

**THE HEALTHCARE ASSOCIATED INFECTION (HAI)
TASK FORCE: REPORT ON THE SCOTTISH
GOVERNMENT'S TWO HAI PROGRAMMES BETWEEN
JANUARY 2003 AND MARCH 2008**

CONTENTS

Foreword.....	3
Introduction.....	4
Section 1 - Information about the HAI Task Force.....	5
Section 2 - HAI Programmes.....	6
Section 3 - Description of the main areas of HAI work.....	8
Section 4 - Summary.....	12
ANNEX 1 - HEALTHCARE ASSOCIATED INFECTION TASK FORCE MEMBERSHIP AS AT MARCH 2008.....	14
ANNEX 2: HEALTHCARE ASSOCIATED INFECTION TASK FORCE ACTION PLAN APRIL 2002 - MARCH 2005.....	16
ANNEX 3: HEALTHCARE ASSOCIATED INFECTION TASK FORCE DELIVERY PLAN APRIL 2005 – MARCH 2008.....	20
ANNEX 4 - HEALTHCARE ASSOCIATED INFECTION TASK FORCE DELIVERY PLAN APRIL 2008 – MARCH 2011.....	27
ANNEX 5 - LIST OF PUBLICATIONS IN WHICH THE TASK FORCE HAS BEEN INVOLVED WITH FROM 2002 UNTIL MARCH 2008, ARRANGED BY PRIMARY STAKEHOLDER	33

Foreword by the Deputy First Minister and Cabinet Secretary for Health and Wellbeing

My Cabinet colleagues and I are grateful to the Scottish Government's HAI Task Force for producing this report, which reveals that an immense amount of work has gone into tackling Healthcare Associated infection (HAI) in Scotland over the last five years.

HAI remain a serious threat to the health of our patients though and we are determined to bring infection rates down from those shown in the Scottish Point Prevalence Survey published last July. We are therefore making a multi-million pound investment in an intensive three year programme of HAI work which began on 1 April 2008. The HAI Task Force is the right body to take our new programme forward and I am pleased that it will continue to be at the heart of the delivery of the range of actions in the third HAI Delivery Plan, which can be viewed on the Scottish Government's website at: www.scotland.gov.uk/haitaskforce.

This is the first HAI programme in Scotland which is based on the evidence of the extent of infections in Scottish hospitals - as identified of the Scottish Point Prevalence Survey. We have set the HAI Task Force and NHS Boards a number of targets and challenges to meet in this key area over the next three years. For example, a national forum, "the Scottish Antimicrobial Prescribing Group (SAPG)" has been established to examine solutions to the overuse of antibiotics; we are raising the bar on hospital cleaning; setting higher hand hygiene compliance targets amongst staff; promoting the importance of hand hygiene to patients and visitors; investing £7 million to fund a one year pilot MRSA Screening Programme in three NHS Boards (NHS Ayrshire and Arran, NHS Grampian and NHS Western Isles) to determine the shape of the national screening programme which will begin from 2009/2010; and monitoring progress towards achieving the Health Efficiency Access Treatment Target (HEAT) to reduce all staphylococcus aureus bacteraemia (including MRSA) by 30% by 2010.

I have asked the HAI Task Force to provide me with regular accounts of progress on the way towards meeting our targets and it is tasked with publishing progress reports throughout this third phase of the HAI work programme, which is due to be completed by March 2011. I look forward to seeing considerable progress by NHS Boards towards tackling HAI in Scotland so far fewer patients are exposed to the risk of infection and so more patients feel safer and experience a better provision of care whilst in hospital.

NICOLA STURGEON

Deputy First Minister and Cabinet Secretary for Health and Wellbeing

June 2008

Introduction by the Chair of the HAI Task Force

I am delighted to present this summary report of the work that has been achieved by the HAI Task Force over the first and second HAI work programmes which took place between January 2003 and March 2008. The focus of both programmes was principally to develop new approaches, improve standards and equip NHS Boards with the right tools to tackle the root causes of HAI. As revealed in this report, the impact of the two programmes has been felt across Scotland and across a broad range of NHS services, including leadership and management, education and training, clinical practice, risk management, and cleanliness and hygiene.

The main strength of the HAI Task Force is the close working relationships that have been forged between key NHS stakeholders, professional bodies and public interests which ensures that HAI policies and guidelines are robust in addressing the full spectrum of issues associated with infection prevention and control. As you will see from this report, the HAI Task Force has put in place a high quality programme of action over the last five years, which has stabilised rates of certain infections and reduced others, but we still have along way to go before we can say that Scotland has conquered this difficult problem. That is why I was delighted that the Cabinet Secretary has invited us to remain at the forefront of the Scottish Government's work in this area and has asked us to take charge of the work in the third Delivery Plan.

The work described in the Cabinet Secretary's foreword is just a flavour of what we have been tasked to do. It means that we will have some tough challenges to face over the next three years and obstacles to overcome in tackling HAI effectively, but the HAI Task Force will continue to support NHS Boards and work alongside all our key stakeholders, adapting our approach as necessary, to ensure that effective long term solutions are found to help bring HAI rates down across Scotland.

PAUL MARTIN

Chief Nursing Officer and Chair of the HAI Task Force

June 2008

SECTION 1

Information about the HAI Task Force

Background

The HAI Task Force first met in January 2003, in response to the Ministerial HAI Action Plan, “Preventing Infections Acquired While Receiving Healthcare”. The Action Plan required the then Scottish Executive Health Department to establish a multi-disciplinary HAI Task Force led by the Chief Medical Officer (CMO) Dr Mac Armstrong. Responsibility for chairing the HAI Task Force moved to the Chief Nursing Officer (CNO), Paul Martin, from April 2005.

Membership

Membership of the HAI Task Force includes members from NHS and professional backgrounds as well as members of the public. A full list of members can be found in Annex1 of this report.

Remit

The HAI Task Force meet three times each year to oversee and co-ordinate the development and implementation of the national strategy on HAI. Its remit includes:

- increasing public confidence through demonstrating improvements in prevention and control of HAI and cleaning, and ensuring public involvement in the development and implementation of the national HAI strategy;
- the development of policy and best practice for the prevention and control of HAI;
- acting as a focal point for the exchange of information, experience and best practice between organisations;
- the development of robust monitoring and audit procedures to measure compliance with HAI Task Force and related SEHD requirements;
- the development of robust surveillance data on HAI and actions to address issues identified from surveillance; and
- the provision of an annual progress report to the Scottish Government on the HAI national strategy.

SECTION 2

HAI Programmes

Background

The HAI Task Force recognised that the first programme had to be structured and co-ordinated around establishing the building blocks for effective prevention and control of infection. The key cornerstone to the Task Force's first programme was to therefore build good infection control practices and instil good infection prevention and hygiene practices in wards, other clinical settings and support services.

It was agreed by the then Minister for Health and Community Care, Andy Kerr, MSP that the Task Force should remain in place for the second phase of work and that its second programme should focus more on embedding the policies and practices developed in the first phase into every day practice within the NHS. The second phase of work, which ran from April 2005 to March 2008, was backed with £15 million of resources.

Annex 5 to this report gives a flavour of the comprehensive range of HAI related publications which the HAI Task Force was directly involved with between 2002 and March 2008. The following also provides a brief summary of the work that has been achieved by the HAI Task Force in the last five years:

Summary of the work completed under the first programme

The majority of the first programme of work was completed by December 2005 with some elements continuing into the second phase of work. A copy of the Delivery Plan for 2003 – 2005 is attached at Annex 2 of this report and the key outputs from the programme are highlighted, as follows:

- publication of the Code of Practice for the Local Management of Hygiene and HAI;
- clarification on prudent antibiotic prescribing practices in delivering the 2002 *Antimicrobial Resistance Strategy & Scottish Action Plan*;
- development of the national HAI surveillance programme including mandatory MRSA and surgical site infection reporting;
- clarification of management and organisational structures relating to infection prevention and control;
- promotion of the use of alcohol based hand rubs;
- supporting and developing the HAI research agenda;
- developing the National Cleaning Services Specification and a monitoring framework linked to the Performance Assessment Framework (PAF Indicator);
- creating a formal national education strategy and a raft of educational programmes, including mandatory induction training, the Cleanliness Champions programme and training for Domestic Assistants;
- Developing national guidance on upgrading the built environment as it relates to infection control;

- development of national standards for infection control in adult care homes
- developing model infection control policies and risk management methodologies.

