HIIAT <p>The HIIAT form has been updated to include reference to the ORT system rather than the previous reporting mechanism.</p>
4 Mar 2022		<ul style="list-style-type: none"> Updated SICPs Occupational Exposure Literature review <p>The occupational exposure literature review has been reviewed and includes 1 new objective and 2 new recommendations.</p> <p>New objective - What is the definition of an “occupational exposure”?</p> <p>This objective was split from the definition of a “significant occupational exposure” to allow clarity between the two definitions.</p> <p>New recommendations</p> <p>What occupational health screening and protection should be offered to healthcare workers?</p> <p>‘Risk assessment of job roles should be undertaken to identify areas where occupational exposure may occur. There should also be policies and procedures in place to update these risk assessments when necessary.</p> <p>Employers are required to eliminate or reduce workplace risks where it is reasonably practicable.’</p> <p>What is the risk to healthcare workers of blood borne virus (BBV) transmission following</p>

		<p>occupational exposure?</p> <p>'There have been a total of 23 HCV seroconversions in HCWs reported in the UK, with the most recent reported in 2015. All of these seroconversions were the result of percutaneous exposures from hollowbore needles. [REDACTED]</p>
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Date	Version	Changes
		<p>████████████████████, again from percutaneous exposure from a hollowbore needle. There have been no reported seroconversions of HBV in HCWs in the UK.'</p>
14 Mar 2022		<ul style="list-style-type: none"> Section 1.10 Occupational Exposure <p>The occupational exposure chapter has been updated to include definitions for Occupational Exposure and Exposure Prone Procedures (EPPs).</p>
31 Mar 2022		<ul style="list-style-type: none"> Appendix 13 - NHSScotland Alert organism/Condition list <p>Table 6- Resistant organisms (exceptional phenotypes) of Appendix 13 has had minor amendments made for:</p> <p>Pseudomonas aeruginosa</p> <p>Staphylococcus aureus</p> <p>Coagulase-negative staphylococci</p> <p>Corynebacterium spp</p> <p>All enterococci</p> <ul style="list-style-type: none"> New chapter now available - Chapter 4 - Infection Control in the Built Environment and Decontamination <p>Chapter 4 is in its early stages of development and currently is a document repository for evidence reviews and tools related to IPC in the built environment and decontamination.</p>

		It does not currently fall into mandatory requirements for the NIPCM.
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Date	Version	Changes
		<p>Content going forward will be developed via the ARHAI Scotland Infection Control in the Built Environment and Decontamination (ICBED) programme informed by stakeholder engagement and requirements, learning from NHS Assurance programme and outbreaks and incidents.</p>
8 Apr 2022		<ul style="list-style-type: none"> Appendix 3 - Surgical scrubbing <p>Appendix 3 has been updated and includes an additional step (step 11). This step adds in an additional scrub to the mid forearms before the rinse stage (step 12).</p>
10 Jun 2022		<ul style="list-style-type: none"> Updated HAI incidents and outbreaks literature review and practice recommendations <p>The HAI incidents and outbreaks literature review has been updated with reworded and new recommendations made.</p> <p>Chapter 3.1 - new definitions added and rewording of some existing definitions.</p> <p>Chapter 3.2 - inclusion of paragraphs on surveillance systems</p> <p>Chapter 3.2.1 - addition of new second bullet and bullet about monitoring.</p> <p>Chapter 3.2.2 - inclusion of bullet and sub bullets on infection incident investigation, control measures, significant adverse events.</p> <p>Inclusion of section on communication</p> <ul style="list-style-type: none"> Updated gloves literature review and practice recommendations <p>The gloves literature review has been reviewed and a number of amendments made to</p>

		<p>recommendations. The SBARs for use of gloves for environmental cleaning and administration of vaccinations have now been removed and the contents have been incorporated into this literature review.</p>
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Date	Version	Changes
		<ul style="list-style-type: none"> Appendix 5 - glove selection flowchart has been updated for clarity of wording. Section 1.4 PPE <p>The bullet points in section 1.4 of the NIPCM for gloves have been reworded with the addition of 2 new bullets:</p> <p>Gloves are a single-use item and should be changed immediately after each use or upon completion of a task, not be worn as a substitute to hand hygiene.</p>
13 Jun 2022		<ul style="list-style-type: none"> Updated Neonatal HAI incidents and outbreaks literature review <p>This literature review has been updated and the following changes made:</p> <p>The research question, ‘How should potential healthcare infection incidents be assessed?’ has been reworded to say; ‘How should suspected healthcare infection incidents be assessed?’</p> <p>New research question added; How should a healthcare infection incident be ‘closed’, with lessons learned, recorded and disseminated nationally?</p> <p>A number of recommendations have been rephrased and new recommendations have been added. The grading of existing recommendations has also been changed to reflect the quality of the evidence-base used to inform them.</p> <p>The Neonatal addendum has been updated to include these changes.</p>

15 Jun 2022		<ul style="list-style-type: none"> • Appendix 13 - Alert organism/condition list <p>Table 6: Resistant organisms (unusual phenotypes) - (amended version based on 'EUCAST Expert rules and intrinsic resistance, 2021', taking into account the epidemiology of Scottish isolates) has been updated and new paragraphs added after the table</p>
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Date	Version	Changes
29 Jun 2022		<ul style="list-style-type: none"> New Appendix 22 - Community IPC COVID-19 pandemic <p>Appendix 22 forms part of the transition from the Winter Respiratory addendum to using SICPs and TBPs in the NIPCM. It should be used by health and care settings to manage the current COVID-19 pandemic measures still in place.</p>
11 July		<ul style="list-style-type: none"> NIPCM Relaunch 11 July 2022 Removal of COVID-19 Respiratory Addendum New Appendix 21 and 22 <p>Appendix 21 - COVID-19 Pandemic Controls for Acute NHS settings including Scottish Ambulance Service (SAS)</p> <p>Appendix 22 - COVID-19 Community IPC</p> <p>The NIPCM should now be used along with Appendix 21 and 22 which summarise the remaining pandemic measures which exist in addition to the NIPCM and provide links to helpful resources, guidance and policy documents.</p>

5 Aug 2022		<ul style="list-style-type: none"> Appendix 13 - Mandatory Alert organism/condition list <p>The second column of Tables 1 - 5 have been updated to outline both the locations and patient cohorts relevant to each pathogen or condition. The following have been added:</p> <p>Burkholderia spp.</p> <p>Staphylococcus capitis</p> <p>SARS-CoV-2</p> <p>Cryptococcus spp.</p> <p>scalded skin syndrome</p>
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Date	Version	Changes
		<p>adenoviral conjunctivitis</p> <p>Table 6 has been updated in-line with EUCAST expert rules and expected phenotypes. The footnotes for this table have also been amended.</p>
22 Aug 2022		<ul style="list-style-type: none"> Section 3.7.5 and 3.9.2 <p>COVID-19 testing during an outbreak and Replacing Transmission based precautions with daily testing, have been updated as per DL (2022)29.</p>
22 Aug 2022		<ul style="list-style-type: none"> Appendix 21 - COVID-19 - Pandemic Controls for Acute NHS settings including Scottish Ambulance Service (SAS), Dental Services <p>Updated to include changes made to COVID-19 testing requirements in line with DL 2022(29) issued on 22nd August 2022.</p>
1 Sep 2022		<ul style="list-style-type: none"> Appendix 16 - Selection of Personal Protective Equipment (PPE) by Healthcare Workers (HCWs) during the provision of patient care <p>Reviewed and general rewording of sections taken place.</p> <p>Changes have been made to the following sections:</p> <p>Aprons/gowns</p> <p>Inclusion of detail on when a gown should be worn. Additional information on wearing for indirect/direct patient care and immediate environment. Doffing information updated</p> <p>Eye/face protection</p> <p>Addition of wearing when dealing with a high consequence infectious disease</p>

