



**Key Stage Assurance
Review (KSAR):
Notes for Board
Infection Prevention
and Control Teams**



Version 1.0

July 2023

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Introduction

The overarching emphasis of any Key Stage Assurance Review (KSAR) is **assurance**. An NHS board has a duty to ensure that the premises within which it provides healthcare are safe. NHS boards should during the planning and execution of construction projects assure themselves that governance systems and reporting structures are robust, and that the board can demonstrate a transparent Infection Prevention and Control (IPC) assurance and accountability framework through those processes. The board will provide project documentation during the KSAR as evidence to NHS Scotland Assure (NHSSA) to demonstrate the processes in place to meet the requirements for the KSAR review. The information suggested in this document, like the KSAR workbooks, is not prescriptive as local NHS boards will have their own processes for projects management and governance and so should assess the evidence they possess which may provide evidence to support the KSAR review.

To demonstrate active collaboration between the Project Team and the Board IPC team it is important that information flows freely and timeously between teams. NHSSA will look at who is providing IPC advice, what experience or qualifications they have in the IPC role with respect to the built environment, and how they receive the technical/advisory support they need (for example from mechanical, electrical, and plumbing specialists or more experienced members of the IPC Team).

For assurance that the IPC Team can provide ongoing specialist support and active involvement for the project throughout its lifespan we will ask the project and IPC Team about quantification of the allocated IPC provision, workforce capacity and resilience arrangements.

Key stage assurance reviews (KSARs) are carried out at the following key stages of the project's development.

1. Outline business case (OBC)
2. Full business case (FBC)
3. Construction
4. Commissioning
5. Handover

The NHSSA team will ask for evidence to be provided for each review. Workbooks for each KSAR will list the specific areas that we are looking at within different elements of the project and suggest the evidence that could be used to demonstrate assurance. For example, one area highlighted in the IPC section asks how the board demonstrates that it has an effective IPC management structure in place and suggests the IPC Team structure as one piece of evidence to be provided. Because some elements are checked at more than one review, some of the evidence may be asked for multiple times. It is worth keeping a folder with everything submitted to any prior review, but remember to update anything that has changed, particularly anything that has changed because of a previous review.

The KSAR workbooks are being continually reviewed and may have been updated since any previous review. NHSSA will share the most up to date version of the workbook with the Board Project Team in advance of the KSAR which should be shared with the Board IPC Lead/s. If you haven't been given one, please ask your Project lead.

Pre-KSAR

The NHSSA IPC Lead will make contact with the board IPCT in advance of a KSAR commencing. The pre-meet will allow for discussions generally regarding the project, the KSAR workbook requirements for the Board IPC team and any IPC issues identified by the local board.

IPC workshop

After the local board has submitted evidence to support the KSAR requirements the NHSSA team will commence their review. During this time workshops are held for all the disciplines including IPC. This meeting allows any observations by the NHSSA IPC lead (or other technical leads) to be discussed in detail.

Listed below are examples of the evidence that could be needed at each KSAR. It is not exclusive, and your board may have different documents or systems which will provide the relevant evidence. It helps if you can familiarise yourself with the workbook for your current KSAR. Remember that you can always ask the NHSSA IPC Lead aligned to your KSAR for advice on what evidence to provide.

Evidence requested for every KSAR

Board IPCT structure

- This may be part of an IPC Policy or a stand-alone document. Ideally it will show who is the health board IPC lead/s for the project and the reporting and management relationships within IPC and project governance structures. This should include the board IPC lead/s who may be involved.
- Evidence of the suitability of the board project IPC lead/s assigned to the project to undertake that role at all stages of the project, for example work experience gained from active participation in similar projects or qualifications in IPC and the built environment. If the IPC lead/s assigned to the project is less experienced, there should be details of how they are being supported and developed to undertake that role.

Board IPC Strategy

- This may be part of an IPC Policy or a stand-alone document. It should demonstrate the board's multidisciplinary approach to IPC and should include all capital projects. It should include the current IPC assurance and accountability framework (or equivalent local governance and assurance arrangements for the IPC programme and capital projects).

Board Annual Programme for IPC

- This should demonstrate that the necessary board IPC input into capital projects has been planned and included in the annual IPC programme and can be adequately resourced in terms of staff time and expertise. Additional detail around any additional IPC resource or clinical backfill requirements for major and long-term projects is helpful.

Project Team Structure

- This document should show the relationship between the project team and the board IPC lead/s for the project.

Board IPC Governance Structure

- This may be part of an IPC policy or sit as a stand-alone document. It should show where the Infection Prevention and Control Committee (IPCC) or the equivalent within your board sits as part of the board's IPC governance arrangements, what groups it receives reports from (for example water and ventilation safety groups) and where it reports to (for example clinical governance committee).
- Evidence that the IPCC receives and reviews appropriate reports and updates relevant to each project and that IPCC minutes agendas and copies of any written reports relating to the project that have been submitted to that committee.
- Evidence that the HAI Executive Lead for the board is kept informed of any IPC issues, risks or improvement plans affecting the project or other healthcare premises nearby.
- Where the HAI Executive Lead chairs the IPCC, then the evidence that the IPCC is kept informed about the project will also be evidence of the HAI Executive Lead being kept informed. If the Committee is chaired by someone else, we will need details of the process by which the HAI Executive Lead is kept informed about the project and evidence that this has happened.