Summary of the work completed under the second programme

The £15 million of resources provided for the second programme supported a broader spectrum of HAI related work and funded a range of HAI related posts in NHS Boards. Achievements are highlighted as follows:

- introducing the Health Efficiency Access to Treatment (HEAT) target for Scotland to reduce by 30% blood infections caused by all *S.aureus* bacteraemias (including MRSA) as a result of HAI by March 2010;
- funding to improve NHS front-line services to support Infection Control Manager posts and Nurse Consultants in HAI to enhance leadership and management;
- funding to support Hand Hygiene Local Health Board Co-ordinators to assist the hand hygiene compliance monitoring procedures;
- continuation of regular reports on MRSA rates in Scotland's hospitals (quarterly); commissioning regular reports on surveillance of surgical site infections (annually) and the performance of hospitals against the Hospital Cleaning Services Specification (quarterly);
- commissioning new reporting of validated *Clostridium difficile* (*C.diff*) data which now gives us an accurate starting point from which to develop our national approach towards reducing *C. diff* infections;
- establishing a *C.diff* reference lab in Scotland so that samples no longer have to be sent to the laboratory in Wales to help speed up treatment for patients;
- supporting NHS Quality Improvement Scotland's revision of the Healthcare Associated Infection (HAI) Infection Control Standards for NHS Boards to follow;
- funding the Hand Hygiene Publicity Campaign which included a national radio and TV campaign and washroom posters; NHS posters and hand hygiene compliance monitoring; and Hand Hygiene Packs for all primary schools and nurseries;
- providing funding for the introduction of alcohol hand rub by every acute bed;
- developing a range of HAI-related education and training programmes to support improved practice;
- commissioning a Health Technology Assessment (HTA) on the clinical effectiveness and cost-effectiveness of routine screening for MRSA.
- commissioning a national HAI Point Prevalence Survey to provide baseline information on HAI in Scottish hospitals and the burden of health service utilisation and costs;
- undertaking a review of the Antimicrobial Resistance Strategy and Scottish Action Plan; which led to the formation of the Scottish Antimicrobial Prescribing Group (SAPG); and
- reviewing the national policy on the provision of single rooms for isolation of patients with infections.

SECTION 3

Description of the main areas of HAI work

This section of the report provides an overview of the most significant areas of work completed by the HAI Task Force over the last five years.

Implementation and Performance

One of the first areas of work for the HAI Task Force was the development and publication of the *NHS Scotland Code of Practice for the Management of HAI and Hygiene*. The purpose of this was to produce a good practice document which set out the key actions that NHS Boards should implement in order to tackle HAI. Arising from this was the development and funding to support the role of Infection Control Managers and Nurse Consultants in HAI who continue to play a key role in tackling healthcare associated infections.

The second phase of work saw a review of NHS Quality Improvement Scotland's HAI Infection Control Standards which provide a national framework for supporting the delivery of safe, effective, patient focused care and services. The final standards were published in March 2008.

Antimicrobial Prescribing

Resistance to antibiotics and other antimicrobials is recognised nationally and internationally as a major threat to public health and patient safety. MRSA is best known, but there is a raft of potentially more problematic resistant infections on the horizon. Prudent prescribing of antibiotics has a major role to play in the prevention and control of *Clostridium difficile* (*C. difficile*) associated disease. The HAI Task Force aimed to address this in its first phase of work through providing guidelines to improve prescribing practices and this led to the publication of the *Antimicrobial Prescribing Policy and Practice in Scotland*, which was drafted by the Scottish Medicines Consortium for the HAI Task Force. These guidelines were issued to Boards in 2005 and recommend best practice, organisational structures and a comprehensive education programme for new and existing staff in this area.

This work was reviewed in the second phase of work and a more detailed plan was drawn up reflecting the importance of this area. This was published in February 2008 as the *Scottish Management of Antimicrobial Resistance Action Plan (ScotMARAP)* which expands upon the previous document and outlines the national programme for Scotland in tackling antimicrobial resistance over the next five years. The publication of ScotMARAP emphasises the need to establish a national clinical forum to take strategic responsibility for co-ordinating this programme and to implement the recommendations set out in the report through communicating and disseminating information. The Scottish Medicines Consortium (SMC) has been identified as the organisation to convene and service this national clinical forum.

Cleaning, Hygiene and the Environment

A clean and hygienic healthcare environment is an essential part of preventing the spread of healthcare associated infections. The HAI Task Force's first Action Plan incorporated a wide range of activities, including the development and training framework for domestic assistants, guidance on reducing HAIs in the built environment and the development of a National Cleaning Services Specification and Monitoring Framework.

Education for cleaning staff was further developed in the second phase of the work, and the *Monitoring Framework for the NHSScotland National Cleaning Services Specification* was rolled out to all Health Boards in November 2005. Standards of hospital cleaning have improved as a result. All NHS Boards are compliant, with the most recent reports revealing that the all-Scotland compliance rate has increased to 95.6%.

Public Involvement

The HAI Task Force recognised that there was a need to engage the public in its work and develop communication pathways between the public and NHS Boards. During its first phase of work, the Task Force set up the Public Involvement and Communications Team (PICT) with membership drawn from the general public. PICT has played an important part in the HAI Task Force's work and was active in many areas of both work programmes, such as NHS Scotland Code of Practice for the Management of HAI and Hygiene, the NHSScotland National Cleaning Services Specification and the Public Information Strategy.

Education and Training

The development of education and training programmes was another key priority area for the HAI Task Force during the first phase of the programme. Initial work included developing a national framework for mandatory induction training on HAI, with accompanying educational resources developed by NHS Education for Scotland (NHS NES). Another key area of work was promoting and enlarging the Cleanliness Champions Programme, which was developed for staff from all sectors of the NHSScotland workforce. The programme was designed to promote the prevention and control of infection through equipping staff with the skills and knowledge they need to ensure good practice in areas fundamental to preventing HAI.

The Cleanliness Champions programme continued to be developed over the second phase of the programme, with its inclusion being promoted in the undergraduate nursing and medical courses. After the success of the introduction of induction training, NHS NES undertook the development of a national framework for post graduate and continuing professional development HAI education to ensure that healthcare staff continued to develop skills to combat HAIs throughout their careers. To date, over 4,500 Cleanliness Champions have completed their training

Hand Hygiene

Good hand hygiene is known to be one of the most important interventions in the prevention and reduction of avoidable HAIs. The first phase of the HAI Task Force programme developed national measures to support improved hand hygiene compliance. This involved measures such as educational resource packs developed by NHS NES, and was allocated to NHS Boards to provide alcohol hand rubs near every acute front line bed.

For the second phase of work, a national hand hygiene campaign was developed with Health Protection Scotland (HPS) under the title "Germs - Wash Your Hands of Them". Launched in January 2007, The core aim of the Campaign was to drive the messages across to as wide an audience as possible about the importance of hand washing in preventing the spread of HAI, colds, flu, tummy bugs etc. HPS was commissioned to oversee the development and delivery of the Campaign and a Hand Hygiene Project Steering Board was set up to oversee its ongoing management. The Steering Board decided that the national Campaign should contain three

strands to provide the public, the NHS and young children with a strong messages about the importance of good hand hygiene. The three strands consisted of:

- A six week TV and newspaper campaign which began on 15 January 2007. The evaluation of the campaign revealed that some 71 % of those polled would be more likely to wash their hands more often.
- A promotional campaign aimed at NHS Staff, patients and visitors, was launched alongside the public campaign in January 2007. This included the development and implementation of a tool to monitor hand hygiene compliance in NHS Boards. Posters and leaflets for the NHS environment – staff and visitors etc continue to be refreshed on a regular basis.
- The development of a Hand Hygiene Information Pack for nursery and primary school children. This element of the campaign was managed by a Schools and Nurseries Sub-Group consisting of representatives from the Scottish Government, Learning Teaching Scotland, HPS, Health Protection Nurses Network, NHS Health Scotland and the Leith Agency. The packs for schools and nurseries were issued in September 2007.

The campaign in the healthcare setting was supported through the introduction of Hand Hygiene Local Health Board Co-ordinators who continue to play a key role in implementing and monitoring hand hygiene standards at Health Board level, and who receive support funding from the HAI Task Force budget. Their input helped to increase hand hygiene compliance amongst healthcare workers from 68% compliance in February 2007 to 79% in September of that year.

Surveillance and NHS Scotland National HAI Prevalence Survey

The HAI Task Force has from the outset worked closely with HPS on a variety of surveillance programmes relating to HAIs. During the first phase of work mandatory surveillance programmes was continued for MRSA blood infections and introduced for Surgical Site Infections. In addition to these, voluntary surveillance programmes were developed in areas such as catheter associated urinary tract infection and HAIs in intensive care units. In particular, HPS were invited by the HAI Task Force to undertake a national HAI prevalence study to provide baseline information on the total prevalence of HAI in Scottish hospitals.

