Dear Colleague

FUNDING FOR INFECTION CONTROL MANAGER POSTS – HDL(2005)8

1. This letter informs you that the Scottish Executive Health Department is providing funding for each NHS Board to support employment of an Infection Control Manager (ICM). It sets out the arrangements for, and the conditions of, funding.

2. HDL(2005)8 (attached, without its Annex, for ease of reference) was issued to Chief Executives on 18 March 2005. This provided guidance on organisational issues in relation to infection control. The Letter set out the essential roles and responsibilities of the ICM and flagged up the possibility of additional funding for this role.

3. To recap, the ICM will be a senior manager, designated as having overall responsibility for management processes and risk assessment relating to infection control, medical devices decontamination, medical devices management and cleaning services. The ICM (who may also be a Board member) will have direct access to the Chief Executive and the Board, and will be an integral member of the organisation’s Infection Control, Clinical Governance and Risk Management Committees.

4. The Scottish Executive Health Department will provide £40,000 to each mainland Board and £20,000 to Island Boards for the next 3 financial years (2005/6 to 2007/8) to facilitate the employment of an ICM, and to allow advance financial planning by Boards to continue funding thereafter.

5. It is expected that the major responsibilities of this role will require a full-time, or close to full-time, manager (half time or thereby in Island Boards). It is not a clinical role, and should not be filled by existing staff taking on additional duties. Existing senior infection control managers identified under the terms of HDL(2001)10 may continue to fulfil the ICM role without prejudice to this new funding, as long as the above conditions are satisfied.

From the
Chief Nursing Officer

Paul Martin RN, RHV, DMS, MBA

St. Andrew’s House
Edinburgh EH1 3DG
Telephone 0131-244-2314
Fax 0131-244-2042
Paul.Martin@scotland.gsi.gov.uk

CNO(2005)3

19 July 2005

Addressee

For action
Chief Executives, NHS Boards

For information
Medical Directors
Directors of Nursing
Directors of Public Health
Consultants in Public Health medicine (CD&EH)
Chief Executive, NHS Education for Scotland
Chief Executive, Quality Improvement Scotland

Further enquiries to:
On policy:
Mrs Susan Ferguson
Scottish Executive Health Department
St Andrew’s House
Regent Road
EDINBURGH EH1 3DG
Susan.ferguson@scotland.gsi.gov.uk
Tel: 0131-244 5669
Fax: 0131-244 2030

On professional issues:
Mrs Margaret Tannahill
Scottish Executive Health Department
St Andrew’s House
Regent Road
EDINBURGH EH1 3DG
Margaret.tannahill@scotland.gsi.gov.uk
Tel: 0131-244 2490
Fax: 0131-244 2490
6. Pro rata funding for the ICM post for the remainder of 2005/06 will be paid to Boards within the August funding allocation. **Boards should confirm that the post has been filled and submit a job description to Susan Ferguson (contact details above) by the end of 2005 as a condition of funding.** Subject to an appointment being made, funding for the two subsequent financial years will be paid within the April funding allocation.

Yours sincerely

[Signature]

PAUL MARTIN  
Chief Nursing Officer
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

KEVIN WOODS    PAUL MARTIN    DR E M ARMSTRONG
CE NHSScotland  Chief Nursing Officer  Chief Medical Officer