

Scottish Healthcare Associated Infection (HCAI) Strategy 2023 – 2025



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Foreword by Cabinet Secretary for NHS Recovery, Health and Social Care

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I am pleased to introduce the Scottish Healthcare Associated Infection (HCAI) Strategy 2023 – 2025, which sets out our approach to supporting NHS Scotland to reduce HCAs as we recover from the COVID-19 pandemic.

HCAIs¹ remain a concern for all of us, and their implications are clear. In addition to the impact infection has on the lives of the Scottish people who use our health service and their families, the recent ECONI² study found that HCAs result in longer hospital stays, increased healthcare costs, and additional overall pressures on health and social care resources.

This is why the Scottish Government takes the task of reducing HCAs seriously. Since 2007, Scotland has seen significant and sustained progress in reducing HCAs such as *Staphylococcus aureus* bacteraemia and *Clostridioides difficile* infection, to very low levels. Although it will never be possible for any hospital to eradicate and avoid all cases of infection, the Scottish Government will continue to work towards reducing the rates of HCAs to as low a level as possible.

We continue to emphasise the importance of evidence-based Infection Prevention and Control (IPC) programmes and practice, as well as the need for robust systems and surveillance to understand and reduce the incidence of HCAI, and to effectively manage incidents as they occur to stop onward transmission.

I am confident this strategy will play an essential role in improving the quality of care we provide, enhancing the overall health of our communities.

Sincerely,
Michael Matheson
Cabinet Secretary for NHS Recovery,
Health and Social Care

1 Healthcare Associated Infections (HCAI) are infections resulting from medical care or treatments in a hospital setting, primary care setting, nursing home, or the patient's own home.

2 <https://www.gcu.ac.uk/aboutgcu/academicschools/hls/research/researchgroups/safeguardinghealththroughinfectionprevention/econi>



The COVID-19 pandemic has had an unprecedented impact across health and social care and, as we emerge from the most significant public health crisis of our time, it is important to build upon the appetite for effective IPC measures to ultimately reduce HCAIs.

Prior to the pandemic, Scotland was continuing to make great strides in reducing the incidence of HCAIs across healthcare and the community. As the pandemic unfolded, resources were rightly diverted to support our response. The time is now right to revisit and refocus on reducing HCAIs.

This strategy is intended to support the recovery from the pandemic response and reduce HCAI rates. The strategy highlights the importance of ongoing education and training, surveillance, and monitoring. By adopting this strategy, we can regain progress interrupted by COVID-19 and continue to improve patient outcomes.

Some of the challenges associated with IPC and HCAI reduction, however, are not solely restricted to infection prevention. NHS capacity, built environment, and staffing levels are some areas that require wider whole system leadership and change. For that reason, I would like to emphasise that this strategy is not intended to be viewed in isolation and should be used in conjunction with other frameworks and strategies to help achieve our vision.

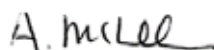
One such strategy is [The Infection Prevention Workforce: Strategic Plan 2022 – 2024](#). Published in December 2022, this plan provides a framework through which we can work together to meet our goal of having an appropriately skilled, resilient, sustainable, and confident IPC workforce across all health and care settings.

The UK Antimicrobial Resistance³ (AMR) National Action Plan (NAP) should also be considered alongside this strategy. The World Health Organisation (WHO) has identified AMR as one of the top ten global health threats.

As Scotland's Senior Responsible Officer for the delivery of policy outputs of the UK AMR NAP, I am committed to prioritising the reduction of infections in our health service. Effective IPC and antimicrobial stewardship (AMS) will reduce the occurrence and control the spread of HCAI, which will in turn reduce the need for the use of antimicrobials. It should be noted that AMS plays a crucial role in mitigating against AMR and is not explicitly referenced within this document.

It would also be remiss of me not to mention the key role that social care settings have in infection prevention. Indeed, if we are to continue in our progress of improving patient and service user care, as well as preventing AMR, then reducing infections in social care settings is vital. Although this strategy and the included deliverables focuses on healthcare settings, I would invite social care colleagues to consider the strategic goals within this document as these have been written to be inclusive of all health and care settings. This is the first step in what I hope will be a fully comprehensive IPC strategy in the future.

Lastly, I would like to extend a personal thanks to our workforce across Scotland's health and social care service for their tireless efforts and vital work during the pandemic response, and their continued commitment in reducing incidence of HCAs.