The results of the study were published on 11 July 2007. The study has been recognised as being one of the most comprehensive and detailed surveys of its kind in the world. It found a prevalence of 9.5% of healthcare associated infections in acute hospitals in Scotland, and provided a rich source of key baseline data on which to base future work.

MRSA

The HAI Task Force is committed to the reduction of all healthcare associated infections. Some infections such as MRSA and *Clostridium difficile* provoke a high level of public concern and specific measures have been drawn up by the HAI Task Force to help tackle them. The first action plan initiated the development of a National MRSA Control Strategy, which is due to be published in summer 2008. In addition, the Task Force invited NHS Quality Improvement Scotland (NHS QIS) to undertake a health technology assessment (HTA) on the clinical and cost effectiveness of screening for MRSA.

The importance of MRSA was further emphasised over the course of the second programme with the introduction of a Health Efficiency Access Treatment target to reduce the level of all *Staphylococcus aureus* blood infections, including MRSA by 30% by 2010. The second phase

of work saw the publication of the MRSA HTA which concluded that universal screening for all hospital admissions was the most effective and cost efficient method. The Scottish Government acted on these recommendations and announced in March 2008 that a pilot screening programme would be implemented in NHS Ayrshire and Arran, NHS Grampian and NHS Western Isles in 2008/2009.

Clostridium difficile (C.diff)

Rising concerns about *Clostridium difficile* saw a mandatory surveillance programme introduced during the second phase of the HAI Task Force work programme. This was alongside work to specifically target *C. diff*, such as a dedicated care bundle. In addition, HPS have introduced new reporting of validated *Clostridium difficile* data which now gives the HAI Task Force an accurate starting point from which to develop a national approach towards reducing *C. diff* infections. To help speed up treatment for patients a *Clostridium difficile* reference laboratory has been established in Scotland so that samples no longer have to be sent to the laboratory in Wales.

Patient Safety

The HAI Task Force set up a working group to develop a risk based methodology to set priorities for targeting measures to reduce the risk of HAI. This continued into the second phase and led to the publication of an interim guidance document *The Risk Management of HAI: A Methodology for NHSScotland*. The second Delivery Plan also saw additional measures to promote patient safety, in particular the introduction of healthcare associated infection related 'Care Bundles' – an internationally recognised way of reducing risk and improving safety when delivering care.

Patient safety is a fast developing area in NHS Scotland. In particular, the launch of the Scottish Patient Safety Programme, co-ordinated by NHS Quality Improvement Scotland, ensures that this is an area which remains at the top of the NHS agenda. The HAI Task Force will continue to forge links between the Patient Safety and Patient Experience programmes and the HAI agenda to ensure there is a coherence of approach in the way that NHSScotland delivers its service to patients. In addition, the HAI Task Force will revise the publication *The Risk Management of HAI: A Methodology for NHSScotland* to ensure that it fits with both agendas.

Research

The HAI Task Force recognises the importance of high quality research in effectively tackling HAI. During the first phase of work an HAI Research Workshop was conducted, facilitated by the Chief Scientist's Office (CSO) and NHS Education for Scotland. Following this, NHS NES issued guidance on preparing HAI related research proposals for the CSO and an informal Scottish HAI Research Network was established to ensure that HAI research proposals fulfilled the CSO's quality requirements.

During the second phase of work the recommendation to establish the existing Network on a more formal basis was agreed. Based at the University of Glasgow's Faculty of Biomedical and Life Sciences, the Scottish Infection Research Network (SIRN) comprises a formal Steering Group and an informal Network to work towards increasing the quality of research, and contribute towards the prevention and control of Healthcare-Associated Infections.

SECTION 4

Summary

Outcomes from the two programmes

In common with most other countries – Scotland has a serious problem with HAI, both in the healthcare environment and in its communities. Despite facing a number of difficult challenges over the last five years, the HAI Task Force has made a considerable amount of progress and, as this report reveals, it has taken strong leadership in directing a sustainable package of measures focused on controlling and stabilising rates of infection. This report shows that the Task Force has overseen a high quality programme of action to keep Scotland's reputation at the forefront of the world stage. Its main strengths include:

- ensuring that a consistent approach to HAI is taken across the country;
- developing new ways forward and directing the work;
- building a strong stakeholder base;
- harmonising and building on the programmes established;
- drawing upon the expertise of stakeholders; and
- improving on areas of monitoring and surveillance.

The legacy of the Task Force's two programmes live on - in particular, the Task Force will remain key to ensuring that all NHS Boards work in a consistent, planned and focused way and deliver outcomes that contribute towards meeting the Scottish Government's prime objective of a Healthier Scotland. To summarise on the key areas of work over the last two programmes, the Task Force has paved the way for:

- the continuation of funding to support HAI related posts in NHS Scotland such as Infection Control Managers and Local Hand Hygiene Health Board Coordinators;
- improved staff training on HAI so all NHS staff in Scotland are more aware than ever before of their duties and responsibilities towards keeping patients free from infection;
- improved hand hygiene compliance amongst staff, with the average rate of compliance in NHS Scotland increasing dramatically from 68% at February 2007 to 87% at February 2008;
- better surveillance information with a raft of data now being collected and compiled into published reports so rates of key infections can be regularly monitored and appropriate actions put in place;
- establishing a long term national programme of work aimed at tackling the growing problem of resistance to antimicrobials;
- a continued fall in some categories of surgical site infection and promising signs that rates of MRSA bacteraemias are decreasing;
- the creation of a raft of HAI publications for the NHS in Scotland, including guidance to the service on the decontamination of medical instruments, practical guidance on prudent antibiotic prescribing and providing clear instructions on the management of outbreaks of infections in wards; and
- improved NHS management and staffing structures and responsibilities.

The Task Force is building on its good work and has been set a number of new and exciting challenges over the next three years by the Cabinet Secretary for Health and Wellbeing. The third HAI Delivery Plan is now in place and the Task Force looks forward to publishing regular progress reports on the key outputs and deliverables on the way towards achieving completion in 2011.

The HAI Task Force Secretariat
The Scottish Government Chief Nursing Officer Directorate
April 2008

ANNEX 1 - HEALTHCARE ASSOCIATED INFECTION TASK FORCE MEMBERSHIP AS AT MARCH 2008

SCOTTISH GOVERNMENT HEALTH DIRECTORATE MEMBERS

NAME	TITLE
Martin, Mr Paul (Chair)	Chief Nursing Officer
Burns, Dr Harry (Deputy Chair)	Chief Medical Officer
Brown, Mr Colin	Branch Head, Patients & Quality Division
Christie, Dr Peter	Senior Medical Officer
Fraser, Mrs Carol	Nursing Adviser HAI
Middleton, Mrs Linda	HAI Policy Manager
Mishra, Dr Mini	Senior Medical Officer
Owens, Mr John	HAI Policy Officer
Percy, Mr Callum	HAI Policy Lead
Taylor, Miss Margie	Chief Dental Officer

EXTERNAL MEMBERS

NAME	MEMBERSHIP REPRESENTATION	TITLE	ORGANISATION
Bedwell, Mr David	Health Facilities Scotland	Assistant Director of Facilities Services	Health Facilities Scotland
Borland, Ms Hazel	NHS QIS	Head of Clinical Governance and Patient Safety	NHS Quality Improvement Scotland
Brimelow, Mrs Susan	Care Commission	Director of Healthcare Regulation	Care Commission
Creelman, Mr Robin	N/A	Public Involvement Representative	N/A
Gillies, Mrs Liz	NHS Education for Scotland	Director of HAI Initiative	NHS Education for Scotland
Glennie, Mr John	Chief Executives	Chief Executive	Borders NHS Board
Halley, Miss Shona	Infection Control Nurses' Association	Senior Health protection Nurse Specialist	Tayside NHS Board, Directorate of Public Health