		Fluid resistant surgical masks (FRSM)
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Date	Version	Changes
		<p>Addition of wearing for AGPs</p> <p>Respiratory Protective Equipment (RPE)</p> <p>Addition of reference to a fit-tested FFP3 respirator or powered respirator hood</p>
30 Sep 2022		<ul style="list-style-type: none"> Appendix 11 - Best Practice - Aide Memoire for Optimal Patient Placement and Respiratory Protective Equipment (RPE) for Infectious agents whilst a patient is in hospital <p>Following review, several changes to Appendix 11 have been made. General rewording of sections has taken place and pathogens have been added. The 'Modes of transmission' column and reference to pathogen colonisation under the 'Disease' column have been removed.</p>
12 Oct 2022		<ul style="list-style-type: none"> New SBAR 'Aerosol-generating procedures: current situation for Scotland' <p>A new SBAR 'Aerosol-generating procedures: current situation for Scotland' has been published, with recommendations for next steps for Scotland.</p>

27 Oct 2022		<ul style="list-style-type: none"> • New PVC maintenance and insertion quality improvement literature review and bundle <p>A new PVC maintenance and insertion literature review has been produced. This replaces the Insertion and Maintenance of Peripheral Venous Catheters (PVC) literature reviews for Adults (V2.0 Sep 2014) and Neonates (V1.0 May 2018) which were amalgamated and updated using a two-person methodology to produce this new literature review.</p> <p>The PVC maintenance and insertion bundle has also been updated.</p>
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Date	Version	Changes
		<ul style="list-style-type: none"> A-Z <p>The entry for Coronavirus disease 2019 (COVID-19) (SARS CoV-2) has been updated. This now includes incubation period, period of infectivity and exclusion period. The updated entry is in the A-Z as Severe Acute Respiratory Syndrome Coronavirus 2 (SARS CoV-2).</p>
17 Nov 2022		<ul style="list-style-type: none"> Update to NIPCM methodology <p>The NIPCM 'Methodology' document has been updated to reflect the revised ARHAI Scotland governance structure and NIPCM Working Groups, and the updated literature review search strategies. Further changes to the NIPCM methodology are currently being piloted and will be updated in due course.</p>
18 Nov 2022		<ul style="list-style-type: none"> Updates to NIPCM – DL(2022)10 <p>The NIPCM (Chapter 2), Care Home IPCM (TBPs) and associated Appendices (16, 21 and 22) have been updated to reflect that the advice contained within the Scottish Government's DL(2022)10 remains extant.</p>
23 Nov 2022		<ul style="list-style-type: none"> New poster - PVC maintenance and insertion quality improvement tool <p>A new poster for the insertion and maintenance of peripheral venous catheters (PVCs) has been produced following the recent update of the PVC maintenance and insertion literature review.</p> <p>This replaces the previous recommendations poster and should be used alongside the</p>

		bundle as a quality improvement tool.
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Date	Version	Changes
28 Nov 2022		<ul style="list-style-type: none"> Archiving of Cystic Fibrosis literature review <p>Following stakeholder feedback the Cystic Fibrosis literature review has now been archived.</p>
1 Dec 2022		<ul style="list-style-type: none"> Updated Decontamination technologies literature review: Ultraviolet Light <p>This literature review examines the available professional literature on the use of ultraviolet light for environmental decontamination in health and care settings.</p> <p>It has been updated using the two-person methodology as described in the NIPCM Development Process and includes new objectives and recommendations.</p>
5 Dec 2022		<ul style="list-style-type: none"> Appendix 20 - Hierarchy of Controls <p>Appendix 20 has been updated to reflect each principle of the Hierarchy of Controls, for health and care settings.</p>
29 Dec 2022		<ul style="list-style-type: none"> Updated decontamination technologies literature review: wipes <p>New and rephrased objectives were included in the review and new recommendations have been added.</p>
30 Dec 2022		<ul style="list-style-type: none"> New Quality Improvement Tool (QIT) literature review - Insertion and Maintenance of Central Venous Catheters (CVC) Content <p>This literature review examines the extant scientific literature on the insertion and maintenance of central venous catheters (CVCs) in the health and care setting.</p> <p>It replaces the Insertion and Maintenance of Central Venous Catheters (CVCs)</p>

		literature reviews for Adults (V3.0 Sep 2014) and Neonates (V1.0 Sep 2017) which were
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Date	Version	Changes
		<p>amalgamated and updated using a two-person methodology. Objectives have been added to address evidence on both insertion and maintenance of CVCs.</p>
18 Jan 2023		<ul style="list-style-type: none"> Updated literature review and NIPCM/CH IPCM text - Infection Prevention and Control for Care of the deceased <p>It has been updated using the two-person methodology as described in the NIPCM Development Process and includes one new objective along with recommendations.</p> <p>These updates cover:</p> <ul style="list-style-type: none"> Infection status and risk assessment. Viewing, washing and dressing of bodies where a specific disease is confirmed or suspected. Post-mortem of those suspected or confirmed with having a TSE.
26 Jan 2023		<ul style="list-style-type: none"> Update to literature review and NIPCM content: Indications and techniques for hand hygiene <p>It has been updated using the two-person methodology as described in the NIPCM Development Process and includes updated objectives and recommendations. The NIPCM has been updated to reflect these changes.</p>

6 March 2023		<ul style="list-style-type: none">• New bundles and posters for CVC insertion and maintenance - Neonatal, Paediatrics and Adults <p>New bundles and posters for CVC insertion and maintenance replace the CVC and neonatal CVC bundle, recommendations and other supporting tools.</p>
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Date	Version	Changes
15 Mar 2023		<ul style="list-style-type: none"> Update to mpox guidance Version 1.4. <p>This document has been updated to reflect key changes which include:</p> <ul style="list-style-type: none"> Change to terminology, where Monkeypox will now be referred to as 'mpox' and the virus will be referred to as 'MPXV'. As per Mpox Principles for control of non-HCID mpox in the UK: 4 nations consensus statement the Advisory Committee on Dangerous Pathogens (ACDP) have advised that the whole of Clade II MPXV should now no longer be classified as a high consequence infectious disease (HCID).
20 Mar 2023		<ul style="list-style-type: none"> New Appendix 21 - COVID-19 Pandemic IPC controls for health and social care settings <p>This new Appendix 21 combines content from COVID-19 Appendix 21 for acute settings and Appendix 22 for community settings into a single pandemic appendix for health and social care settings.</p>
24 Apr 2023		<ul style="list-style-type: none"> Update to literature review: Infection Prevention and Control During the Care of the Deceased <p>This literature review has updated wording within the discussion section and recommendations to provide additional clarity. Please see the version history table in the literature review for all updates.</p>