Sincerely,
Professor Alex McMahon
Chief Nursing officer

³ Antimicrobial Resistance occurs when microorganisms which cause disease (including bacteria, viruses, fungi and parasites) are no longer affected by antimicrobial medicines.

In 2016, the Scottish Government published the [Scottish Antimicrobial Resistance and Healthcare Associated Infection – 5 Year Strategic Framework \(2016-2021\)](#). This Strategic Framework aimed to support the creation of a ‘zero tolerance approach’ to avoidable infections, controlling healthcare associated infections (HCAIs) and containing antimicrobial resistance (AMR). The Strategic Framework was designed to support NHS Boards in taking forward key delivery areas such as AMR, cleaning and decontamination, IPC, quality improvement, and surveillance.

The Strategic Framework built upon the existing achievements of the NHS in Scotland at the time and acknowledged that the prevention and control of HCAI was an important issue for all settings where healthcare is delivered. The Scottish Antimicrobial Resistance and Healthcare Associated Infection – 5 Year Strategic Framework (2016-2021) was intended to be in place until 2021.

The onset of the SARS CoV-2 (COVID-19) pandemic posed a significant challenge in delivering the 2016 Strategic Framework. Some NHS Board and public body activities aligning with the Strategic Framework were paused, and resources were reallocated in order to respond effectively to the threats presented by the pandemic. As a result of the disruption caused, and the additional pressures which NHS Boards had to manage, some of the later strategic goals from The Scottish Antimicrobial Resistance and Healthcare Associated Infection – 5 Year Strategic Framework were not able to be fully achieved and implemented as presented in the original timeline.

In spite of the challenges posed by the pandemic, several of the actions included in the previous framework were delivered, including the development of a [Care Home IPC Manual \(CH IPCM\)](#), the development of [new IPC standards](#), and the launch of the [Infection Prevention Workforce: Strategic Plan 2022 – 2024](#).

Additionally, the many lessons learned during the COVID-19 response have reinforced the essential role of IPC in reducing the risk of, and responding to, HCAI clusters and incidents. This includes a broader understanding of the barriers to effective IPC. For example, education, guidance implementation, and the challenges posed by the built environment.

The Scottish Government remains engaged with these ongoing pandemic-focused workstreams, which includes the sharing of lessons learned during COVID-19 and feeding in recommendations from independent expert groups into wider pandemic preparedness workstreams. Outputs from these COVID-19-focused workstreams will be taken forward separately.

As Scotland's response towards COVID-19 changes, the intention of this two-year HCAI Strategy is to establish a new baseline position which will provide the foundations for a five-year IPC strategy which will follow (2025-2030).

The HCAI Strategy (2023-2025) was developed over a condensed period of time in order to provide NHS Scotland with a supportive national direction. Previous HCAI strategies followed a five-year running period to allow for adequate transformation to take place. This current strategy will only cover the interim period of 2023-2025. The overall aim of the HCAI strategy (2023-2025) is to reduce the incidence of HCAs and aid Health Boards in their recovery from COVID-19.

This strategy was developed by the HCAI Strategy (2023-2025) Oversight Board which was chaired by the Chief Nursing Officer and comprised of Officials of the Scottish Government, expert stakeholders, and relevant National Health Boards. **(Full membership details can be found in Annex A).**

The Oversight Board was established to ensure the strategy was founded on Health Board experience, up to date evidence, and professional expertise. The strategic goals, objectives, and deliverables have been developed and agreed with Oversight Board members to align with business plans and key workstreams already underway or planned for the period 2023-2025.

A key consideration of the Oversight Board was the wellbeing of staff in Health Services and the question as to how to ensure that the deliverables and outcomes from the strategy not only aid in the reduction of HCAI incidences, but also aid in the improvement of staff wellbeing.

The organisations responsible for completion and implementation of the deliverables will be mindful of the challenges and pressures faced by frontline services at the time of publication and throughout the term of the strategy.

Links to wider healthcare and social care sector

Given this strategy's relatively short lifespan, and the focus on Health Board recovery from the pandemic, the objectives and deliverables are primarily applicable within the acute hospital environment and therefore do not specifically reference social care.

That being said, Scottish Government recognises that infection risk is not solely restricted to the healthcare environment, and that social care settings play a key role in infection prevention.