EXTERNAL MEMBERS

NAME	MEMBERSHIP REPRESENTATION	TITLE	ORGANISATION
Hanson, Dr Mary	Scottish Microbiology Forum	Consultant Microbiologist	Lothian University Hospitals Division of NHS Lothian
Howe, Mr Robert	COSLA	Head of Environmental Services	South Lanarkshire Council
Hunter, Mrs Bridget	Scottish Partnership Forum		Scottish Partnership Forum
Kelman, Mrs Heather	Association of CHPs	General Manager	Aberdeen City CHP, NHS Grampian
Kingsmore, Mr Paul	Health Facilities Scotland	Director	Health Facilities Scotland
McCowan, Mrs Maggie	Infection Control Managers	Senior Manager Infection Control	Golden Jubilee National Hospital
McMeekin, Mr John	Public Interest	N/A	N/A
Masterton, Mr Robert	Medical Directors	Medical Director	Ayrshire & Arran Acute Hospitals NHS Trust
Oates, Dr Ken	Consultants in Public Health Medicine	Consultant in Public Health Medicine	Highland NHS Board
Reilly, Dr Jacqui	Health Protection Scotland	Consultant Nurse Epidemiologist/Head of Group	Health Protection Scotland
Renwick, Ms Lorna	NHS Health Scotland	NHS Programme Manager, Health Settings Team	NHS Health Scotland
Saunders, Dr Charles*	Scottish Joint Consultants Committee	Consultant in Public Health Medicine	Fife NHS Board
Waclawski, Dr Eugene	Occupational Health	Director of Occupational Health (Clyde)	NHS Greater Glasgow and Clyde
Wheeler, Ms Janette	Association of Domestic Managers	Scottish Branch Chair	Association of Domestic Services Management
Wigram, Tony	Scottish Ambulance Service	Health and Safety Manager	Scottish Ambulance Service
Wilson, Mr Paul	Directors of Nursing	Executive Director for AHPs, Nursing & Midwifery	NHS Lanarkshire Board

ANNEX 2: HEALTHCARE ASSOCIATED INFECTION TASK FORCE ACTION PLAN APRIL 2002 - MARCH 2005

TASK		LEAD AGENCY AND PARTNERS	STATUS
1	Decontamination	HPS, Glennie Group, Primary Care Strategy Group	Completed Elements continued into the next phase of work under Linked Projects
2	Audit of high risk patient environment	SEHD	Completed
3	Code of Practice for management of HAI (including Task 5: development of patient information leaflet)	Working group	Completed Elements continued into the next phase of work under Action Areas 8.1 and 8.2
4	Staff induction training on HAI & hygiene, and ongoing education Development of an education and training framework for domestic assistants AND 7d – Development of Ward Housekeeper Role (including pilot) Development of infection 'champions' All G grade charge nurses as champions	NES, Operating Divisions, NES, PEFE	Completed Elements continued into the next phase of work under Delivery Area 3
5	Discontinued before starting	None	Cancelled
6	Guidance on upgrading physical environment for healthcare in older buildings & stakeholder conference	PEFEx	Completed Elements continued into the next phase of work under Delivery Area 12
7	Technical specifications for cleaning processes Development of monitoring tool for above National Cleaning Services Specification Inclusion of above specification in the PAF	Working Group, PEFE, SEHD	Completed Elements continued into the next phase of work under Delivery Area 11
8	Review of current guidance ' <i>Infection control and the built environment</i> '	PEFEx	Completed Elements continued into the next phase of work under Delivery Area 12

TASK		LEAD AGENCY AND PARTNERS	STATUS
9	Operational division implementation of coordinated risk management structures & procedures	Operational Divisions	Completed Elements continued into the next phase of work under Action Area 7.2
10	Review of infection control organisational development model consultation	SEHD, NHSQIS, HAITF	Completed
11	Consolidation & development of HAI surveillance	SSHAIP, HAISG, HPS	Completed Elements continued into the next phase of work under Delivery Area 4
12	Development of risk-based methodologies for priority setting to reduce the risk of HAI	Working Group	Completed Elements continued into the next phase of work under Action Area 7.2
13	Review of training input for media handling	Working Group	Completed
14	Development of model infection control policies & procedures (including review of SHEA MRSA guidance)	HPS, SMF	Completed Elements continued into the next phase of work under Action Area 6.2
15	Discontinued before starting	None	Cancelled
16	Implementation of Scottish AMR strategy incl. prudent prescribing (i.e. development of guidelines for antimicrobial prescribing Task 26b) & surveillance	Working Group	Completed Elements continued into the next phase of work under Action Area 6.1
17	Training of public health and infection control teams in outbreak management	HPS, NES	Completed Elements continued into the next phase of work under Action Area 3.5
18	Development of HAI component of draft guidance on incidents and outbreak control, including staff screening (Task 15) and HR Policy	Working Group	Completed
19	Agreement on sharing information between the HSE and SEHD	SEHD, HSE, HR	Completed
20	Memorandum of agreement between HSE and NHSQIS	NHSQIS, HSE	Completed
21	Development of infection control standards for the non-NHS adult care sector	Working Group	Completed Elements continued into the next phase of work under Delivery Area 13

TASK		LEAD AGENCY AND PARTNERS	STATUS
22	Development of PAF indicators for effective management of HAI	Working Group	Completed
23	Development of NHSScotland Code of Practice on public disclosure about adverse events	Working Group	Completed
24	CSO research on HAI	CSO	Completed Elements continued into the next phase of work under Delivery Area 9
25	Review the scope for joint working in setting standards and methodologies for monitoring operational divisions' education and training programmes on HAI and hygiene Development of standards and methodologies for monitoring Trusts' education and training programmes on HAI and hygiene	NES, NHSQIS	Completed Elements continued into the next phase of work under Delivery Area 3
26	Development of NHSQIS best practice urinary catheterisation statement Review of existing NHSQIS HAI Standards against infection control model (see Task 10)	NHSQIS	Completed
27	Review of SEHD internal communications during outbreaks & incidents	SEHD	Completed
28	Develop proposal for Minister on progression of HAI agenda following completion of the work of the Task Force	HAITF	Completed
29	Public Involvement and Communications Team	Working Group	Completed
30	Strategic Implementation	CNO	Completed
31	Scottish National HAI Prevalence Survey and pilot	HPS	Completed Elements continued into the next phase of work under Action Area 4.1
32	Primary Care	Working Group	Completed
33	HAI Information Management and Technology	Working Group	Completed Elements continued into the next phase of work under Delivery Area 10

TASK		LEAD AGENCY AND PARTNERS	STATUS
34	Nosocomial Pneumonia	Working Group	Completed
35	Development of National MRSA Strategy Development of Public Information HTA MRSA Screening	Working Group NHS QIS	Completed Elements continued into the next phase of work under Action Area 14
36	Raising Awareness (i.e. Materials) Poster – SCC Top Tips	SEHD	Completed
37	Development and implementation of Hand Hygiene Campaign HTA on alcohol gel Provision of Alcohol-based Hand Rubs Scottish Healthcare Supplies	NHS QIS	Completed Elements continued into the next phase of work under Action Area 1

ANNEX 3: HEALTHCARE ASSOCIATED INFECTION TASK FORCE DELIVERY PLAN APRIL 2005 - MARCH 2008

ACTION	LEAD AGENCY PARTNERS	STATUS
DELIVERY AREA 1: HAND HYGIENE		
1.1 Develop and launch a hand hygiene campaign for Scotland for: <ul style="list-style-type: none"> • the general public, including children; • NHS staff, including the development and implementation of a national hand hygiene audit and monitoring methodology. 	HPS <i>HAITF</i>	Completed The next phase of this will continue under Action Area 2.7 in the 2008 – 2011 Plan
DELIVERY AREA 2: IMPLEMENTATION AND PERFORMANCE		
2.1 Develop an HAI monitoring framework, including Key Performance Indicators.	SEHD, HAITF	Completed
2.2 Review of the NHS Quality Improvement Scotland HAI infection control standards.	NHS QIS <i>HPS</i>	Completed
2.3 Implement and monitor the organisational structures set out in HDL(2005)8, including the role of the infection control manager.	SEHD <i>NHS Boards</i>	Completed The next phase of this will continue under Action Area 6.1 in the 2008 – 2011 Plan
2.4 Identify the monitoring required against each component of the HAITF Delivery Plan and implement appropriate monitoring.	SEHD, HAITF	Completed The next phase of this will continue under Action Area 4.12 in the 2008 – 2011 Plan

ACTION	LEAD AGENCY PARTNERS	STATUS
DELIVERY AREA 3: EDUCATION		
3.1 Cleanliness Champions Training Programme: <ul style="list-style-type: none"> • Promote inclusion of the cleanliness champions' programme in undergraduate nursing and medical courses; • Promote and extend the Cleanliness Champions' Programme to healthcare professional and support staff. 	NES	Completed The next phase of this will continue under Action Area 4.12 in the 2008 – 2011 Plan
3.2 Anti-microbial prescribing: <ul style="list-style-type: none"> • Develop antimicrobial prescribing resources for undergraduate medical students; • Develop, pilot and launch educational programmes on prudent prescribing of antimicrobials. 	NES	Completed
3.3 Develop a national framework for post-graduate/continuing professional development HAI education: <ul style="list-style-type: none"> • Promote the development of courses based on the NES interim prevention and control of infection curriculum. • Review existing HAI educational programmes and define additional input required. • Undertake a training needs analysis for infection control specialists and infection control managers. • Develop an education and training programme for infection control managers. • Support implementation of the education and training recommendations in the HAI Code of Practice • Define systems to quality assure/monitor NHSScotland structures and processes for HAI education & training. • Develop an education and training framework for domestic services 	NES HFS <i>HPS</i> <i>NHS Boards</i> <i>PICT</i>	Completed Elements of this action area will continue to develop under Delivery Area 2 : Education in the 2008 – 2011 Plan.

