



# SCOTTISH EXECUTIVE

## Health Department

Dear Colleague

### HEALTHCARE ASSOCIATED INFECTION (HAI): IMPLEMENTATION AND DEVELOPMENT FUND

1. This letter informs you that the Scottish Executive Health Department is providing funding for each NHS Board to set up an HAI Implementation and Development Fund. It sets out the arrangements for, and the conditions of, funding (attached at **Annex A**).

2. The Scottish Executive Health Department is making £1.2 million available in this financial year and in each of the two following financial years to enable NHS Boards to implement local strategies that will meet national infection control policy requirements and best practice. This funding stems from a recognition that NHS Boards have different needs in terms of the tools required to tackle HAI.

3. Funding will be allocated using the Arbuthnott formula. The table attached at **Annex B** gives details of each NHS Board's allocation. We expect this budget to be devolved to and managed by the Board's Infection Control Manager, as defined in [HDL\(2005\)8](#). If arrangements for the Infection Control Manager are still being put in place, this responsibility can be given to an existing Senior Infection Control Manager (as defined in [HDL\(2001\)10](#)), or to the leader of the Infection Control Team.

4. NHS Boards should email Susan Ferguson outlining their intended use of the monies for the 3 year life of the Fund as soon as they are available and by 15 February 2006 at the latest. Boards will also be required to submit reports by 30 April detailing expenditure and its impact in the previous financial year. The report for the financial year 2005/06 will also include the final plans for expenditure over the following two financial years.

Yours sincerely

**PAUL MARTIN**  
Chief Nursing Officer

**From the  
Chief Nursing Officer  
and Interim Director  
of Human Resources  
Paul Martin RN, RHV, DMS,  
MBA**

St. Andrew's House  
Regent Road  
Edinburgh EH1 3DG  
Telephone 0131-244-2314  
Fax 0131-244-2316  
[Paul.Martin@scotland.gsi.gov.uk](mailto:Paul.Martin@scotland.gsi.gov.uk)

CNO(2005)5

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#### **Addressees**

##### For action

Chief Executives, NHS Boards

##### For information

Chief Executive, Property and  
Environment Forum  
Director, Health Protection Scotland  
Chief Executive, NHS Education for  
Scotland  
Chief Executive, NHS Quality  
Improvement Scotland  
Medical Directors  
Directors of Nursing  
Directors of Public Health  
Consultants in Public Health  
Medicine (CD&EH)

#### **Further enquiries to:**

Susan Ferguson  
Policy Manager, HAI Team  
Scottish Executive Health Department  
GE.19, St Andrew's House  
Regent Road  
EDINBURGH EH1 3DG  
Tel: 0131 244 5669  
Fax: 0131 244 2030  
[susan.ferguson@scotland.gsi.gov.uk](mailto:susan.ferguson@scotland.gsi.gov.uk)



## **HAI: IMPLEMENTATION AND DEVELOPMENT FUND - CONDITIONS OF FUNDING**

### **Introduction**

1. Over the last three years, the Ministerial HAI Task Force has developed a set of national policies and procedures to improve infection prevention and control. The focus of the Task Force's new programme of work, which will begin in January 2006 and run until the end of March 2008, will be on implementation of these policies and procedures, and on monitoring compliance/outputs.
2. As part of its commitment to tackle HAI, the Scottish Executive Health Department is making available £1.2 million in this financial year and in each of the two following financial years to enable NHS Boards to implement local strategies that will meet national infection control policy requirements and best practice. This funding stems from a recognition that Boards have different needs in terms of the tools required to tackle HAI.
3. Funding will be allocated to Boards using the Arbuthnott formula and we expect this budget to be devolved to and managed by the Board's Infection Control Manager, as defined in [HDL\(2005\)8](#). If arrangements for the Infection Control Manager are still being put in place, this responsibility can be given to an existing Senior Infection Control Manager (as defined in [HDL\(2001\)10](#)) or to the leader of the Infection Control Team as an interim measure.