This strategy's Oversight Board included officials from Scottish Government's Directorate of Social Care and National Care Service Development on the basis that this strategy lays the foundational work for a whole system transformational 2025-2030 IPC Strategy by making cross-organisation links as early as possible. This is being developed in the light of the WHO draft global strategy for IPC being published.

The strategic goals in this current HCAI strategy 2023-2025 were developed to be inclusive of all health and care settings. It should also be noted that some of the deliverables due to be completed in year one will also be relevant to social care staff and settings. For example, the review of IPC learning materials included on TURAS and LearnPRO.⁴

4 TURAS and LearnPro are the online platforms where learning and training material can be accessed by staff within health and social care.

Implementation

By liaising with stakeholders in National Health Boards and encouraging a collaborative interagency approach, the Scottish Government aims to use its national position to ensure programmes of work are aligned, coordinated, and ultimately support Territorial and National Health Boards who deliver direct patient care in the reduction of HCAs and recovery from the COVID-19 pandemic.

National Health Boards will also take this approach and facilitate, where possible, that appropriate engagement with Territorial Health Boards and other National Health Boards, and NHS Scotland staff to support the overarching aims of this strategy.

The intention of this strategy across its two-year lifespan is Recovery. The year one (2023-2024) deliverables are included in this strategy. We will engage with our stakeholders on the details of year two and conduct an annual review which will inform an updated delivery plan. The Scottish Government will communicate this as appropriate.

Year 1

Year one of this strategy will be dedicated to the ongoing review of existing guidance, processes, and educational materials. The responsible stakeholders for these deliverables will primarily be the Scottish Government and the National Health Boards.

Year 2

Whilst the review of guidance, process and educational materials will continue, year two will focus on planning, implementing, and embedding the outputs of year one. The Scottish Government expect that year two may include specific deliverables for Territorial Health Boards.

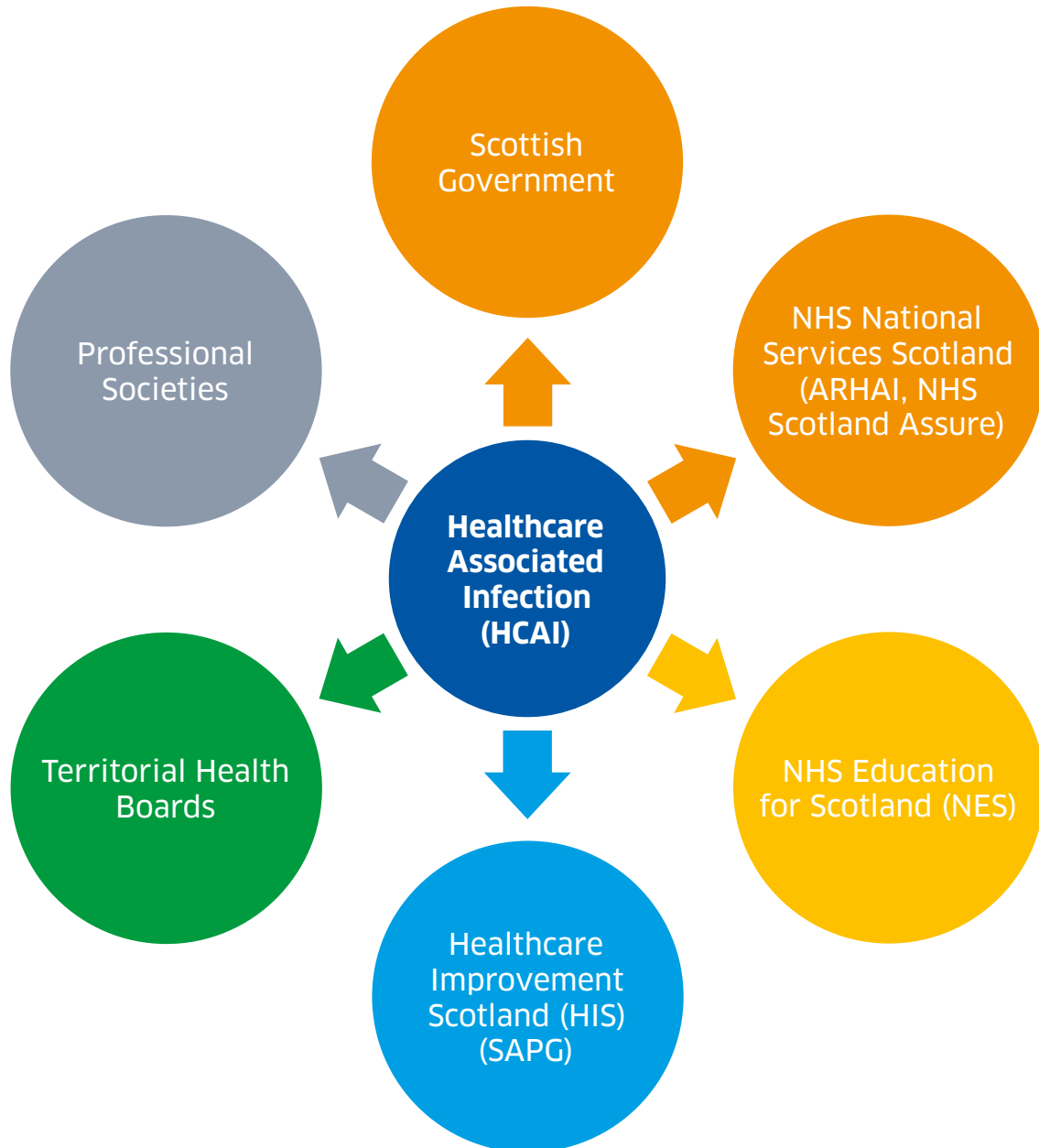
By focusing on recovery, it is anticipated that NHS Scotland will be in a strong position to support the development and delivery of the subsequent 5-year IPC strategy.