ACTION	LEAD AGENCY PARTNERS	STATUS
DELIVERY AREA 3: EDUCATION		
3.4 Develop educational packages on specific topics – C.diff, antimicrobial resistance, MRSA, MSSA, ESBLs, venous access.	NES <i>HPS</i>	Completed The next phase of this will continue under Action Area 2.9 in the 2008 – 2011 Plan
3.5 Provision of training programme in management of outbreaks and incidents.	NES <i>HPS</i>	Completed
3.6 Identify leadership and development training for Infection Control professionals.	NES <i>HPS, ICNA</i>	Completed
3.7 Produce proposals for increasing general HAI knowledge and awareness for NHS Chief Executives.	NES	Completed
3.8 Determine workforce development requirements of Infection Control Teams.	NES <i>HPS</i>	Completed
DELIVERY AREA 4: SURVEILLANCE		
4.1 Completion of the National HAI prevalence survey.	HPS	Completed
4.2 Review the national mandatory and voluntary programme of HAI surveillance and issue Health Department Letter setting out resulting changes.	HPS, SEHD	Completed
DELIVERY AREA 5: PUBLIC INVOLVEMENT		
5.1 Develop a work programme to meet public involvement commitments in the HAI Task Force Delivery Plan.	PICT HAITF	Completed
5.2 Explore patient/public feedback mechanisms on HAI.	PICT	Completed

ACTION	LEAD AGENCY PARTNERS	STATUS
DELIVERY AREA 5: PUBLIC INVOLVEMENT		
5.3 Secure commitment to public involvement in monitoring compliance with the NHSScotland National Cleaning Services Specification.	HFS <i>PICT, NHS Boards</i>	Completed
5.4 Explore the use of HAI as a topic area by the Scottish Health Council.	PICT, HAITF <i>SHC</i>	Completed
5.5 Develop a national public information strategy in relation to HAI.	PICT <i>SHC</i>	Completed
5.6 Develop mechanisms for engaging with Community Health Partnerships and Public Partnership Forums at a local level.	PICT, CHPs	Completed
5.7 Secure public involvement in HAI-related publicity and awareness raising (e.g. hand hygiene and ICNA infection control week).	PICT, SEHD, ICNA, NHS Boards	Completed
5.8 Hold a PICT induction workshop for new members.	PICT, NES	Completed
DELIVERY AREA 6: HAI TASK FORCE DOCUMENTS		
6.1 Review the existing Antimicrobial Scottish Strategy and Action Plan and prepare a consultation document.	Working Group <i>HPS</i>	Completed Implementation of successor ScotMARAP document will continue under Action Area 4.9 in the 2008 – 2011 Plan
6.2 Ongoing development of Model Policies for Infection Control: <ul style="list-style-type: none"> • Development of support to assist stakeholders (including the independent sector) to implement the model policies; • Development of model policies on transmission based precautions (i.e. when infection probable or confirmed). 	HPS	Completed The next phase of this will continue under Action Areas 4.1 and 4.2 in the 2008 – 2011 Plan

ACTION	LEAD AGENCY PARTNERS	STATUS
DELIVERY AREA 7: PATIENT SAFETY		
7.1 Develop incident and 'near miss' reporting using HAI as a "tracer" to test methodology developed.	NHS QIS	Completed This will continue under Action Area 1.7 in the 2008 – 2011 Plan
7.2 Develop and pilot HAI incident reporting linked to the HAIF document on risk methodology.	NHS QIS	Completed This will continue under Action Area 1.7 in the 2008 – 2011 Plan
7.3 Use HAI as a "pathfinder" theme in implementation of the Australian/New Zealand risk assessment matrix	NHS QIS	Completed
7.4 Work with Risk Managers in NHS Boards to raise awareness and implement the risk matrix with specific regard to HAI.	NHS QIS <i>NHS Boards</i>	Completed
DELIVERY AREA 8: IDENTIFY & SHARE BEST PRACTICE IN INFECTION PREVENTION AND CONTROL		
8.1 Develop a practical methodology for sharing & implementing best practice that can be used throughout NHSScotland.	HPS	Completed
8.2 Develop a network for Infection Control Managers.	HPS	Completed
DELIVERY AREA 9: RESEARCH		
9.1 Support and encourage HAI research via establishment of virtual & electronic networks.	HAIRNET <i>HPS, NES</i>	Completed
DELIVERY AREA 10: INFORMATION MANAGEMENT & TECHNOLOGY (IM&T)		
10.1 Implement feedback of infection rates to relevant hospital staff, including surgical site infections and MRSA bacteraemias.	HPS	Completed
10.2 Assess operation of IT system developed for NHSScotland National Cleaning Services Specification Monitoring Tool.	HFS	Completed

ACTION	LEAD AGENCY PARTNERS	STATUS
DELIVERY AREA 11: CLEANING AND HYGIENE		
11.1 Implementation throughout NHSScotland of the monitoring framework for the NHSScotland National Cleaning Services Specification.	HFS <i>PICT, ADM, HPS, NHS Boards</i>	Completed
11.2 Develop and consult on a national uniform code	SEHD <i>HPS</i>	Passed to Workforce Directorate
11.3 Drive the adoption throughout NHSScotland of the: <ul style="list-style-type: none"> education and training framework for domestic assistants; the role of the ward housekeeper, including arrangements for networking and sharing good practice. 	NES, HFS <i>NHS Boards, ADM, PICT</i>	Completed The next phase of this will continue under Action Area 5.6 in the 2008 – 2011 Plan
DELIVERY AREA 12: ESTATES, FACILITIES AND ENVIRONMENT		
12.1 Promote specification of new builds as fit for purpose for HAI.	HFS. Universities, SEHD, NHS, Professional bodies	Completed
12.2 Implement HAI Scribe risk control system.	HFS. NHS, Professional bodies	Completed
12.3 Define the HAI Task Force role in the implementation and monitoring of Scottish Health Facilities Note 30.	HFS <i>SEHD</i>	Completed
12.4 Develop proposals for HAI education and training for private sector companies providing building & facilities services to the NHS.	HFS <i>NES, Professional bodies</i>	Completed
12.5 Develop proposals to build HAI issues into contracts with private sector companies providing building & facilities services to the NHS.	HFS <i>NES, Professional bodies</i>	Completed This will continue under Action Area 5.6 in the 2008 – 2011 Plan

ACTION	LEAD AGENCY PARTNERS	STATUS
DELIVERY AREA 13: COMMUNITY AND INDEPENDENT SECTORS, PRIMARY CARE		
13.1 Promote and encourage the integration of prevention and control of infection within Community Health Partnerships.	HPS <i>HAITF, PICT</i>	Completed This will continue under Action Area 1.10 in the 2008 – 2011 Plan
13.2 Define HAITF role relating to healthcare provided in patients' homes and other community settings.	HAITF, Care Comm. <i>NES, HPS</i>	Completed This will continue under Action Area 1.6 in the 2008 – 2011 Plan
13.3 Define HAITF role in the effective implementation of the Infection Control in Adult Care Home sector standards.	HAITF, Care Comm. <i>HPS, NES</i>	Completed
13.4 Ensure the inclusion of HAI requirements (e.g. compliance with HAI Code of Practice) in local primary care contracts.	HAITF, SEHD, NHS Boards	Completed
DELIVERY AREA 14: SPECIFIC ORGANISMS		
14.1 Develop and consult on a National MRSA Control Strategy.	HAITF. <i>NHS QIS, HPS,</i> <i>NES, HFS</i>	Completed
14.2 Develop and implement standard operating procedures for diagnosis of key organisms: <i>C. difficile</i> .	SMF <i>HPS, NES</i>	Completed
14.3 Deliver and consult on the Health Technology Assessment on MRSA screening.	NHS QIS	Completed
14.4 Develop programmes for the reduction of surgical site infection, C difficile and MRSA.	HPS	Completed
14.5 Carry out and report on an HAITF funded study of specific admission isolation policies to reduce norovirus infection.	GGNHSB <i>SEHD</i>	Completed
14.6 Develop further programmes to support the reduction of specific organisms e.g. community acquired MRSA and norovirus.	HPS <i>NES</i>	Completed