15 May 2023		<ul style="list-style-type: none"> • Update to NIPCM and CH IPCM to reflect Scottish Government DL (2023)11 <p>The National Infection Prevention and Control Manual (NIPCM) and the Care Home Infection Prevention and Control Manual (CH IPCM) have been updated to reflect the Scottish Government DL (2023) 11.</p> <p>This DL outlines that the Scottish Government's 'Coronavirus (COVID-19): use of face coverings in social care settings including adult care homes' guidance and the</p>
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Date	Version	Changes
		<p>'Coronavirus (COVID-19): extended use of face masks and face coverings in hospitals, primary care and community healthcare settings' guidance has now been withdrawn.</p> <p>Health and care staff should follow the guidance contained in both the NIPCM and CH IPCM. This reflects a return to pre-pandemic IPC practices.</p> <p>Reference to extended use of fluid-resistant surgical face masks and sessional face mask use has been removed from the NIPCM and CH IPCM. Please note that the decision to undertake a personal PPE risk assessment for Respiratory Protective Equipment (RPE) remains within the NIPCM and CH IPCM.</p> <p>The following sections within the NIPCM and CH IPCM have been updated to reflect the above changes:</p> <ul style="list-style-type: none"> • Chapter and Sections: 1.4, 2.4 and 3.7 (NIPCM) • Chapter 1, Section 4 (CH IPCM) • Appendix 16 • Appendix 21 <p>Reference to 'extended use' in the context of length of wear-time, has been changed to 'prolonged' use, to avoid any confusion with existing terminologies.</p>

24 May 2023		<ul style="list-style-type: none"> • Revision and update of Care Home IPC Manual <p>The updated Care Home IPC Manual reflects on pandemic learning, emphasising the ongoing importance of Infection Prevention and Control (IPC) guidance for all those working in all care home settings.</p> <p>Appendix 19 provides details of the remaining IPC measures advised for COVID-19 that should continue to be applied alongside the manual.</p>
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Date	Version	Changes
2 Jun 2023		<ul style="list-style-type: none"> • Renumbering of Appendices <p>The Appendices within the NIPCM have been renumbered to reflect the archiving of now outdated COVID-19 materials.</p>
26 Jun 2023		<ul style="list-style-type: none"> • Update to Appendix 16 - Selection of Personal Protective Equipment (PPE) by health and care workers (HCWs) during the provision of care <p>Appendix 16 has been updated to reflect changes within the NIPCM and CH IPCM. The changes made are:</p> <ul style="list-style-type: none"> • updates related to DL (2023) 11 – step-down of Scottish Government’s extended use of face mask guidance • removal of where to don and doff PPE column • footnotes included for additional clarity. <p>Please note this is an interim update pending the completion of the TBPs literature review later in the year.</p>
29 Jun 2023		<ul style="list-style-type: none"> • Update to Mpox guidance <p>The following revisions have been made to the mpox guidance.</p> <p>Minor revisions to the extant guidance following an update to the UKHSA guidance.</p> <p>No changes to content, general information section has been condensed and updated electronic links to latest UKHSA guidance as appropriate. Inclusion of link to Advisory Committee on Dangerous Pathogens (ACDP) Guidance.</p>

7 July 2023		<ul style="list-style-type: none">• Updated Hand Hygiene: Surgical Hand Antisepsis in the Clinical Setting literature review <p>Key changes include:</p>
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Date	Version	Changes
		<ul style="list-style-type: none"> the addition of sections outlining legislative requirements relating to surgical hand antisepsis products, an updated definition of surgical hand antisepsis an updated recommendation, advising to wash hands with an antibacterial hand wash product prior to the first operation of the day
21 July 2023		<ul style="list-style-type: none"> Update to Surgical Hand Antisepsis Literature Review and related NIPCM content <p>Following stakeholder feedback the Surgical Hand Antisepsis Literature Review has been revisited and updated.</p> <p>Amended recommendation:</p> <p>The following recommendation was clarified to align with the Association for Perioperative Practice (AfPP) and the National Institute for Health and Care Excellence (NICE) recommended practice.</p> <ul style="list-style-type: none"> Surgical scrubbing using an antimicrobial surgical scrub product should be used for the first surgical hand antisepsis of the day. <p>Removed recommendation:</p> <p>A recommendation was removed from the section ‘What is the correct process and technique for surgical hand antisepsis?’ as it does not form part of the surgical rubbing</p>

		<p>process.</p> <ul style="list-style-type: none">• Hands should be washed with non-antimicrobial liquid soap and thoroughly dried after donning theatre clothing. <p>Updates to NIPCM:</p>
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Date	Version	Changes
		<p>Section 1.2 of the NIPCM has been amended to take consideration of these amendments.</p> <p>Appendix 3 - Surgical Scrubbing and Appendix 4 - Surgical Rubbing have been updated to reflect these changes.</p>
30 Aug 2023		<ul style="list-style-type: none"> Update to NIPCM and CH IPCM to reflect changes to Scottish Government COVID-19 Testing Guidance CMO Letter (SGHD/CMO(2023)12) <p>Specific reference to asymptomatic COVID-19 testing has been removed from the NIPCM and CH IPCM. Please note that COVID-19 testing for discharge to care homes/hospices is the only routine testing that has been retained as part of Scottish Government Policy.</p> <p>Testing to support clinical diagnosis and for outbreak management should continue as per the NIPCM and CH IPCM and on advice from local IPCT and HPTs. Health and care staff should follow the guidance contained in both the NIPCM and CH IPCM. This reflects a return to pre-pandemic IPC practices.</p> <p>The following sections within the NIPCM and CH IPCM have been reviewed, updated or archived to reflect a pause in asymptomatic testing and removal of any reference specific to COVID-19:</p> <p>NIPCM</p> <ul style="list-style-type: none"> Chapter 1 Section 1.1

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|--|--|---|
| | | <ul style="list-style-type: none">• Chapter 2 Section 2.1• Chapter 3• Neonatal Addendum |
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Date	Version	Changes
		<p>CH IPCM</p> <ul style="list-style-type: none"> • Chapter 1 Section 1 • Link to Public Health Scotland COVID-19 guidance included <p>Appendix 19 – COVID-19 Pandemic IPC Controls for Health and Social Care Settings – archived</p> <p>COVID-19 Hospital Testing Table - archived.</p> <p>Assessing Staff contacts of COVID-19 in NHS acute healthcare settings – archived.</p> <p>SARS-CoV-2 A-Z Entry – links updated.</p> <p>Transition document: Winter Respiratory Infection IPC addendum to NIPCM - archived.</p>