Monitoring implementation

Following publication of this strategy, the Scottish Government will liaise with stakeholders utilising existing mechanisms and structures to monitor stakeholder progress, implementation, and delivery. In addition, existing data reporting resources will be used to measure this strategy's impact on post pandemic recovery and overall incidence of HCAI.

The Healthcare Associated Infection (HCAI) Landscape

The graphic below is an illustration of the organisations who work towards reducing HCAs. Each organisation has a different but important role.



Full role and remit descriptors of this strategy's key stakeholders can be found in Annex B.

Impact Assessment

Following an Equality Impact Assessments (EQIAs) screening exercise, it was found that people of protected characteristics as outlined in the Equality Act (2010) are not impacted either positively or negatively by this strategy. Therefore, an EQIA was not required in this instance.

World Health Organisation (WHO) Core components

[The World Health Organisation Guidelines on Core Components of Infection Prevention and Control \(IPC\): Programmes at the National and Acute Health Care Facility Level](#) were published in 2016. The WHO Core Components were designed to be applicable for any country and suitable to local adaptation. The WHO Core Components underpin this strategy and were used as a guide when developing the strategic goals and the associated objectives and deliverables.

Scotland can demonstrate adherence to the principles included within the core components through its well-established programmes and initiatives, such as hand hygiene monitoring. Scotland, along with the wider United Kingdom, through its government and stakeholders, are a contributor to the WHO, and regularly report to the WHO on their IPC and HCAI monitoring. It is important to acknowledge these core components and embed their core themes throughout the HCAI strategy.

The eight core components noted below take into account the strength of available scientific evidence, the cost and resource implications, as well as patient values and preferences.



Supporting Documents

This strategy acknowledges the multi-faceted elements required to deliver its aims and recognises that certain elements will link with other published healthcare strategies and policies. This document should therefore be read alongside the healthcare policies and strategies below. Together, these will support the aim of NHS Scotland recovery as well as a reduction in HCAI incidence.

- [The World Health Organisation \(WHO\) Core Components of Infection Prevention and Control](#)
- [Excellence in Care Framework](#)
- [Healthcare Improvement Scotland IPC standards](#)
- [Health and Social Care: National Workforce Strategy](#)
- [The Infection Prevention Workforce: Strategic Plan 2022 - 2024](#)
- [UK 5-year action plan for antimicrobial resistance 2019 to 2024](#)
- [NHS Education for Scotland: Our Strategy 2023 - 2026](#)
- [WHO: Draft global strategy on infection prevention and control](#)
- [Minimum Requirements for Infection Prevention and Control Programmes](#)
- [Care Home Review: A Rapid Review of Factors Relevant to The Management of COVID-19 in The Care Home Environment in Scotland](#)
- [Genomics in Scotland: Building our Future](#)

Role of the Scottish Government

The Scottish Government is responsible for overseeing and monitoring the deliverables in this strategy. The Scottish Government will work with stakeholders in the process of delivery and will actively promote collaboration between stakeholders to ensure cross cutting information/learning is shared where relevant.

