SCOTTISH EXECUTIVE

Health Department

Dear Colleague

INFECTION CONTROL: ORGANISATIONAL ISSUES

1.   This letter re-iterates and updates the main responsibilities of Chief Executives and Infection Control Managers (as described in HDL(2001)10) in relation to healthcare associated infection (HAI) control, in the light of recent changes in the NHS in Scotland.

2.   An HAI Task Force report on organisational issues relating to infection control is appended as Annex A.

3.   We should be grateful if this document could be circulated by Chief Executives of NHS Boards to Chief Executives of Operating Divisions, Infection Control Managers (and thereby to local Infection Control Committees), Medical and Nursing Directors, and local governance and risk management committees (or equivalents).

The role of the Chief Executive

4.   The Chief Executive is central in ensuring that there is successful prevention and control of infection throughout NHS Board areas. The accountabilities of this role are outlined in the NHS QIS HAI infection control standards, and have been further emphasised within the NHS QIS interim report on the second review of these standards (October 2004).

5.   This accountability requires that the Chief Executive:

- is aware of his/ her legal responsibilities to identify, assess and control risks of infection in the workplace
- has appointed an Infection Control Manager as required by HDL(2001)10 with sufficient resources to undertake this role
- is aware of factors within operating divisions/NHS Boards which promote low levels of HAIs and ensures that appropriate action is taken

- has designated the prevention and control of infection as a core part of their organisation's clinical governance and patient safety programmes
- ensures that there is progress towards appropriate provision of isolation facilities within their healthcare facilities
- ensures that Infection Control Teams work with bed managers to optimise bed use, assess the infection impact of bed management policies, and implement changes to local policy to minimise the risks of infection.

The role of the Infection Control Manager (ICM)

6.   All areas within Scotland have now designated or appointed individuals for this role in response to HDL(2001)10. The current HDL clarifies that this manager is either a Board member or is directly accountable to a Board member, i.e. has direct access to the Chief Executive. **The ICM is designated as having overall responsibility for management processes and risk assessment relating to infection control** (including the issue of antibiotic resistant infections and antimicrobial prescribing), **medical devices decontamination, medical devices management, and cleaning services**. The ICM will be responsible for receiving and ensuring the circulation of relevant advice on these matters and working with SEHD, NHSQIS and other agencies on improving practice. These are major tasks and it is expected that the role of the Infection Control Manager will require to be full time, or close to full time, in most Board areas. We hope to underpin the development of this function by allocation of additional funding over the next three financial years: this will be addressed in a future communication.

7.   It is expected that this senior manager will report directly to the Chief Executive and the Board, and be an integral member of the organisation's Infection Control, Clinical Governance and Risk Management Committees. The ICM will be responsible for:

- co-ordination of prevention and control of infection throughout the Board area
- delivery of the Board approved Infection Control Programme in conjunction with the Infection Control Committee and Infection Control Team
- clear mechanisms for access to specialist infection control advice and support, including primary care (e.g. general medical practitioners)
- assessing the impact of all existing and new policies and plans on HAI, and making recommendations for change
- challenging non-compliance with local and national protocols and guidance relating to prevention and control of infection, decontamination, antimicrobial prescribing and cleaning
- the production of an annual report on the state of HAI, decontamination and cleaning in the organisation for which he/she is responsible, and releasing it publicly

8.   An essential structural issue for NHS Boards is the establishment of clearly delineated relationships and communications between the Chief Executive and the:

- Infection Control Manager
- Infection Control Committee
- Risk Management Committee or structure
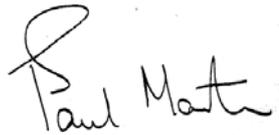- Clinical Governance Committee or structure.

Further details and underpinning organisational issues are laid out in Annex A.

9.   The contents of this Letter should be read in conjunction with HDL(2005)7 which relates to nursing issues in infection control.

Yours sincerely

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THE ORGANISATIONAL MODEL FOR THE PREVENTION AND CONTROL OF INFECTION AND COMMUNICABLE DISEASE FOR SCOTLAND

Introduction

1.   An initial report on organisational issues in infection control was commissioned in October 2001 by Health Protection Scotland (HPS), then the Scottish Centre for Infection and Environmental Health (SCIEH)) from Kennedy Business Development (KBD) in response to a request from the SEHD. It was published for consultation, and the feedback from the consultation was then submitted to SEHD. The model aimed to be complementary to the NHS Quality Improvement Scotland HAI Infection Control Standards, and looked at organisational structures at Acute Trust, Primary Care Trust and Health Board levels. The consultation was generally positive, and the consultation process of itself may have served a useful function in highlighting previously unrecognised issues.