IPC resilience

Evidence that the board has mechanisms in place to ensure that IPC provision to the project is resilient.

- Provide details of the board's arrangements for ensuring that consistent IPC input to the project, over the full period of the project, will be available even when there are increased clinical demands on the IPC Team, for example during an outbreak or a situation like the recent COVID-19 pandemic.
- If board IPC resilience arrangements are limited (capacity or expertise) the risk should be captured on the project's risk register and details of the board's mitigation arrangements for this, for example arrangements for sourcing external expertise, and copies of the relevant entries in the risk register.

HAI-SCRIBE

Evidence that demonstrates an active formal process for initial completion and regular review and approval of the project's HAI-SCRIBE by a multidisciplinary team of key stakeholders, which includes:

- completed and approved HAI-SCRIBE documentation by all members of the project team which aligns to the current version of SHFN 30
- minutes and attendance (including roles) lists, of HAI-SCRIBE meetings
- an action tracker which monitors, and records completion of any actions identified during completion or review of the HAI-SCRIBE process and documentation
- HAI-SCRIBE evaluation should consider potential infection risks to patients and others both during construction and when the facility is put into use
- HAI SCRIBE should include both the new facility and any other healthcare facilities, buildings, and logistical arrangements that may be affected, wherever they are located

National Infection Prevention and Control Manual (NIPCM)

Evidence that the NIPCM is in use throughout the organisation and has been taken into consideration throughout the project. This could include:

- IPC Policies
- environmental audit programmes, including any additional practical examples of checks being during the project (for example increased environmental monitoring in facilities close to building work)
- an explicit note in the HAI-SCRIBE documentation that designs have been evaluated against the NIPCM (for example ensuring that there are adequate facilities for hand hygiene, patient placement, storage of PPE, and the safe management of equipment, laundry, and waste)

- a planned audit programme for newly commissioned clinical area(s), both before and after occupation
- IPCC specific notes and minutes relating to the NIPCM

Derogations

Evidence that IPC specialists have been engaged in all decisions regarding any derogations from guidance.

- A formal derogation approval process that explicitly includes IPC approval/ participation in a formal risk assessment(s) of any relevant derogations.

Evidence actions from previous KSARs have been completed

- Reports issued by NHSSA to the board at the end of each KSAR includes a set of 'detailed review findings' (DRFs) with recommendations for actions that that the Board should take in response to these previous findings.
- The board is expected to develop the DRFs into an action plan, completion of which will be reviewed as part of the next KSAR.
- The IPC lead/s should be familiar with all DRFs and be included as part of the board project team to develop the board action plan. The board should provide documented evidence that the actions identified have been completed or, if not completed, that progress that has been made towards completion.
- Any changes of processes implemented as a result of the DRFs or lessons learned from previous KSAR.

Additional information related to the Outline business case (OBC) KSAR:

Evidence that IPC specialists have been, and will continue to be, actively engaged in the procurement process.

- This applies to equipment, fixtures, and fittings and the procurement process for designers and other contractors.
- There is a formal process for reviewing designer and contractor bids that includes IPC specialists.
- This is expected to be included within the board's procurement strategy.
- Minutes of meetings which demonstrate that the experience of the companies bidding to work on the project was reviewed, and that IPC were present and engaged participants.
- Terms of Reference and minutes from procurement groups.

Evidence IPC specialists have been involved from the beginning of the project and will continue to be involved in the design process through to construction, commissioning and handover of the facility.

- Attendance lists from design briefing workshops.
- Minutes of meetings where the design was being actively reviewed which demonstrate that IPC were present and engaged. This may include meetings held as part of the NHS Scotland Design Assessment Process (NDAP).
- Records of site visits where IPC have been present.

Additional information related to the Full business case (FBC) KSAR:

Evidence that the designers and their teams have a proper understanding of infection prevention in relation to the project (this can sometimes be challenging to provide evidence of, so it is worth looking for that evidence well in advance of this review.

- Confirmation of relevant knowledge and experience should be provided to the board by companies tendering for the project and a review this evidence should be part of the procurement process.
- Details of training for infection prevention in the healthcare-built environment that contractors/sub-contractors have provided to their staff.

- Copies of contractors' CVs showing previous experience in healthcare projects and any associated training or education for infection prevention in the healthcare-built environment.
- Evidence of contractor learning from past health care projects.
- Any other documentation provided by contractors/sub-contractors to demonstrate that their staff have clear guidance on their roles and responsibilities in relation to IPC, for example Risk Assessment Method Statements (RAMS). Remember, these responsibilities extend both to patients who may be at risk due to proximity to construction work as well as patients who will be cared for in the new facility.