Role of National Health Boards

As stated previously, this strategy primarily contains objectives and deliverables during year one for the National Boards.

With a view of establishing a new baseline, National Health Boards will conduct evaluations/reviews of the current IPC guidance and processes to assess their relevance, usefulness, and effectiveness. Stakeholders, such as Territorial Health Boards, may be asked to engage in and provide feedback on these reviews, where appropriate.

Role of Territorial Health Boards

While this strategy does not have any initial deliverables for the Territorial Health Boards, the recommendations from year one outputs may lead to operational changes within Territorial Health Boards. The Scottish Government will communicate any relevant recommendations, including appropriate timescales for implementation, and will provide support and direction as appropriate.

Using the WHO IPC Core Components as a guide, seven strategic goals were developed in collaboration with members of the Oversight Board. Clear objectives with realistic deliverables for stakeholders are set out in the following section.

Overarching Aim	
To reduce the overall incidence of HCAI and support the recovery of NHS Scotland from the impact of the COVID-19 pandemic.	
Strategic Goal 1	Infection prevention programmes will be progressed with engagement and agreement from key stakeholders to ensure maximum impact for patients, staff, services, and the wider population.
Strategic goal 1 seeks to ensure all relevant stakeholders are involved in the development and implementation of IPC programmes. Programmes should take into account past learning and incorporate multiple facets when seeking to achieve its goal, including staff wellbeing and the impact on patients.	
Strategic Goal 2	IPC guidance and policy, relevant to various health and care settings/staff, will be developed from reviews and evaluation of international evidence of best practice and using a robust engagement process.
Strategic goal 2 seeks to ensure future IPC guidelines and policy will include learning from previous infection incidents (such as COVID-19), be applicable to all health and social care settings where appropriate and align itself with international evidence and best practice.	
Strategic Goal 3	A range of educational and practice development resources and formats are available and reviewed at predetermined intervals to ensure they meet the needs of staff at all levels for a range of sectors and professional groups.
Strategic goal 3 seeks to ensure IPC and HCAI education is accessible to all staff in the health and social care sector. By ensuring educational resources are accessible to all staff levels (including non-clinical), this strategic goal seeks to equip staff to feel they have the skills and knowledge of IPC principles to achieve the over-arching aim of reducing the incidence of HCAI.	
Strategic Goal 4	HCAI surveillance is relevant, data capture is timely, and the output supports quality improvement initiatives both locally and nationally.
HCAI surveillance is a key tool in the monitoring of IPC guidance implementation and practice. This strategic goal seeks to build on the lessons learned in relation to data surveillance and data sharing during the pandemic, and further scope how best data can be shared at a local and national level to support best practice/quality improvement.	

Overarching Aim	
To reduce the overall incidence of HCAI and support the recovery of NHS Scotland from the impact of the COVID-19 pandemic.	
Strategic Goal 5	Tools to support the application of IPC measures will be relevant, fit for purpose, and appropriate guidance/training is provided for interpretation and use.
Strategic goal 5 seeks to support all staff across multiple sectors and roles to have at least a baseline knowledge of the application of IPC practices.	
Strategic Goal 6	Incident reporting processes will support the timely identification, investigation, and management of incidents, and will provide opportunities for preventative measures to be implemented.
Strategic goal 6 seeks to ensure reporting mechanisms are robust and provide a mechanism by which learning from incidents can be shared and be used as possible early indicators of HCAI incidents/threats.	
Strategic Goal 7	Staff in the health and social care sector will be supported to enhance their capability and improve their confidence in identifying and managing risks within the built environment.
Strategic goal 7 seeks to ensure that learning from previous incidents where the built environment has been a key driver of infection is fully embedded in IPC guidance and staff education resources. Additionally, strategic goal 7 also seeks to ensure that future guidance takes into account the various settings in which care is delivered i.e. not restricted to the clinical environment.	

The Strategic Delivery Plan expands on the strategic goals to include distinct objectives and deliverables, including responsible stakeholders for delivery.

It is expected that these deliverables will be commenced during year one of this strategy. Deliverables will be used as markers for progress during this strategy’s lifespan.