ANNEX 4 - HEALTHCARE ASSOCIATED INFECTION TASK FORCE DELIVERY PLAN APRIL 2008 - MARCH 2011

Action Area		Links With	Lead Agency	Target Completion Date		
				2008/09	2009/10	2010/11
DELIVERY AREA 1: PATIENT SAFETY, PRACTICE AND CULTURE						
1.1	Continuing development of care bundles	1.2; 1.3; 1.4	HPS	March 2009		
1.2	Implementation of care bundles	1.1; 1.3; 1.4	SPSA/ Health Boards/ HPS		March 2010	
1.3	Monitoring of compliance with implementation	1.1; 1.2; 1.4	SPSA/ Infection Control Managers			March 2011
1.4	Evaluation of care bundle approach	1.1; 1.2; 1.3	SPSA/ HPS			
1.5	Support for Care Commission – care of older people and early years	2.13	SGHD			
1.6	Support HPS in the delivery of expertise in decontamination		SGHD	March 2008		
1.7	Develop and pilot a methodology to improve learning and develop solutions with regard to endoscope incidents		NHS QIS	Commence 01/04/08	Complete 31/03/10	
1.8	Public Involvement programme	1.9	SGHD			
1.9	Contribute to healthcare associated infection elements of patient experience	1.8	SGHD			
1.10	Community Health Partnerships further development		HPS		Dec 2009	

Action Area		Links With	Lead Agency	Target Completion Date		
				2008/09	2009/10	2010/11
DELIVERY AREA 2: EDUCATION						
2.1	Establish and address workforce development requirements of Infection Control Teams	5.7	NES			
2.2	Development of a programme to support Infection Control Nurse career progression (e.g. from ICN to Nurse Consultant Role)		NES		Jan 2009	
2.3	Develop a programme to support the developmental and educational needs of Infection Control Doctors		NES		Jan 2009	
2.4	Develop a programme to support the developmental and educational needs of Microbiologists	3.8; 4.9	NES		Jan 2009	
2.5	Development of an educational programme on caring for patients in isolation (inclusion of developmental and educational needs for Infection Control Managers and surveillance nurses)	2.5; 2.11	NES	July 2008		
2.6	Development of an educational package on pressure ulcers (inclusion of developmental and educational needs for Infection Control Managers and surveillance nurses)	2.6; 2.11	NES		Jan 2009	
2.7	Further development of the national hand hygiene programme		SGHD/HPS			2010
2.8	Cleanliness Champions Training Programme: promote inclusion of the cleanliness champions' programme in undergraduate nursing and medical course and promote and extend the cleanliness champions' programme to healthcare professional and support staff		NES			
2.9	Develop topic specific packages relating to HAI and the SPSA		NES			

Action Area		Links With	Lead Agency	Target Completion Date		
				2008/09	2009/10	2010/11
DELIVERY AREA 2: EDUCATION						
2.10	Implementation of Outbreak Management programme	4.11	NES			
2.11	Education programme for Surveillance Nurses	2.5; 2.6	NES		Sept 2009	
2.12	Development of a Neonatal Vascular Access programme		NES	March 2009		
2.13	Development of an educational package on presentation of infectious diseases in the elderly	1.5	NES	March 2009		
DELIVERY AREA 3: SURVEILLANCE, INFORMATION AND AUDIT						
3.1	Continued development of Surgical Site Infection Surveillance (e.g. hips and c section)		HPS			
3.2	Further development of catheter associated urinary tract infection (CAUTI) surveillance in particular targeting medicine, surgical (and orthopaedics), care of the elderly and in long term care etc.		HPS			March 2011
3.3	Further exploration as to reasons for variation in Staphylococcus aureus bacteraemia (SAB) rates		HPS	March 2009		
3.4	Implementation of Intensive Care Unit surveillance of Ventilator Associated Pneumonia and Central Venous Catheter infections		HPS		March 2010	
3.5	Repeated targeted prevalence surveillance		HPS			Jan 2011
3.6	Development and implementation of the 2nd National Point Prevalence Survey	3.5	HPS/ SGHD			March 2011
3.7	Vascular catheter surveillance		HPS		Dec 2010	

Action Area		Links With	Lead Agency	Target Completion Date		
				2008/09	2009/10	2010/11
DELIVERY AREA 3: SURVEILLANCE, INFORMATION AND AUDIT						
3.8	Surveillance of Antimicrobial Resistance	2.4; 4.9	HPS			Mar 2011
3.9	Surveillance of use of antimicrobial resistance drugs		NHS Information Services Division/ HPS			
3.10	Further development of bacteraemia surveillance (ECOSS interface)		HPS	Dec 2008		
3.11	Develop a prevalence methodology for pressure ulcers (linked to the national approach to tissue viability)		HPS	March 2009		
3.12	Knowledge management of HAI outbreaks		HPS	March 2009		
3.13	Explore care home surveillance	3.1 – 3.12	HPS/ SGHD/ Care Commission	March 2009		
DELIVERY AREA 4: GUIDANCE AND STANDARDS						
4.1	Development of supporting materials for implementation of the model policies for transmission based precautions	4.2; 4.13	HPS		March 2010	
4.2	Developing further new model policies	4.1; 4.13				
4.3	Pilot study of the recommendations in the MRSA Health Technology Assessment	4.4	HPS/NHS QIS/SGHD	Feb 2009		

Action Area		Links With	Lead Agency	Target Completion Date		
				2008/09	2009/10	2010/11
DELIVERY AREA 4: GUIDANCE AND STANDARDS						
4.4	Full implementation of MRSA screening programme following the pilot if indicated	4.3	Health Boards/SGHD			
4.5	Implementation of the MRSA control strategy		NHS Health Boards			
4.6	Following finalisation of the NHS QIS standards and self assessment tool, work with the service to support implementation of the standards, particularly in relation to information/data requirements and how to embed this within routine practice.	4.7	NHS QIS	01/04/08-31/03/09		
4.7	Formal review of new NHS QIS HAI infection control standards	4.6	NHS QIS		Commence 01/04/09	Complete 31/10/10
4.8	Develop national guidelines on taking samples for diarrhoeal patients (including Clostridium difficile)	4.10	HPS	June 2008		
4.9	Implementation of SCOTMARAP recommendations, including addressing the educational recommendations	3.8; 2.4	Scottish Medicines Consortium			
4.10	Continue to develop standard operating procedures for testing of key organisms	4.8; 4.11	Scottish Microbiology Forum			
4.11	Outbreak management guidance, e.g. development of outbreak specific tools for optimum actions)	4.10	HPS	Dec 2008		
4.12	Rolling programme for reviewing existing national programmes		SGHD/HPS/All Stakeholders			March 2011
4.13	Evaluation model policies	4.1; 4.2	HPS		March 2010	

Action Area	Links With	Lead Agency	Target Completion Date			
			2008/09	2009/10	2010/11	
DELIVERY AREA 5: PHYSICAL ENVIRONMENT						
5.1	Further development of the monitoring framework for the NHSScotland National Cleaning Services Specification		HFS		March 2009	
5.2	Promote specification of new builds as fit for purpose for HAI prevention		HFS			
5.3	Innovations Research Project – Phase 2: The wider view and the impact on HAI	5.5; 5.6	HFS	Aug 2008		
5.4	Develop an Education and Training Framework for all staff groups within facilities services to include:- A: Framework B: Competencies		HFS	Soft Facilities Oct 2008	Hard Facilities Mar 2009	
5.5	Study programme on cleaning regimes, methods to increase standards and productivity	5.3 ; 5.6	HFS	Nov 2008		
5.6	A Housekeeping pilot scheme will be hosted by HFS early 2008 to identify if the housekeeper role contributes to improving cleaning standards and reduces HAI. This study will also identify associated costs of implementing Housekeepers throughout Scotland.	5.3; 5.1	HFS	Sept 2008		
5.7	Develop training package for Infection Control teams specifically around areas of mechanical services e.g. ventilation, water systems	2.1	HFS			
5.8	Develop training package for HAI guidance for NHS Health Boards		HFS			

ANNEX 5 - LIST OF PUBLICATIONS IN WHICH THE TASK FORCE HAS BEEN INVOLVED WITH FROM 2002 UNTIL MARCH 2008, ARRANGED BY PRIMARY STAKEHOLDER

Healthcare associated infection Task Force Deliver Plan 2008 to 2011 (2008) Scottish Government Health Directorate

<http://www.scotland.gov.uk/Publications/2008/03/07110818/0>

- The current HAITF Delivery Plan

The Scottish Management of Antimicrobial Resistance Action Plan (ScotMARAP) (2008) Scottish Government Health Directorate

<http://www.scotland.gov.uk/Publications/2008/03/12153030/0>

- Follows on from recommendations from Antimicrobial prescribing policy and practice in Scotland (SEHD 2005) and lays out good prescribing practice with the aim of minimising the risk of the development of antimicrobial resistances.