2.   However, there has been a number of significant developments relating to changes and developments in the structure and functions of NHSScotland since the KBD model was constructed, requiring the content of the document to be re-assessed. Following a redrafting exercise carried out on behalf of the Ministerial HAI Task Force, a revised document is presented here, titled *Organisational issues in prevention and control of infection and communicable disease in Scotland*. This builds on the principles outlined in the KBD paper, but also reflects the current organisational and structural arrangements.

THE REPORT

Organisational issues in prevention and control of infection and communicable disease in NHSScotland

3.   The format of operating divisions within NHS Boards is for Boards to decide. It would be inappropriate therefore to prescribe a single operational structure for infection control. It is however, important that the same principles for prevention and control of infection apply throughout NHSScotland. This report builds on the approach outlined in the KBD consultation document (for example, in the use of critical success factors).

4.   The roles, responsibilities and interactions between national organisations (HPS, SEHD etc) are already well described in other documents, notably the guidance *Managing Incidents Presenting Actual or Potential Threats to the Public Health* (SEHD 2003), in *Guidance on the Investigation and Control of Outbreaks of Food-borne Disease in Scotland* (Food Standards Agency 2002), and in the Ministerial Action Plan on Healthcare Associated Infection (SEHD 2002). The roles and responsibilities of Public Health departments are well described in *Managing Incidents*, and the issues below relate principally to infection control in healthcare premises.

Definitions

5.   "Prevention and control of infection and communicable disease" is used as a composite term to describe areas of responsibility within healthcare in Scotland, and encompasses:

- surveillance, prevention, treatment and control of communicable disease (and the systems to achieve these), excluding sexually transmitted diseases
- healthcare associated infections (HAI), including antibiotic-resistant organisms
- environmental hygiene
- decontamination of re-usable medical devices.

Critical success factors

6.   Success in implementing prevention and control of infection and communicable diseases will depend on:

- creating a managed environment that minimises the risk of infection to patients, staff and the public; and
- compliance with relevant national Scottish standards (e.g. NHSQIS HAI standards on infection control and on cleaning, the Glennie standards on decontamination), national guidance (e.g. the HAI Task Force Code of Practice, *Managing incidents*) and local guidance

7.   This will be achieved through:

- personal accountability and responsibility for prevention and control of infection throughout the organisation. "Infection control is everyone's business"
- clear reporting lines (who needs to know what; who has authority to make changes; and who monitors and acts on key information)
- clear and integrated working practices across the spectrum of healthcare
- clear management processes and structures which deliver best possible practice
- all staff being aware, skilled and consistent in application of national protocols and guidance

8.   It will need to be underpinned by:

- co-ordinated prevention and control of infection arrangements across NHS Boards that are an integral element of NHS Board risk management programmes. The Infection Control Manager should lead in this co-ordination role
- the development and implementation of Board-wide infection control programmes with clearly defined objectives and outcomes that can be, and are, measured
- clear mechanisms for access to specialist infection control advice and support, including primary care (e.g. general medical practitioners)
- the provision of education and training programmes in infection control
- resourcing and management decisions that meet the needs of the service, and which recognise the benefits to patients, staff and the public, and to the effective and efficient running of healthcare services

Consultant Microbiologists (in the role of Infection Control Doctors) in particular should have specific sessions allocated for work on prevention and control of infection and communicable disease in hospital settings.

In GP Practices the remit of the clinical governance named lead should include infection control and liaison with those providing specialist advice at the local NHS Board.

Statement of best practice

9.   For prevention and control of infection and communicable disease to work effectively, critical activities have to be embedded in everyday practice: there must be a culture of "infection control is everyone's business" and integration of best practice into routine activities: "that's how we do things round here".

10.   Each individual healthcare practitioner has a professional responsibility for safe practice including the prevention and control of infection.

11.   Embedded prevention and control of infection is supported at organisational level by:

- the issue being integral to the management priorities and key performance indicators for the organisation;
- structural and functional interaction in healthcare settings between
    - o   the designated Infection Control Manager
    - o   the Infection Control Team, and IC Committee
    - o   the risk management committee or structure, and
    - o   the clinical governance committee or structure

- ensuring clearly defined roles, responsibilities and performance objectives
- ensuring an appropriate and adequate level of resource for prevention and control of infection and communicable disease
- ensuring a commitment to the development of best practice, to the promotion of research to the prevention and control of infection and communicable disease

12.   Demonstrable evidence-based and best practice will be shown by:

- evidence of staff adhering to national and local protocol and guidance and best practice in minimising risks of infection
- evidence of achievement of objectives detailed in the infection control programme
- evidence of initial and ongoing appropriate training (e.g. mandatory induction training, hand hygiene, "Cleanliness Champions" programme).

13.   In primary care the partnership is responsible for control of infection and other health and safety issues within its practice, but has a duty to liaise with communicable disease and infection control advisers as designated by the NHS Board.

HAI Task Force Secretariat
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