The overarching aim of this two-year strategy is:

To reduce the overall incidence of HCAI and support the recovery of NHS Scotland from the impact of the COVID-19 pandemic.

Strategic Goal 1

Infection Prevention programmes will be progressed with engagement and agreement from key stakeholders to ensure maximum impact for patients, staff, services and the wider population.

Objectives	Responsible Stakeholder	Deliverables
1.1 The processes used to develop infection prevention programmes will be evaluated.	ARHAI Scotland	<ul style="list-style-type: none"> Undertake an appraisal of the development of the guidance (focusing on communication, consultation and engagement) within the NIPCM and CH IPCM.
1.2 IPC programmes will have active engagement with all key stakeholders	All	<ul style="list-style-type: none"> All National IPC programmes will have a term of reference (ToR) and membership will include all key stakeholders.

Strategic Goal 2		
IPC Guidance and policy, relevant to various health and care settings/staff, will be developed, maintained, and updated from reviews and evaluation of international evidence of best practice and using a robust engagement process.		
Objectives	Responsible Stakeholder	Deliverables
2.1 Staff will have easily accessible guidance and resources to enable safe practice and promote patient safety	ARHAI Scotland	<ul style="list-style-type: none"> There will be continuous improvement and management of the NIPCM to ensure guidance and resources meet the needs of the service and reflect current available evidence.
	Scottish Government	<ul style="list-style-type: none"> Liaise with ARHAI Scotland to commission the development of national guidance on the management of specific fungal species infection.⁵
2.2 Understanding of human behaviour during the COVID-19 pandemic on the application of IPC measures will be incorporated into IPC guidance and education for staff at all levels.	NES	<ul style="list-style-type: none"> The training output from the CNOD-commissioned Behavioural Insights research by Edinburgh University⁶ will be housed on TURAS Learn to support leaders to ensure the principles of good communication are adhered to when introducing new or updated guidance.
	ARHAI Scotland	<ul style="list-style-type: none"> Will be able to demonstrate that they have used the behavioural insights principles when developing and/or updating IPC guidance and the NIPCM.

5 This deliverable has been developed as a result of a recommendation made by Healthcare Improvement Scotland

6 The Scottish Government funded a behavioural insights study in relation to Covid-19. Study findings can be found here: [A Social Identity Approach To COVID-19 Transmission in Hospital Settings.](#)

Strategic Goal 2		
IPC Guidance and policy, relevant to various health and care settings/staff, will be developed, maintained, and updated from reviews and evaluation of international evidence of best practice and using a robust engagement process.		
Objectives	Responsible Stakeholder	Deliverables
2.3 All remaining COVID-19 IPC guidance and policies across Health and Social Care will be reviewed regularly considering emerging evidence.	Scottish Government	<ul style="list-style-type: none"> Review the remaining COVID-19 specific guidance with a view to determine whether these measures are still required. Ensure guidance changes are communicated with appropriate notice for timely implementation by NHS Boards.
	ARHAI Scotland	<ul style="list-style-type: none"> Continue to review remaining COVID-19 IPC guidance at regular intervals with a view to determine whether these measures are still required.

Strategic Goal 3		
A range of educational and practice development resources and formats are available and reviewed at predetermined intervals to ensure they meet the needs of staff at all levels for a range of sectors and professional groups.		
Objectives	Responsible Stakeholder	Deliverables
3.1 Support the development of a confident and skilled IPC and antimicrobial stewardship (AMS) workforce.	NES	<ul style="list-style-type: none"> Using an agreed methodological approach, work collaboratively with stakeholders to develop frameworks for both specialist IPC practitioners, as well as a generalist framework for AMS. Undertake a gap analysis of the current resources to assimilate current resources to the pathways and ascertain further educational resource requirement. Scope the merits of centralisation of AMR/AMS resources within TURAS Learn to ensure maximum usage.