<p>26 Oct 2023</p>		<ul style="list-style-type: none"> • Update to recommendation for surgical hand antisepsis <p>Following publication of the Surgical Hand Antisepsis literature review version 6.1 in July 2023 we received stakeholder feedback relating to the recommendation. The literature review has been updated</p> <p>Amended recommendation:</p> <p>The following recommendation was amended following stakeholder feedback which highlighted that some settings have designed out scrub sinks to reduce the risk of water-associated infection, and consequently only use surgical hand rub products. Additionally, skin sensitivities and allergies may require avoidance of surgical hand scrub products. In these scenarios where surgical hand rubbing is the preferred option, it is expert opinion that hand hygiene using water and a non-antimicrobial liquid soap should be performed prior to entering the theatre or care area. The rationale for this is to remove physical contamination (which hand rub products are unable to do).</p>
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Date	Version	Changes
		<ul style="list-style-type: none"> • Surgical scrubbing using an antimicrobial surgical scrub product should be used for the first surgical hand antisepsis of the day. Additional wording added: Or perform hand hygiene using water and a non-antimicrobial liquid soap prior to the first surgical antisepsis of the day; this can be carried out in an adjacent clinical area. <p>Section 1.2 of the NIPCM has been amended to take consideration of these amendments.</p>
30 Nov 2023		<ul style="list-style-type: none"> • Care Home IPC resources for both Gastrointestinal and Respiratory Illness now available <p>Two new Care Home IPC resources for Gastrointestinal Illness and Respiratory Illness have been published online today.</p> <p>These resources provide IPC advice in relation to respiratory and gastrointestinal illness and replace the previous Care Home Norovirus and Influenza guidance documents.</p>
15 Dec 2023		<ul style="list-style-type: none"> • Update to Hand Hygiene: Skin care literature review and recommendations <p>This contains an update to Section 1.2 of the NIPCM and Section 2 of the Care Home Infection Prevention and Control Manual advising that barrier creams should not be used in the workplace.</p>

21 Dec 2023		<ul style="list-style-type: none">• Update to Personal Protective Equipment: Gloves literature review <p>The Personal Protective Equipment: Gloves literature review has been updated to reflect updates to the literature reviews on inserting and maintaining central vascular catheters and peripheral vascular catheters. One correction to a citation has also been made. Details on these changes can be found in the version history.</p>
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Date	Version	Changes
		The content of the literature review and associated recommendations remain unchanged.
28 Dec 2023		<ul style="list-style-type: none"> Update to wording in Standard Infection Control Precautions Literature Review: Occupational Exposure. Management of Occupational Exposure to Blood Borne Viruses The SICPs literature review 'Management of occupational exposure to blood borne viruses' has been updated. Under objective 'What is the recommended procedure for managing significant exposure incidents?' wording has been changed to reflect the evidence recommending against the use of antiseptics and skin washes.
11 Jan 2024		<ul style="list-style-type: none"> Update to hand hygiene products literature review and references to hand rub <p>An update has been made to Section 1.2 of the NIPCM, Section 2 of the Care Home Infection Prevention and Control Manual and other relevant resources, advising that hand rub (alcohol and non-alcohol based) can be used in health and care settings if they meet the specified requirements.</p>

<p>18 Jan 2024</p>		<ul style="list-style-type: none"> • Development of new respiratory short form and accompanying outbreak checklist <p>ARHAI Scotland have developed a respiratory short form for reporting of any incident/outbreak from key respiratory viruses (COVID-19, influenza and respiratory syncytial virus (RSV) only), where IPC measures align with the newly developed outbreak checklist/NIPCM and where ARHAI support is not requested.</p> <p>Reporting via the respiratory short form uses a minimum dataset which aims to reduce reporting burden for NHS boards whilst maintaining national surveillance of incidents</p>
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Date	Version	Changes
		<p>and outbreaks across Scotland. The respiratory short form has now been successfully rolled out to all NHS boards and more information can be found within the Outbreak Reporting Tool Protocol.</p> <p>The updated outbreak checklist is aligned to the NIPCM and is designed to support staff with the prevention and control of suspected or confirmed incidents and outbreaks in hospital settings. This outbreak checklist demonstrates application of controls as recorded in both the respiratory short form and full outbreak reporting tool.</p> <ul style="list-style-type: none"> Appendix 15: Healthcare Infection Incident and Outbreak Reporting Tool (HIIORT) has now also been removed from the National Infection Prevention and Control Manual (NIPCM). All boards have been provided with their local bespoke version of the outbreak reporting tool (ORT) for reporting of incidents and outbreaks in line with chapter 3 of the NIPCM.
26 Jan 2024		<ul style="list-style-type: none"> Updated Ventilator Associated Pneumonia (VAP) Quality Improvement Tool literature review <p>The NIPCM contains a number of quality improvement tools which can assist in the reduction of HAIs. ARHAI Scotland have recently published an updated literature review to support the Ventilator Associated Pneumonia (VAP) Prevention bundle developed by SICSAG.</p>

9 Feb 2024		<ul style="list-style-type: none"> • Update to definition of ‘an exceptional infection episode’ in chapter 3 <p>The definition of ‘an exceptional infection episode’ has been updated to provide additional clarity and the scientific evidence base which informs this literature review remains extant.</p> <p>The previous definition stated:</p>
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Date	Version	Changes
		<p>‘A single case of an infection that has severe outcomes for an individual patient OR has major implications for others (patients, staff and/or visitors), the organisation or wider public health e.g., infectious diseases of high consequence such as VHF or XDR-TB, botulism, polio, rabies, diphtheria.’</p> <p>The updated definition now states:</p> <p>“a single case of rare infection that has severe outcomes for an individual AND has major implications for others (patients, staff and/or visitors), the organisation or wider public health for example, high consequence infectious disease (HCID) OR other rare infections such as XDR-TB, botulism, polio, rabies, or diphtheria.”</p>
7 Jun 2024		<ul style="list-style-type: none"> • New Care Home IPC Resource Toolkit in CH IPCM <p>The new Care Home Infection Prevention and Control (IPC) Resource Toolkit is a collection of care home related IPC guidance, resources and tools from national and international organisations which can support local IPC adoption and implementation.</p> <p>It has been structured specifically to support care home staff easily identify key IPC materials.</p> <p>The toolkit should be used in conjunction with the Care Home Infection Prevention and Control Manual (CH IPCM) and supporting resources.</p>

27 Jun 2024		<ul style="list-style-type: none">• New Notifiable Organism entry now included in A-Z <p>An update has been made to the A-Z of pathogens to show if an organism is notifiable. Previously this option was only included for diseases and has been added to provide clarity.</p>
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Date	Version	Changes
4 Jul 2024		<ul style="list-style-type: none"> Update to guidance on disposal of sharps boxes <p>On 20 June Section 1.9 of the NIPCM was updated and the reference to disposal of sharps boxes 'following 3 months of assembly' has been removed after consideration of the lack of evidence that supports this.</p> <p>The bullet now reads</p> <p>‘be disposed of when the manufacturers’ fill line is reached.’</p> <p>Updates to the waste literature review will follow when this review has been completed. Boards may choose to implement this change ahead of these full updates.</p>
4 Jul 2024		<ul style="list-style-type: none"> Transmission-based precautions (TBPs) definitions literature review update now added to Chapter 2 <p>The transmission-based precautions definitions literature review is currently under review and has not yet been published. To keep stakeholders aware of progress we have produced a summary highlighting the main areas of change, background to these changes and how these will impact practice.</p>

