

Chief Nursing Directorate

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Dear Colleague

ZERO TOLERANCE TO NON HAND HYGIENE COMPLIANCE

Purpose

1. The Cabinet Secretary for Health & Well Being announced recently that a zero tolerance approach to non-compliance with hand hygiene standards is to be adopted across the healthcare setting. The purpose of this letter is to set out the requirements of NHS Board Chief Executives in ensuring complete clarity at local level on the respective roles and responsibilities of healthcare workers in delivering this approach.

Roles and Responsibilities

2. Good hand hygiene practice is central to the control and prevention of Healthcare Associated Infections (HAIs). A zero tolerance approach to non-compliance with hand hygiene policies at NHS Board level is a core element of the Scottish Government's National HAI Action Plan (action area 4.1); and the majority of NHS Board Chief Executives have now confirmed, through submission of monthly progress updates on implementation of the National HAI Action Plan, that processes are now in place to enable such an approach.
3. Enforcing zero tolerance relies on strategic leadership and strong governance. NHS Board Chief Executives are therefore required to ensure that hand hygiene policies within their respective Board are consistently applied by all healthcare workers; and that necessary education, training and induction procedures for new and existing staff are in place to secure delivery of this approach.
4. All Charge Nurses, managers and senior clinicians, supported by local Infection Control Teams (including local health board coordinators for hand hygiene), have lead roles and responsibilities for implementation of infection control policies and best practice guidance in general at local level.



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Addresses

For action

Chief Executives NHS
Boards

For information

Chief Executives NHS
Special Boards and NHS
National Services Scotland
Chief Executive, Health
Facilities Scotland
Human Resources
Directors
Finance Directors
Medical Directors
Members, Scottish
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5. Additionally, all staff within the NHS Board are professionally accountable for adherence to NHS Board policies that are in place to ensure the health and safety of patients, visitors and staff. This should include taking personal responsibility for reminding colleagues, and informing patients and visitors of their responsibilities in ensuring that good hand hygiene practice is adopted at all times.

Governance

6. The Staff Governance Standard and associated structures provide the framework for the management of staff. Within this framework, each NHS Board's Employee Conduct Policy sets out the current arrangements for addressing and maintaining standards of conduct at work; will confirm the procedures to be applied where there is alleged failures in meeting such standards; and should be used to support implementation of a zero tolerance approach to non-compliance for healthcare workers at all levels.

Facilities

7. NHS Board Chief Executives are also reminded of their responsibilities for ensuring adequate resources are made available to enable staff and the NHS estate to fully comply with local hand hygiene policies. This includes the widespread availability of hand washing facilities in clinical areas (e.g. hand wash basins and alcohol based hand rubs); and the need to ensure necessary systems are in place to respond quickly to any shortcomings identified in the provision of facilities across the clinical setting.

Monitoring

8. The new national HAI reporting template, which NHS Boards are now required to complete, will demonstrate local surveillance and monitoring of key topic areas impacting on the prevention and control of infection. These reports will be discussed as part of bi-monthly Board meetings; published on NHS Board websites; and will provide greater transparency and public accountability for reducing HAI at local level.
9. We expect, as part of these local surveillance arrangements, that hand hygiene audits are undertaken on a minimum monthly basis, across all clinical areas; and that the outcomes of this activity are reported using the HAI reporting template. This approach was set out in HDL 2005 (07) dated 18 March 2005, which confirmed that effective implementation of hand hygiene relied on the integration of best practice into routine activities; and reminded Sisters/Charge Nurses of the importance of self-audit activity of compliance with good hand hygiene within their clinical areas.
10. This action is in addition to the existing Health Protection Scotland (HPS) national quarterly hand hygiene compliance auditing programme, undertaken to provide a like for like comparison of compliance across all NHS Boards. This will be increased to bi-monthly monitoring and reporting from May 2009.

Summary

11. We expect this intensified approach will ensure that the highest level of hand hygiene compliance is attained across all NHS Boards. Key to that achievement will be your role in ensuring that all healthcare staff are informed about the policy and compliance processes underpinning your local approach to zero tolerance.

12. To that end, members of the Scottish Government HAI team will be contacting you shortly to arrange a meeting with you and your senior team to discuss your Board's approach to zero tolerance; as well as your progress in the delivery of key actions set out in the National HAI Action Plan.

Yours sincerely



PAUL MARTIN
Chief Nursing Officer and Interim Director for Workforce