Strategic Goal 3		
A range of educational and practice development resources and formats are available and reviewed at predetermined intervals to ensure they meet the needs of staff at all levels for a range of sectors and professional groups.		
Objectives	Responsible Stakeholder	Deliverables
3.2 Support the standardisation of IPC practice across Scotland.	NES	<ul style="list-style-type: none"> Develop an IPC Education Strategy, which will begin the initial development of a general IPC curriculum in the planned 2025-2030 IPC strategy.
		<ul style="list-style-type: none"> Continue developing bite-sized resources, incorporating stakeholder feedback, to provide a blended learning approach including short animations and podcasts which are aligned to the NIPCM and complement the Scottish IPC Pathway (SIPCEP).
3.3 Increase the awareness of and accessibility to IPC training resources at a local and national level.	NES	<ul style="list-style-type: none"> Work collaboratively with health and social care colleagues to ensure that where education resources are developed/maintained, this is done using the best available evidence and in a format that supports the needs of the learner. Continue to collaborate with NES Digital, NHS Health Board Learning and Development teams to ensure any updates to SIPCEP on TURAS Learn are mirrored in LearnPro to ensure consistency and governance across platforms.

Strategic Goal 4		
HCAI surveillance is relevant, data capture is timely, and the output supports quality improvement initiatives both locally and nationally.		
Objectives	Responsible Stakeholder	Deliverables
4.1 Surveillance Systems and processes will be reviewed not only to consider existing programmes but identify any new priorities.	ARHAI Scotland	<ul style="list-style-type: none"> Will undertake a review of current mandatory surveillance priorities and make recommendations for future priorities, including a review of current mandatory surveillance.
	Scottish Government	<ul style="list-style-type: none"> Evaluate current mandatory surveillance policy in light of the completed review and will communicate any policy changes timeously.
4.2 The current National HCAI targets and indicators will be reviewed to ensure they are relevant and reflective of current context.	ARHAI Scotland	<ul style="list-style-type: none"> Complete a review of the HCAI targets and indicators and provide the Scottish Government with the results of the review and any recommendations. Continue analysis of NHS Board data and report progress towards delivery of HCAI targets and indicators for Scottish Government monitoring.
	Scottish Government	<ul style="list-style-type: none"> Consider the recommendations made by ARHAI Scotland relating to the HCAI standards and indicators. Communicate the outcome of the ARHAI Scotland review and any changes to the National HCAI targets and indicators to all relevant stakeholders. Ensure there is a lead-in time for implementation of any change.

Strategic Goal 5		
Tools to support the application of IPC measures will be relevant and fit for purpose, and that appropriate guidance/training is provided for interpretation and use.		
Objectives	Responsible Stakeholder	Deliverables
5.1 Assurance will be sought around local processes for Standard Infection Control Precautions (SICPs) and improvement work.	ARHAI Scotland	<ul style="list-style-type: none"> Liaise with Territorial and other National Health Boards to conduct a gap analysis on SICPs monitoring.
5.2 Ensure strategic alignment with other relevant strategies pertaining to HCAI and the nosocomial agenda.	Scottish Government	<ul style="list-style-type: none"> Engage in development of the Pathogen Genomic Strategy for Scotland 5 year strategic plan. Consider relevant recommendations and outputs from the Public Health Scotland (PHS) needs and gap analysis of Scottish microbiology services in line with the Public Health Microbiology Strategy for Scotland.

Strategic Goal 6		
Incident reporting processes will support the timely identification, investigation, and management of incidents, as well as providing opportunities for preventative measures to be implemented.		
Objectives	Responsible Stakeholder	Deliverables
6.1 The methods of reporting incidents and outbreaks will be reviewed to ensure processes support the assessment and reporting of infection incidents and shared learning.	ARHAI Scotland	<ul style="list-style-type: none"> Chapter 3 and Appendices 14 and 15 of the NIPCM will be reviewed to support the mapping of investigations, to explore hypotheses, and ultimately support the identification of preventative measures to reduce the likelihood of further infection incidents.
6.2 Data collection methods and processes will be improved to support early warning systems.	ARHAI Scotland	<ul style="list-style-type: none"> Begin development of a local alert/early warning system for high-risk areas in collaboration with a pilot board.

Strategic Goal 7		
Staff in the health and social care sector will be supported to enhance their capability and improve their confidence in identifying and managing risks within the built environment.		
Objectives	Responsible Stakeholder	Deliverables
7.1 NES will deliver and evaluate flexible learning and development resources to support the specialist workforce members responsible for built environment.	NES/NHS Scotland Assure	<ul style="list-style-type: none"> Continue with the delivery and implementation of the National Learning and Development Strategy for the Specialist Healthcare Built Environment Workforce (2021-2026) and provide delivery measures via their annual action plans.
7.2 The learning from built environment incidents and reviews will be reflected in future policy, guidance, and research.	NHS Scotland Assure	<ul style="list-style-type: none"> Ensure learning from built environment incidents and reviews is reflected in updated guidance & policy documents. Ensure that learning from built environment incidents and reviews is used to develop informed research topics.