29 Jul 2024		<ul style="list-style-type: none"> • Launch of the new 'water' section of Chapter 4 in the National Infection Prevention and Control Manual (NIPCM) <p>This chapter content supports the prevention and management of infection related incidents and outbreaks associated with healthcare water.</p> <p>The evidence-based content has been informed by a new NIPCM systematic literature review and development of recommendations and good practice points. These, including the benefits, harms, feasibility issues and expert opinion, can be read in detail in the new Considered Judgement Forms.</p>
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Date	Version	Changes
1 Aug 2024		<ul style="list-style-type: none"> Update to isolation period for COVID-19 for hospitalised patients <p>The isolation period for COVID-19 has changed. The reduction in isolation period aligns with that of UKHSA guidance.</p>

Scottish Government Letters

Ref	Title	Link to the Scottish Government website
CDO(2021)08	Infection, protection and control guidance	NHS Scotland - Publications
CDO(2021)10	Infection, protection and control mitigations: update	NHS Scotland - Publications
CDO(2021)11	Infection, protection and control mitigations: update	NHS Scotland - Publications
CDO(2022)01	De-escalation of COVID-19 infection prevention and control (IPC) measures	NHS Scotland - Publications
CEL(2007)18	SHFN 30 AND HAI-SCRIBE implementation strategy	NHS Scotland - Publications
CEL(2008)25	Fire safety policy for NHSScotland 2008	NHS Scotland - Publications
CEL(2008)35	Research into Automatic fire suppression systems in new healthcare buildings	NHS Scotland - Publications
CEL(2008)48	Provision of single room accommodation and bed spacing	NHS Scotland - Publications

		Publications
CEL(2009)43 (superseded)	Safety of health, social care, estates and facilities equipment: NHS Board and local authority responsibilities	NHS Scotland - Publications
CEL(2009)50	Review of construction procurement policy for NHSScotland	NHS Scotland - Publications
CEL(2010)14	Sustainable development good corporate citizenship assessment model for NHSScotland	NHS Scotland - Publications
CEL(2010)19	A policy on design quality for NHSScotland	NHS Scotland - Publications

		Publications
CEL(2010)27	Provision of single room accommodation and bed spacing	NHS Scotland - Publications
CEL(2010)35 (superseded)	A policy for property and asset management	NHS Scotland - Publications
CEL(2011)11 (superseded)	Fire Safety Policy for NHSScotland	NHS Scotland - Publications
CEL(2012)03	Water sources and potential infection risk to patients in high-risk units	NHS Scotland - Publications
CEL(2013)08	Water sources and potential infection risk to patients in high-risk units – revised guidance	NHS Scotland - Publications
CEL(2013)14	NHSScotland waste management action plan 2013-2016	NHS Scotland - Publications
CEL92009)19	Scottish capital investment manual for NHSScotland	NHS Scotland - Publications
CMO(2021)20	Respiratory viral Infection in children: clinical pathway	NHS Scotland - Publications
CMO(2022)38	Community Acute Respiratory Infection (CARI) Surveillance	NHS Scotland - Publications
CMO(2023)04	Community Acute Respiratory Infection (CARI) Surveillance	NHS Scotland - Publications

CNO(2011)13	Accurate recording of deaths from healthcare associated infection and action	NHS Scotland - Publications
CNO(2012)01	National Infection Prevention and Control Manual for NHSScotland: chapter 1: Standard Infection Control Precautions (SICPs) policy	NHS Scotland - Publications
CNO(2012)01 update	National infection prevention and control manual for NHSScotland: chapter 1: standard infection control precautions (SICPs) policy update May 2012	NHS Scotland - Publications
CNO(2013)02	Healthcare associated infection (HAI) and antimicrobial resistance (AMR) priorities 2013-1	NHS Scotland - Publications
Consultation paper	Healthcare Associated Infections – inspection, assurance and public confidence	NHS Scotland - Publications

DL(2015)19	Healthcare associated infection (HCAI) and antimicrobial resistance (AMR) policy requirements	NHS Scotland - Publications
DL(2018)01	Structural design of cladding systems	NHS Scotland - Publications
DL(2019)23	Healthcare associated infection (HCAI) and antimicrobial resistance (AMR) policy requirements	NHS Scotland - Publications
DL(2020)01	Healthcare associated infection (HAI): guidance for staff screening during healthcare associated infection incidents and outbreaks	NHS Scotland - Publications
DL(2021)14	NHSScotland Assure Quality in the Healthcare Environment	NHS Scotland - Publications
DL(2021)25	Recommendations from the Independent Review of the Queen Elizabeth University Hospital	NHS Scotland - Publications
DL(2021)46	Launch of the Scottish Winter 2021/22 Respiratory Infections in Health and Care settings - IPC addendum	NHS Scotland - Publications
DL(2022)07	De-escalation of COVID-19 infection prevention and control (IPC) measures in Health and Social Care settings to alleviate system pressures	NHS Scotland - Publications
DL(2022)12 (Superseded)	Managing Health and Social Care Staff with symptoms of a respiratory infection, or a positive COVID-19 test, as part of the Test and Protect	NHS Scotland - Publications
DL(2022)14	Publication of Healthcare Improvement Scotland Infection Prevention and Control Standards	NHS Scotland - Publications
DL(2022)27	Scottish health technical note sustainable design and construction (SDAC) guide (SHTN 02-	NHS Scotland -

	01)	Publications
DL(2023)01 EXTANT	Guidance on infection prevention and control, face mask and face covering use and patient testing for covid-19 infection	NHS Scotland - Publications
DL(2023)03 V2.0	NHSScotland Assure Key State Authorisation Reviews (KSAR) - commissioning and handover	NHS Scotland - Publications
DL(2023)06	Further Update on Standards on Healthcare Associated Infections and Indicators on Antibiotic Use and changes to Hospital Onset Covid-19 Reporting	NHS Scotland - Publications
DL(2023)17	Publication of the 'Healthcare Associated Infection Strategy 2023-2025'	NHS Scotland - Publications
DL(2023)23	Intra-NHSScotland Information Sharing Accord 2023	NHS Scotland -