### **Criteria**

4. The funding must be used to support the implementation of national HAI policy requirements and best practice at a local level. Consistent with the principles of single system working, consideration should be given to needs in both acute and primary care divisions. Risk factors should also be taken into account in determining how funding is spent, with higher risk areas being addressed first. We are encouraging boards to consider the development of both practical and innovative measures to tackle HAI. The criteria we have set are broad enough to incorporate a range of activities.
5. We are looking to Boards to demonstrate a planned and co-ordinated approach over the three years. Therefore, a large part of the funding in the first year may focus on putting in place the equipment, systems and staff that will be important to meeting objectives in years two and three. Funding should be used across one or more of the areas outlined below. The examples provided under each heading are intended to give a steer, but are not exhaustive.

#### Equipment

- IT Equipment to support monitoring and surveillance.
- Medical equipment where an infection control risk is posed by the design or lack of availability of existing equipment (slings, commodes etc).
- Cleaning systems.
- Other equipment that will support practical aspects of good infection control, such as better hand hygiene facilities.

Staff

- Additional sessions from infection control doctors or microbiologists.
- Recruitment of staff or extra responsibility supplements to scientific or other staff who can relieve infection control professionals of more routine work.
- Business managers/clerical staff to implement systems to support the local delivery of national policy, including national surveillance programmes, change management and monitoring.

Service Development

- Development/piloting of new working practices to establish best approaches for local circumstances.
- Facilitating public/patient involvement.

**Accountability arrangements**

6. The underlying philosophy is that this new funding should be applied to critical local gaps in infection control provision, and not to areas that are already funded. Therefore, funding should not be used to support areas that receive funding either routinely from within the Board's budgets, or from the Department's Clean Hospitals budget. For example, funding has already been allocated in 2005/06 to provide alcohol hand rubs for acute beds, and we would expect that savings from the new national contracts could be utilised to expand this into other areas of the service.

7. **Boards should email a short summary (no more than one or two sides of A4) outlining their intended use of the monies for the 3 year life of the Fund to Susan Ferguson (contact details provided in covering letter) as soon as this information is available and by 15 February 2006 at the latest.** This summary should outline the core elements of the Board's proposed strategy and ballpark expenditure against these elements.

8. Boards will also be required to provide a report to the Scottish Executive Health Department at the end of each financial year setting out how funding has been spent and the impact of this expenditure. Therefore, Boards should put in place simple outcome-based measures for each of the main areas of work that are undertaken with the funding. This may include measures such as the impact on HAI rates, efficiency gains, impact on compliance rates (eg hand hygiene) or patient feedback. As well as details of expenditure and outcomes for 2005/06, the first report will include final plans for expenditure over the following two financial years. We would expect this information to demonstrate that the Board is adopting a co-ordinated and strategic approach to expenditure against the Fund criteria.

9. **Annual reports should be submitted to the Department by 30 April in the subsequent financial year.** We will issue a reporting template in February 2006 to support Boards in providing this information.

10. The aim of the Implementation and Development scheme, like all the outputs from the Ministerial HAI Task Force, is to reduce the human and resource costs of HAI within NHSScotland. Boards should take this into account in their financial planning for April 2008 onwards, to ensure the continuation of successful interventions financed through this scheme.

**HAI IMPLEMENTATION AND DEVELOPMENT FUND: FUNDING ALLOCATIONS**

<b>NHS Board</b>	<b>Allocation</b>		
	<b>2005/06</b>	<b>2006/07</b>	<b>2007/08</b>
Argyll and Clyde	103,603	N/A	N/A
Ayrshire and Arran	93,632	93,632	93,632
Borders	27,258	27,258	27,258
Dumfries and Galloway	39,263	39,263	39,263
Fife	80,868	80,868	80,868
Forth Valley	63,293	63,293	63,293
Grampian	108,654	108,654	108,654
Greater Glasgow	220,654	300,812	300,812
Highland	56,216	79,661	79,661
Lanarkshire	128,771	128,771	128,771
Lothian	161,618	161,618	161,618
Orkney	5,133	5,133	5,133
Shetland	5,449	5,449	5,449
Tayside	96,184	96,184	96,184
Western Isles	9,405	9,405	9,405