Healthcare associated infection (HAI): human resources policy for staff screening during incidents and outbreaks. HDL(2006)31

http://www.sehd.scot.nhs.uk/mels/HDL2006_31.pdf

- This letter sets out the approach to be taken by NHS Boards and Special Health Boards in ensuring effective staff screening processes in the event of an incident or outbreak of infection, and the management of staff who test positive or where treatment fails.

A revised framework for national surveillance of healthcare associated infection in Scotland. HDL(2006)38

http://www.sehd.scot.nhs.uk/mels/HDL2006_38.pdf

- This letter updates the framework for National Surveillance of Healthcare Associated Infection (HAI) in Scotland which was originally set out in HDL(2001)57. The revised framework reflects policy developments since the issue of that HDL and forms part of the work programme for the Ministerial HAI Task Force.

Information Resource Pack on the Prevention of Healthcare Associated Pneumonia

<http://www.hps.scot.nhs.uk/Search/pubdetail.aspx?id=36533>

- An information pack developed to support the prevention of pneumonia in hospitals.

Decontamination: treatment of patients in the independent healthcare sector. HDL(2006)45

http://www.sehd.scot.nhs.uk/mels/HDL2006_45.pdf

- The purpose of this HDL is to alert NHS boards to the need to include in contracts with the independent healthcare sector for the surgical treatment of NHS patients, a clause on decontamination of reusable surgical instruments and other medical devices to protect patients from the risks of infection.

National hand hygiene campaign for Scotland. CNO(2006)1

[http://www.sehd.scot.nhs.uk/publications/CNO\(2006\)01.pdf](http://www.sehd.scot.nhs.uk/publications/CNO(2006)01.pdf)

- The purpose of this letter was to update stakeholders on the progress and plans for the hand hygiene campaign.

National hand hygiene campaign for Scotland: local health board co-ordinator: job description and funding. CNO(2006)02

[http://www.sehd.scot.nhs.uk/publications/CNO\(2006\)02.pdf](http://www.sehd.scot.nhs.uk/publications/CNO(2006)02.pdf)

- Details of funding and job descriptions of a role to help progress the national hand hygiene campaign.

Alcohol Based Handrubs and Infection Control. CNO(2005)1

<http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/19529/CNO20051>

- A letter laying out procedures relating to the use of alcohol hand rubs.

HAI Public Information: MRSA Leaflet. CNO(2005)2

<http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/19529/CNO20052>

- A letter which reinforces the importance of public information and involvement in relation to healthcare associated infection (HAI) in Scotland.

Funding for Infection Control Managers. CNO (2005)3

<http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/19529/CNO20053>

- A letter which informs that the Scottish Executive Health Department is providing funding for each NHS Board to support employment of an Infection Control Manager and sets out the arrangements for, and the conditions of, funding.

HAI: Implementation and Development Fund. CNO (2005)5

[http://www.sehd.scot.nhs.uk/publications/CNO\(2005\)05.pdf](http://www.sehd.scot.nhs.uk/publications/CNO(2005)05.pdf)

- A letter which details the arrangements and funding for each Board to set up a HAI Implementation and Development Fund.

Antimicrobial prescribing policy and practice in Scotland – Recommendations for good antimicrobial practice in acute hospitals. (2005) Scottish Medicines Consortium/ Healthcare Associated Infection Task Force.

<http://www.scotland.gov.uk/Resource/Doc/69582/0017099.pdf>

- Follows on from recommendations from the Antimicrobial Resistance Strategy and Scottish Action Plan (SEHD 2002) and lays out good prescribing practice with the aim of minimising the risk of the development of antimicrobial resistances.

Infection Control in Adult Care Homes : Final Standards (2005) Care Commission/ Healthcare Associated Infection Task Force.

<http://www.scotland.gov.uk/Resource/Doc/37428/0012530.pdf>

- Standards relating to HAI in care homes.

Infection control and cleaning: nursing issues. HDL(2005)7

http://www.sehd.scot.nhs.uk/mels/HDL2005_07.pdf

- A health department letter reinforcing and clarifying nursing responsibilities in relation to the prevention and control of HAI and environmental cleanliness.

Management and accountability structures - HDL(2005)8

http://www.sehd.scot.nhs.uk/mels/HDL2005_08.pdf

- A letter reiterating the main responsibilities of Chief Executives and ICMs in relation to HAIs.

Monitoring Framework for the NHS Scotland National Cleaning Services Specification. HDL(2005)50

http://www.sehd.scot.nhs.uk/mels/HDL2005_50.pdf

- A letter which informs NHS Boards of the development of a Monitoring Framework for the NHS Scotland National Cleaning Services Specification; and plans for its implementation across NHS Scotland.

Guidance on training and support for those involved in media handling in NHS Scotland. CMO(2004)7

[http://www.sehd.scot.nhs.uk/cmo/CMO\(2004\)07.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2004)07.pdf)

- A letter issuing a guidance document laying out interactions with the media relating to HAIs.

The Risk Management of HAI : A proposed methodology for NHS Scotland. Consultation Document (2004) Scottish Healthcare Associated Infection Task Force

<http://www.scotland.gov.uk/consultations/health/rmahic.pdf>

- A consultation document distributed to gain feedback to develop a Risk Management strategy for HAIs.

The NHS Scotland National Cleaning Services Specification SEHD/CMO(2004)8

<http://www.scotland.gov.uk/Resource/Doc/25954/0013321.pdf>

- A set of guidelines relating to environmental cleanliness for all healthcare settings.

The NHS Scotland Code of Practice for the Local Management of Hygiene and Healthcare Associated Infection (HAI) SEHD/CMO(2004)9

<http://www.scotland.gov.uk/Resource/Doc/25954/0013320.pdf>

- A code of practice defining local management powers and responsibilities relating to hygiene in healthcare settings.

A framework for mandatory induction training in healthcare associated infection (HAI) for NHS Scotland. CMO(2004)18

[http://www.sehd.scot.nhs.uk/cmo/CMO\(2004\)18.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2004)18.pdf)

- A letter covering the framework for the education of staff involved with HAIs

Preventing infections acquired while receiving healthcare : The Scottish Executive's action plan to reduce the risk to patients, staff and visitors 2002-2005 (2002) Scottish Executive Health Department

<http://www.scotland.gov.uk/Resource/Doc/46997/0013946.pdf>

- Three year action plan to deal with HAIs in Scotland; lead to formation of HAITF.

HEALTH FACILITIES SCOTLAND

A job profile for the new role of Housekeeper (2007)

<http://www.hfs.scot.nhs.uk/guest/HailInitiatives/JobDescCompetencies.pdf>

- A detailed Job Description for the duties and responsibilities of the Housekeeper role.

Education & Training Framework for Domestic Assistants (2007) Health Facilities Scotland & NHS Education for Scotland

<http://www.hfs.scot.nhs.uk/guest/HailInitiatives/NatEducationFramework.pdf>

- A definition of the nationally agreed areas of competence, capability, knowledge and behaviour which informs the education and training of staff in the domestic services.

HAI-SCRIBE (Healthcare Associated Infection System for Controlling Risk In the Built Environment) (2007) Health Facilities Scotland

<http://www.hfs.scot.nhs.uk/guest/SHFN30/HAI-SCRIBEV2.pdf>

- Describing the SCRIBE tool, a system which aims to assess and manage the risk of infection in the built healthcare environment.

National Cleaning Services Specification: Quarterly Compliance Report Results (2006 – 2007) Health Facilities Scotland

<http://www.hfs.scot.nhs.uk/guest/HailInitiatives/Index.htm>

- A series of quarterly reports into the standards of the National Cleaning Specification compliance.

Monitoring Framework for the NHSScotland National Cleaning Services Specification (2007) Health Facilities Scotland

<http://www.hfs.scot.nhs.uk/guest/HailInitiatives/MonitoringFramework.pdf>

- A document detailing an electronic (Excel) based monitoring system for cleaning services.

Scottish Health Facilities Note 30 Version 3 Infection Control in the Built Environment: Design and Planning (2007) Health Facilities Scotland

<http://www.hfs.scot.nhs.uk/guest/SHFN30/SHFN30V3.pdf>

- A guide to stimulate thinking on the planning and execution of new construction and refurbishment works in all types of healthcare facilities in regards to HAIs.