		Publications
DL(2024)01 EXTANT	Guidance on Infection Prevention and Control, Surveillance and vaccinations for influenza and covid-19	NHS Scotland - Publications
DL(2024)02	NHSScotland: Whole System Infrastructure Planning	NHS Scotland - Publications
DL(2024)11	NHSScotland Infection Prevention and Control (IPC) roles and responsibilities, including IPC team and specialist IPC role descriptor	NHS Scotland - Publications
DL(2024)17	Launch of the new 'water' section in chapter 4 of the National Infection Prevention and Control Manual	NHS Scotland - Publications
DL(2024)24	ARHAI Scotland and Healthcare Associated Infection (HCAI) Related Incidents, Outbreaks and Data Exceedance Reporting and Communication Requirements	NHS Scotland - Publications
DL(2024)28	Fire Safety Policy for NHSScotland	NHS Scotland - Publications
DL(2024)29	Publication of new deliverables for the second phase of the 'Healthcare Associated Infection Strategy 2023-2025'	NHS Scotland - Publications
DL(2024)32	Safety of Health, Social Care, Estates and Facilities Equipment: NHS Board and Local Authority Responsibilities	NHS Scotland - Publications
HDL(2001)20	Fire Safety Policy	NHS Scotland - Publications
HDL(2001)47 (superseded)	Construction Procurement Policy	NHS Scotland - Publications

HDL(2005)08 (superseded)	Infection control - Organisational issues	NHS Scotland - Publications
HDL(2006)39	National Procurement use of national contracts for agency labour purchase and review of public procurement in Scotland	NHS Scotland - Publications
HDL(2006)58 (superseded)	A Policy on Design Quality for NHSScotland	NHS Scotland - Publications
n/a	Publication of 'The Infection Prevention Workforce: Strategic Plan 2022 – 2024'	NHS Scotland - Publications

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NHSSCOTLAND ASSURE TRAINING AND EDUCATION OPPORTUNITIES

Date	Type of event	Title/Topic
2018/05/11	Info Sharing	Ring main units (Tayside) presentation
2018/05/23	Info Sharing	IET code of practice building infrastructure (all boards) presentation
2018/11/01	Conference	Scottish health and social care facilities conference: Upping the pace of change
2018/11/29	Info Sharing	Lessons learned (all north boards hosted at Tayside) presentation
2018/12/10	Formal Training Course	HAI-SCRIBE
2018/12/11	Formal Training Course	HAI-SCRIBE
2018/01	Formal Training Course	Estates & Asset Management System (EAMS)
2018/01	Formal Training Course	Frameworks Scotland 2
2018/04	Formal Training Course	NEC4 Engineering and Construction Contract Training
2018/11	Drop-In Session	Estates & Asset Management System (EAMS)
2018/11	Workshop	Regional Group - Operational Matters

2018/11	Workshop	Practitioner Group - Strategic Matters
2018/11	Formal Training Course	NEC3 /4 Contract Management and Awareness
2018/11	1:1 Session	Nominated Officer
2018/12	Formal Training Course	Building Information Modelling (BIM)
2019/04/17	Formal Training Course	HAI-SCRIBE
2019/04/24	Formal Training Course	HAI-SCRIBE
2019/08/22	Formal Training Course	HAI-SCRIBE
2019/08/28	Info Sharing	Fire Damper training (Borders and NHSD&G) presentation
2019/10/31	Conference	Scottish health and social care facilities conference: Healthy Estates Healthy Outcomes
2019/11/27	Formal Training Course	HAI-SCRIBE
2019/01	Formal Training Course	Estates & Asset Management System (EAMS)
2019/01	Workshop	PPP Training
2019/01	Workshop	Regional Group - Operational Matters
2019/01	Workshop	Practitioner Group - Strategic Matters
2019/01	Formal Training Course	NEC3 /4 Contract Management and Awareness
2019/01	1:1 Session	Nominated Officer
2019/03	Workshop	Climate Change Risk Assessment (CCRA) and Adaptation Planning Tool Workshop -1
2019/04	Info Sharing	Bird dropping guidance (all boards) guidance and presentation

2019/06	Formal Training Course	NEC4 Engineering and Construction Contract Training
2019/07	Formal Training Course	NEC4 Engineering and Construction Contract Training
2020/01	Formal Training Course	Estates & Asset Management System (EAMS)
2020/01	Workshop	PPP Training
2020/01	Workshop	Regional Group - Operational Matters
2020/01	Workshop	Practitioner Group - Strategic Matters

2020/01	Formal Training Course	NEC3 /4 Contract Management and Awareness
2020/01	1:1 Session	Nominated Officer
2020/02	Workshop	NHS Orkney CCRA and Adaptation Planning Tool Workshop
2020/03	Formal Training Course	Food in Hospitals Assessment - training session delivered by HFS with additional speakers from the boards, training on the review process, submission of evidence, panel reviews and reporting in addition to using the software.
2020/11	Workshop	Climate Change Risk Assessment (CCRA) and Adaptation Planning Tool Workshop - 2
2020/12	Formal Training Course	Conflict Avoidance Process
2020/01/08	Info Sharing	Water lessons (NHS Orkney and PSCP) presentation
2020/01/24	Formal Training Course	HAI-SCRIBE
2020/02/04	Formal Training Course	Food in Hospitals Assessment - training session delivered by HFS with additional speakers from the boards, training on the review process, submission of evidence, panel reviews and reporting in addition to using the software.
2020/02/24	Formal Training Course	HAI-SCRIBE
2020/02/25	Formal Training Course	HAI-SCRIBE
2020/04/20	Info Sharing	Pandemic oxygen demand (all boards) presentation and dashboard
2020/08/12	Formal Training Course	HAI-SCRIBE
2020/09/02	Formal Training Course	HAI-SCRIBE

2021/01	Formal Training Course	Estates & Asset Management System (EAMS)
2021/01	Workshop	PPP Training
2021/01	Workshop	Regional Group - Operational Matters
2021/01	Workshop	Practitioner Group - Strategic Matters
2021/01	Formal Training Course	NEC3 /4 Contract Management and Awareness
2021/01	1:1 Session	Nominated Officer
2021/03	1:1 Session	Environmental Management Systems (EMS)
2021/04	Formal Training Course	Common Data Environment Training (CDE)

2021/04	Formal Training Course	Frameworks Scotland 3
2021/05	Formal Training Course	Common Data Environment Training (CDE)
2021/05	Workshop	NHS Fife CCRA and Adaptation Planning Tool Workshop
2021/06	Workshop	NHS Forth Valley CCRA and Adaptation Planning Tool Workshop
2021/10	Formal Training Course	Frameworks Scotland 3
2021/11	Workshop	NHS Shetland CCRA and Adaptation Planning Tool Workshop
2021/01/23	Formal Training Course	HAI-SCRIBE
2021/04/20	Formal Training Course	HAI-SCRIBE
2021/04/21	Formal Training Course	HAI-SCRIBE
2021/05/05	Formal Training Course	HAI-SCRIBE
2021/06/16	Info Sharing	Lessons learned from NHS GJ (NHS GJNH) discussion
2021/06/21	Learning Network	Introduction to the Learning Network and Lessons learned from the HFS & ARHAI Scotland Interim Review Service
2021/07/15	Info Sharing	Lessons learned from KSAR (NHS Highland) discussion
2021/07/26	Formal Training Course	HAI-SCRIBE
2021/08/30	Formal Training Course	HAI-SCRIBE
2021/09/21	Learning Network	Lessons learned and Learning Network channel launch
2022/01/17	Formal Training Course	HAI-SCRIBE
2022/03/17	Learning Network	Workforce Planning
2022/05/11	Formal Training Course	HAI-SCRIBE
2022/05/17	Formal Training Course	HAI-SCRIBE