Evidence that ongoing planned preventative maintenance (PPM), cleaning and other services (for example catering and laundry) have been considered at this stage. This could include:

- assessment of PPM and cleaning requirements for the new facility and how these are to be met (beyond existing arrangements: If the plan is to simply flex existing services the board will need to provide evidence that existing services have sufficient capacity to accommodate the new facility)
- minutes of meetings where these arrangements are discussed with board estates and facilities staff
- instructions to designers
- proposed PPM and cleaning schedules

Additional information related to the Construction KSAR:

This review will be carried out once construction has begun and includes a site visit by the NHSSA KSAR team.

Evidence of the application of IPC and HAI SCRIBE (and ongoing review of) in practice for the project will provide assurance that IPC risks are being fully

considered during construction for the site underdevelopment and surrounding area(s).

- Documentation aligned to SHFN 30 which is completed and signed-off to development stage III by the key stakeholders.
- Minutes from meetings where HAI-SCRIBE arrangements are discussed, amended, and updated to evidence that HAI-SCRIBE documentation is regularly reviewed, with any issues identified being acted on.
- Schedules or meeting minutes demonstrating that IPC specialists have undertaken interim site inspections.
- Evidence of contractor and subcontractor competency and awareness of their roles and responsibilities with respect to IPC, for example induction training or toolbox talks.
- Evidence IPC risks are identified and managed, for example a HAI risk matrix and relevant risk register entries, actions from site inspections, minutes of water and ventilation safety groups, escalation processes and IPCC minutes.

Additional information related to the Commissioning KSAR:

This review will be carried out once commissioning has begun and includes a site visit by the NHSSA KSAR team.

- Evidence of IPC involvement in the development of the commissioning strategy/plan for the facility. For example, commissioning strategy and plan showing IPC involvement, minutes of commissioning meetings.
- Evidence of IPC roles and responsibilities during the commissioning phase and expected availability for the phase inclusive of expected validation reports to be reviewed/approved. For example, commissioning strategy and plan showing IPC involvement, minutes of commissioning meetings prior to and during commissioning phase.

- Evidence of IPC consultation/approval of any substantive changes to the design from previous review stage and that any changes have been subject to a change control process. For example, provision of change design processes and any changes, change process documentation and inclusion of IPC where applicable. Inclusion of minutes of change design meetings.
- Evidence of IPC involvement, agreement and approval of all derogations prior to the commencement of commissioning. Provision of derogation schedules, minutes of derogation meetings and any risk assessments associated with derogation.
- Evidence of IPC engagement regarding the patient cohort requirements for the facility. Documentation regarding clinical (including IPC) input to the project team review of proposed patient groups who will use the facility and how it is reflected in the commissioning brief. Have there been any changes to plans since the last KSAR? Does the proposed facility meet the initial project plan?
- Evidence IPC have been involved in selection of the commissioning company (independent company) who will undertake the commissioning process and that they have competency and training relevant to the healthcare built environment.
- Provision of commissioning planning and tendering meetings and commissioning strategy/plan.
- Evidence of IPC involvement with the procurement process and that all equipment, fixtures and fittings meet IPC standards and that the facility complies with the NIPCM. Minutes of equipping meetings showing IPC involvement and the equipping strategy/plan.
- Evidence that the proposed cleaning schedules for the facility are aligned to the National Cleaning Specification and that IPC have been involved in the planned cleaning of the facility from construction to clinical occupation.

Additional information related to the Handover KSAR

The handover stage is to confirm there is a good and comprehensive understanding of the category of patient who will use the proposed facility and that the project team consider how appropriate quality and safety standards will influence the build. It looks to provide assurance for the operational responsibility of the facility to be handed over to the health board.

- Evidence IPC involvement in the handover plan/process (for example, Exec board reports, Board minutes, IPCC, operational meetings etc) and expected availability for the process.
- Evidence IPC have reviewed all relevant final commissioning results and liaised with technical commissioning experts to consider any residual IPC risks (for example, minutes and actions from relevant technical and operational project groups such as IPCC, water and ventilation safety groups).
- Evidence that IPC have been involved in the sign-off of final water sampling testing results.
- Evidence all proposed cleaning schedules meet the requirements of the National Cleaning Specification and IPC involvement in the planning of these activities.
- Evidence of IPC involvement in the agreed processes for close out of observations or defects prior to handover. Minutes of close out meetings and completion of all agreed actions.
- Evidence that IPC have been involved in developing the proposed maintenance and operational processes for the facility (For example, development of cleaning schedules, ventilation and water testing requirements, audit programmes).
- Evidence that IPC resources are available to operationally support the facility once open. IPC work programme or IPC strategy noting the addition of the facility and resource available to support operationally. IPCC minutes where

resource for facility discussed. Papers to IPCC or board detailing IPC resource.