Scottish Health Facilities Note (SHFN) 30 - "Infection Control in the Built Environment", and the development of HAI scribe (HAI system for assessing risk in the Built Environment) (2005) Property and Environment Forum

<http://www.hfs.scot.nhs.uk/guest/shfn30/shfn30V2.pdf>

- Revision of a 2002 document covering the same area and a reference guide and precursor to HAI SCRIBE

HEALTH PROTECTION SCOTLAND

Quarterly Report on Meticillin Resistant Staphylococcus Aureus (MRSA) Bacteraemias in Scotland (Quarterly) Health Protection Scotland

<http://www.hps.scot.nhs.uk/haic/sshaip/publicationsdetail.aspx?id=30248>

- Quarterly monitoring reports on MRSA Bacteraemias.

Annual report on the surveillance of Clostridium difficile associated disease (CDAD) in Scotland, October 2006-September 2007 (2008) Health Protection Scotland

<http://www.hps.scot.nhs.uk/surveillance/ReportsDetail.aspx>

- First annual report of CDAD surveillance.

National Hand Hygiene NHS Campaign Compliance with Hand Hygiene - Audit Report (2007) Health Protection Scotland

<http://www.documents.hps.scot.nhs.uk/hai/infection-control/national-hand-hygiene-campaign/audit-report.pdf>

- The first audit of hand hygiene compliance covering two periods in 2007.

Surveillance of surgical site infection - Report for procedures carried out from 1 April 2002 - 30 June 2007 (2007) Health Protection Scotland

<http://www.documents.hps.scot.nhs.uk/hai/sshaip/publications/ssi/ssi-2007.pdf>

- Report on SSIs covering 2002 to 2007

NHS Scotland National HAI Prevalence Survey Vol. 1 (2007) Health Protection Scotland

<http://www.documents.hps.scot.nhs.uk/hai/sshaip/publications/national-prevalence-study/report/full-report.pdf>

- Prevalence survey providing data on HAIs in Scotland to inform the next Action Plan of the HAIF.

NHS Scotland National HAI Prevalence Survey Vol. 2 (2007) Health Protection Scotland

<http://www.documents.hps.scot.nhs.uk/hai/sshaip/publications/national-prevalence-study/protocol/full-protocol.pdf>

- Second volume of the PPS detailing the protocol used.

Control of the environment policy and procedure – Standard Infection Control Policy (2007) Health Protection Scotland

<http://www.documents.hps.scot.nhs.uk/hai/infection-control/sicp/environment/mic-p-environment-2007-02.pdf>

- Model policy relating to environmental cleanliness

Hand Hygiene policy and procedure – Standard Infection Control Policy (2007) Health Protection Scotland

<http://www.documents.hps.scot.nhs.uk/hai/infection-control/sicp/handhygiene/mic-p-handhygiene-2007-02.pdf>

- Model policy relating to hand hygiene

Management of blood and other body fluid spillages policy and procedure – Standard Infection Control Policy (2007) Health Protection Scotland

<http://www.documents.hps.scot.nhs.uk/hai/infection-control/sicp/spillages/mic-p-spillages-2007-02.pdf>

- Model policy relating to body fluid contamination.

Management of care equipment policy and procedure – Standard Infection Control Policy (2007) Health Protection Scotland

<http://www.documents.hps.scot.nhs.uk/hai/infection-control/sicp/equipment/mic-p-equipment-2007-02.pdf>

- Model policy relating to care equipment

Occupational Exposure Management, including sharps, policy and procedure – Standard Infection Control Policy (2007) Health Protection Scotland

<http://www.documents.hps.scot.nhs.uk/hai/infection-control/sicp/occeexposure/mic-p-occeexposure-2007-02.pdf>

- Model policy relating to exposure management.

Personal protective equipment policy and procedure – Standard Infection Control Policy (2007) Health Protection Scotland

<http://www.documents.hps.scot.nhs.uk/hai/infection-control/sicp/ppe/mic-p-ppe-2007-02.pdf>

- Model policy relating to personal protective equipment

Providing care in the most appropriate place – Standard Infection Control Policy (2007) Health Protection Scotland

<http://www.documents.hps.scot.nhs.uk/hai/infection-control/sicp/placement/mic-p-placement-2007-02.pdf>

- Model policy relating to ensuring care takes place in an appropriate setting.

Safe disposal of waste policy and procedure – Standard Infection Control Policy (2007) Health Protection Scotland

<http://www.documents.hps.scot.nhs.uk/hai/infection-control/sicp/waste/mic-p-waste-2007-02.pdf>

- Model policy relating to safe disposal of waste

Safe management of Linen policy and procedure – Standard Infection Control Policy (2007) Health Protection Scotland

<http://www.documents.hps.scot.nhs.uk/hai/infection-control/sicp/linen/mic-p-linen-2007-02.pdf>

- Model policy relating to safe management of linen.

Surveillance of surgical site infection - Report for procedures carried out from 1 April 2002 - 30 June 2005 (2005) Health Protection Scotland

<http://www.documents.hps.scot.nhs.uk/hai/sshaip/publications/ssi/ssi-2005.pdf>

- SSHAIP report on incidence of SSIs.

NHS EDUCATION FOR SCOTLAND

Communications, the Media, and Healthcare Associated Infections (2007) NHS Education for Scotland.

<http://www.nes.scot.nhs.uk/hai/documents/MEDHAN.pdf>

- An educational framework for those involved in communications related to HAI incidents.

Cleanliness Champions Programme Evaluation Full Report (2006) NHS Education for Scotland

http://www.nes.scot.nhs.uk/hai/documents/CCP_Evaluation_Full_report_final.pdf

- A study carried out by Robert Gordon University commissioned by NES to assess the Cleanliness Champions Programme.

Promoting Hand Hygiene in Healthcare - an e-learning module (2006) NHS Education for Scotland

<http://www.nes.scot.nhs.uk/hai/elearning.htm>

- An online training module for hand hygiene released in conjunction with the introduction of Cleanliness Champions.

Preparing Healthcare Associated Infection (HAI)- Related Research Proposals for the Chief Scientist Office (2005) NHS Education for Scotland

No link available

- A guidance document for those preparing HAI research.

Intermediate Curricular Framework for Education in Healthcare Associated Infections (2005) NHS Education for Scotland

<http://www.nes.scot.nhs.uk/hai/documents/Intermediate%20Curriculum%20v4.pdf>

- This framework is part of a staged approach to education in Healthcare Associated Infection for healthcare workers, which stretches from pre-registration to specialist levels.

A quality assurance framework for the Delivery of Healthcare Associated Infection Education for NHS Scotland (2005) NHS Education for Scotland.

<http://www.nes.scot.nhs.uk/hai/documents/Quality%20Assurance%20Framework.pdf>

- This framework supports organisations in achieving high-quality education provision in HAI for their staff. The framework outlines standards to help guide those who have responsibility for planning, delivering and evaluating HAI educational activities.

A Framework for Mandatory Training in HAI (2004) NHS Education for Scotland

<http://www.nes.scot.nhs.uk/hai/documents/Mandatory%20Training.pdf>

- This framework for mandatory induction training outlines the requirements for the educational content for the prevention and control of healthcare associated infection which should be included in any induction programme.

A route to enhance competence in preventing Healthcare Associated Infections (2004) NHS Education for Scotland

http://www.nes.scot.nhs.uk/hai/documents/Route_to_enhance_competence_preventing_hai.pdf

- A portfolio to accompany the *Framework for Mandatory Training in HAI*

NHS QUALITY IMPROVEMENT FOR SCOTLAND

Draft Standards Healthcare Associated Infection (HAI) (2007) NHS Quality Improvement Scotland

<http://www.nhshealthquality.org/nhsqis/3522.html>

- This document introduces the NHS QIS draft standards for healthcare associated infection (HAI). These draft standards cover key elements of HAI including compliance, Patient Focus and Public Involvement (PFPI), prevention and control of infection, environment and equipment and education.

Clinical and cost effectiveness of screening for MRSA - Consultation Report on Health Technology (2007) NHS Quality Improvement Scotland

<http://www.nhshealthquality.org/nhsqis/files/Consultation%20Final%20to%20Print.pdf>

- This is a consultation document on a Health Technology Assessment (HTA) considering the clinical and cost effectiveness of screening patients for meticillin resistant Staphylococcus aureus (MRSA) colonisation upon admission to Scottish hospitals.

The provision of alcohol-based products to improve compliance with hand hygiene (2005) NHS Quality Improvement Scotland

http://www.nhshealthquality.org/nhsqis/files/21487%20NHSQIS%20HTA%20Report%207_1.pdf

- NHS Quality Improvement Scotland (NHS QIS) has issued advice to NHSScotland on the use of alcohol gel to improve hand hygiene in hospitals.

Best Practice Statement - Urinary Catheterisation and Catheter Care (2004) NHS Quality Improvement Scotland

http://www.nhshealthquality.org/nhsqis/files/Urinary_Cath_COMPLETE.pdf

- This statement has been developed to cover male and female catheterisation including children in all these settings.