2022/05/24	Formal Training Course	HAI-SCRIBE
2022/05/26	Formal Training Course	HAI-SCRIBE
2022/06/07	Formal Training Course	HAI-SCRIBE
2022/06/22	Formal Training Course	HAI-SCRIBE
2022/07/26	Learning Network	KSAR IA Lessons Learned
2022/08/23	Formal Training Course	HAI-SCRIBE
2022/09/21	Learning Network	IPC - Project stage by stage overview
2022/09/29	Formal Training Course	HAI-SCRIBE

2022/10/20	Learning Network	KSAR OBC Lessons Learned
2022/11/03	Conference	NHSScotland Assure Conference: Excellence in the healthcare environment
2022/12/05	Learning Network	KSAR FBC Lessons Learned
2022/12/13	Info Sharing	Interim review service lessons learned (presentation and web published document)
2022/01	Workshop	PPP Training
2022/01	Workshop	Regional Group - Operational Matters
2022/01	Workshop	Practitioner Group - Strategic Matters
2022/01	1:1 Session	Focused support - long term support
2022/01	Formal Training Course	NEC4 Engineering and Construction Contract Training
2022/01	Formal Training Course	NEC3 /4 Contract Management and Awareness
2022/01	Formal Training Course	Frameworks Scotland 3 Awareness
2022/02	Workshop	NHS Lanarkshire CCRA and Adaptation Planning Tool Workshop
2022/03	Formal Training Course	Environmental Management Systems (EMS)
2022/03	Workshop	NHS Forth Valley CCRA and Adaptation Planning Tool Workshop
2022/05	Formal Training Course	NEC4 Engineering and Construction Contract Training

2022/11	Workshop	NHS Fife CCRA and Adaptation Planning Tool Workshop
2023/03/16	Learning Network	Research - An introduction to research with NHSScotland Assure: opportunities, networks, and ways to break down barriers
2023/04/20	Learning Network	Assurance - The NHSScotland Assure Key Stage Assurance Review (KSAR) from the Health Boards Perspective
2023/04/23	Info Sharing	KSAR from the Health Boards Prospective NHS Lanarkshire and NHS GGC
2023/04/27	Drop-In Session	Strategic Asset Management System (SAMS)
2023/06/01	Overview/Presentation	SCART
2023/06/19	Formal Training Course	HAI-SCRIBE
2023/06/20	Formal Training Course	SCART
2023/06/29	Overview/Presentation	SCART
2023/07/03	Formal Training Course	SCART
2023/07/05	Formal Training Course	SCART
2023/07/12	Overview/Presentation	SCART
2023/07/21	Formal Training Course	SCART
2023/07/26	Formal Training Course	SCART
2023/07/27	Informal Training	SCART
2023/07/28	Formal Training Course	SCART
2023/09/05	Drop-In Session	Strategic Asset Management System (SAMS)
2023/09/15	Formal Training Course	HAI-SCRIBE

2023/09/22	Formal Training Course	HAI-SCRIBE
2023/09/27	Formal Training Course	HAI-SCRIBE
2023/09/28	Info Sharing	RAAC Information Sessions
2023/11/06	Learning Network	The NHSScotland Design Assessment Process (NDAP): Lessons learned through a decade of use
2023/11/08	Overview/Presentation	SCART
2023/12/01	Overview/Presentation	SCART

2023/12/05	Conference	NHSScotland Assure Conference: Quality in the healthcare environment
2023/12/13	Overview/Presentation	SCART
2023	Formal Training Course	Food in Hospitals Assessment - training session delivered by HFS with additional speakers from the boards, training on the review process, submission of evidence, panel reviews and reporting in addition to using the software.
2023/01	Workshop	PPP Training
2023/01	Drop-In Session	PPP Training
2023/01	Workshop	Regional Group - Operational Matters
2023/01	Workshop	Practitioner Group - Strategic Matters
2023/01	1:1 Session	Focused support - long term support
2023/01	Formal Training Course	NEC4 Contract Training Online Modules
2023/01	Formal Training Course	NEC4 Contract Training Online Modules
2023/01	Formal Training Course	NEC4 Contract Training Online Modules
2023/01	Formal Training Course	NEC4 Contract Training Online Modules
2023/01	Formal Training Course	NEC3 /4 Contract Management and Awareness
2023/01	1:1 Session	Nominated Officer
2023/01	Formal Training Course	Environmental Management and Sustainability
2023/01	Workshop	NHS Tayside CCRA and Adaptation Planning Tool Workshop
2023/02	Workshop	NHS 24 CCRA and Adaptation Planning Tool Workshop

2023/03	Workshop	Environmental Management Systems (EMS)
2023/03	Workshop	NHS Grampian CCRA and Adaptation Planning Tool Workshop
2023/04	Drop-In Session	NHS Golden Jubilee Waste Management
2023/05	Formal Training Course	NEC4 Engineering and Construction Contract Training
2023/07	Formal Training Course	Strategic Asset Management System (SAMS)
2023/07	Formal Training Course	Capital Project Delivery using NEC4 with Frameworks Scotland 3 Amendments
2023/07	Drop-In Session	NHS Orkney Waste Management

2023/08	Formal Training Course	Strategic Asset Management System (SAMS)
2023/08	Workshop	NHS Borders CCRA and Adaptation Planning Tool Workshop
2023/09	Formal Training Course	Strategic Asset Management System (SAMS)
2023/09	Formal Training Course	Strategic Asset Management System (SAMS)
2023/09	Formal Training Course	Strategic Asset Management System (SAMS)
2023/09	Formal Training Course	Strategic Asset Management System (SAMS)
2023/09	1:1 Session	NHS Lothian Waste Management
2023/10	Formal Training Course	Strategic Asset Management System (SAMS)
2023/10	Drop-In Session	NHS Golden Jubilee Waste Management
2023/10	Formal Training Course	Dental training representation from various Boards - Waste Management
2023/11	Formal Training Course	Strategic Asset Management System (SAMS)
2023/11	1:1 Session	NHS Orkney Adaptation Planning Session
2023/12	Workshop	Golden Jubilee University National Hospital CCRA and Adaptation Planning Tool Workshop
2023/12	1:1 Session	The State Hospital Board CCRA and Adaptation Planning Session
2024/01/23	Overview/Presentation	SCART
2024/01/26	Overview/Presentation	SCART
2024/02/07	Overview/Presentation	SCART
2024/02/13	Overview/Presentation	SCART
2024/02/28	Informal Training	SCART

2024/03/01	Formal Training Course	SCART
2024/03/05	Overview/Presentation	SCART
2024/03/07	Overview/Presentation	SCART
2024/03/08	Formal Training Course	SCART
2024/03/14	Formal Training Course	SCART
2024/03/19	Formal Training Course	HAI-SCRIBE
2024/03/20	Info Sharing	KSAR surgery discussion
2024/03/22	Formal Training Course	SCART

2024/03/22	Formal Training Course	Medical locations training (NSS) presentation
2024/03/26	Overview/Presentation	SCART
2024/04/10	Formal Training Course	SCART
2024/04/12	Formal Training Course	Medical locations training (all) presentation
2024/04/24	Learning Network	Quality in Construction - Property and Capital Planning
2024/04/24	Informal Training	SCART
2024/04/19	Spotlight Session	Sustainable Surgery and Translational Technology
2024/05/09	Formal Training Course	SCART
2024/05/23	Informal Training	SCART
2024/05/29	Informal Training	SCART
2024/06/05	Formal Training Course	HAI-SCRIBE
2024/06/18	Informal Training	SCART
2024/06/24	Spotlight Session	Automating CSSDs for Enhanced Efficiency and Safety
2024/06/26	Informal Training	SCART
2024/07/02	Formal Training Course	Strategic Asset Management System (SAMS)
2024/07/30	Learning Network	Building Resilience: Adapting Healthcare Systems to Climate Change
2024/07/31	Informal Training	SCART
2024/08/06	Drop-In Session	Strategic Asset Management System (SAMS)
2024/08/28	Informal Training	SCART
2024/09/06	Formal Training Course	Medical locations training (all) presentation

2024/09/12	Spotlight Session	Steam Quality: when and where. A focus on non-condensable gases
2024/09/25	Informal Training	SCART
2024/09/26	Info Sharing	Electricity at Work Regulations (all) presentation
2024/10/04	Info Sharing	CIBSE guide M NSS
2024/11/08	Formal Training Course	SCART
2024/11/13	Info Sharing	Hospital Helicopter Landing Sites
2024/11/24	Learning Network	Sustainability Environmental Management System

2024/11/26	Formal Training Course	Strategic Asset Management System (SAMS)
2024/11/27	Informal Training	SCART
2024/12/09	Formal Training Course	Strategic Asset Management System (SAMS)
2024/12/17	Formal Training Course	HAI-SCRIBE
2024/12/19	Formal Training Course	HAI-SCRIBE
2024/12/19	Formal Training Course	SCART
2024/01	Drop-In Session	PPP Training
2024/01	Workshop	Regional Group - Operational Matters
2024/01	Workshop	Practitioner Group - Strategic Matters
2024/01	1:1 Session	Focused support - long term support
2024/01	Formal Training Course	NEC3 /4 Contract Management and Awareness
2024/01	1:1 Session	Nominated Officer
2024/01	Tutorial	Fire safety management system
2024/01	Workshop	CCRA and Adaptation Planning workshops
2024/02	Formal Training Course	Strategic Asset Management System (SAMS)
2024/03	Formal Training Course	NHSScotland Construction Design Management (CDM) Regulations
2024/03	Workshop	Environmental Management Systems (EMS)
2024/04	Formal Training Course	NHSScotland Healthcare Planner Framework
2024/05	Formal Training Course	Dental training representation from various Boards - Waste

		Management
2024/05	Formal Training Course	Dental training representation from various Boards - Waste Management
2024/06	1:1 Session	RAAC Programme
2024/06	Formal Training Course	RICS Conflict Avoidance Process and Frameworks Scotland 3 Requirements
2024/07	1:1 Session	Waste training - NHS Highland Sustainability Team
2024/09	Formal Training Course	NHSScotland Healthcare Planner Framework

2024/09	Other	Waste Management - Recording
2024/25	Development	Development of educational materials relating to epidemiology and surveillance for the GCU IPC in a Global Context module.
2024/25	Development	Continued development and maintenance of the ARHAI National Surveillance Training Channel.
2024/25	Formal Training Course	Delivery of an introduction to epidemiology and surveillance methods for IPC
2024/25	Formal Training Course	Delivery of Gram Negative Bacteraemia Improvement (GNBI) online seminar session for NHS Board IPC teams and key stakeholders.
2024/25	Development	Develop a community of practice for Healthcare Scientists/analysts supporting IPC in NHS boards
2024/25	Development	Support to SIPCEP e-Learning Transition Plan – Foundation Layer (NPGE)
2024/25	Development	<ul style="list-style-type: none"> • Animation Understanding IPC considerations for the design of a safe healthcare water system - Introduction - Design
2024/25	Formal Training Course	IPC KSAR Surgery - KSAR experience (at OBC stage) for the Monklands Replacement Project (MRP).
2024/25	Informal Training	Toolbox Talks: IPC Risks in Construction

2024/25	Formal Training Course	Online seminars to improve and enhance local staff knowledge, understanding and awareness of IPC in Care Home settings - Scabies Back to Basics - Waste Management
2024/25	Formal Training Course	IPC context for the Raising teachers' awareness of AMR and the importance of including AMR in education
2025/01/31	Overview/Presentation	SCART
2025/02/05	Info Sharing	KSAR surgery discussion
2025/02/12	Formal Training Course	SCART
2025/02/12	Formal Training Course	Strategic Asset Management System (SAMS)

2025/03/13	Learning Network	What's the PPPoint?
2025/01	Formal Training Course	Strategic Asset Management System (SAMS)
2025/26	Formal Training Course	Delivery of an introduction to epidemiology and surveillance methods for IPC
2025/26	Formal Training Course	Delivery of a simulated outbreak scenario for Medical Microbiology trainees and IPCTs
2025/26	Development	Supporting Higher Education: support GCU IPC in a Global Context module.
2025/26	Development	Review of SIPCEP Intermediate Layer SSI module
2025/26	Development	Continued development and maintenance of the ARHAI National Surveillance Training Channel
2025/26	Development	Supporting Higher Education: support GCU IPC in a Global Context module (NPGE/ICBED)
2025/26	Development	Engagement with higher education to promote IPC career pathways (NPGE)
2025/26	Development	Support to SIPCEP e-Learning Transition Plan – Foundation Layer cont'd (NPGE)
2025/26	Development	Support to SIPCEP e-Learning Transition Plan - Intermediate Layer (NPGE)

2025/26	Development	<p>Educational animation Understanding IPC considerations for the design of a safe healthcare water system</p> <ul style="list-style-type: none"> - Construction - Commissioning - Handover
2025/26	Development	<p>Animation Understanding IPC risk associated with the design, construction and commissioning and handover of a safe healthcare ventilation system"</p> <ul style="list-style-type: none"> - Introduction
2025/26	Informal Training	Toolbox Talks IPC Risks in Flushing Water Outlets

2025/26	Informal Training	Toolbox Talks IPC Risks in Building Services
2025/26	Informal Training	<p>Continue delivery of Online seminars to improve and enhance local staff knowledge, understanding and awareness of IPC in Care Home settings</p> <p>- Topic TBC July 25</p> <p>- Topic TBC November 25</p>
	Formal Training Course	Facilities Monitoring Framework - Training covers all aspects of the Facilities Monitoring Framework so includes how to carry out audits, how to use the audit tool, reporting, trouble shooting, action planning