The HCAI Strategy Oversight Board was established to ensure a comprehensive and collaborative approach to the development of this two-year strategy. Members consist of key stakeholders within NHS Scotland, Scottish Government, and relevant National Health Boards. Strategic goals, objectives, and deliverables have been developed and agreed with Oversight Board members to align with business plans and key workstreams that are already underway or planned for 2023-2025.

Membership:

Representative	Member (M) Deputy (D) Observer (O)	Job Title	Representing Body/ Professional Board
Alex McMahon	Chair	Chief Nursing Officer	Scottish Government
Irene Barkby	Deputy Chair	Associate Chief Nursing Officer	Scottish Government
Colin Urquhart	M	Head of HCAI/AMR Policy Unit	Scottish Government
Emma Hamilton	M	HCAI/AMR Policy Team Leader	Scottish Government
Grant McPherson	M	HCAI/AMR Senior Policy Manager	Scottish Government
Rebekah Dunese	O	HCAI/AMR Policy Manager	Scottish Government
Emma Donnelly	O	HCAI/AMR Policy Admin Support	Scottish Government
Jamie Stewart	M	HCAI/AMR Policy Team Leader	Scottish Government
Elaine Ross	M	HCAI/AMR Policy – Professional Advisor	Scottish Government

Representative	Member (M) Deputy (D) Observer (O)	Job Title	Representing Body/ Professional Board
Michael Taylor	M	Primary Care Policy	Scottish Government: Primary Care
Fiona Hodgkiss	M	Social Care Policy	Scottish Government: Adult Social Care
Jennifer Gilmour	M	Social Care Policy	Scottish Government: Adult Social Care
Pamela Joannidis	M	HCAI/AMR Policy Unit Professional Nurse Advisor	Scottish Government:
Kathy Kenmuir	M	Primary Care Professional Advisor	Scottish Government: Primary Care
Ian Storrar	M	Assistant Director, Engineering & Assurance	NHS Scotland Assure
Thomas Rodger	D	Head of Engineering	NHS Scotland Assure
Laura Imrie	M	Consultant Lead ARHAI Scotland Interim Clinical Lead NHS Scotland Assure	ARHAI Scotland
Shona Cairns	M	Consultant Healthcare Scientist Clinical Scientist	ARHAI Scotland
Jacqui Reilly	M	HCAI Exec Lead	NHS National Services Scotland
Rona Broom	M	Infection Control Nurse	Infection Control Nurses

Representative	Member (M) Deputy (D) Observer (O)	Job Title	Representing Body/ Professional Board
Jonathan Horwood	M	Infection Control Manager	Infection Control Managers
Angela Wallace	M	HCAI Exec Lead	HCAI Exec Leads
Lesley Shepherd	M	Head of Programme	NHS Education for Scotland
William Malcolm	M	Pharmaceutical Adviser Clinical Lead for SONAAR programme ARHAI Scotland	SOHNAP
Alan Morrison	M	Deputy Director of Health Finance	Health Finance
Dr Andrew Seaton	M	Consultant in Infectious Diseases and General Medicine Chair of Scottish Antimicrobial Prescribing Group Committee (SAPG)	SAPG
Karen Wares	M	Scotland Branch Coordinator/ Country Lead	Infection Prevention Society
Michael Lockhart	M	Public Health Scotland Microbiologist	Public Health Scotland

Representative	Member (M) Deputy (D) Observer (O)	Job Title	Representing Body/ Professional Board
Dr Aleksandra Marek	M	Infection Control Doctor Chair of Infection Control Doctor Forum	Infection Prevention & Control Doctors (IPCD) SMVN subgroup
Dr Martin Connor	M	Clinical Lead Scottish Microbiology and Virology Network (SMVN)	Scottish Microbiology and Virology Network (SMVN)
Fiona Wardell	M	Health Improvement Scotland Standards Team	Health Improvement Scotland Standards
Dr Hazel Henderson	M	Health Protection Consultant	Health Protection Consultants Forum
Susan Laidlaw	M	Director of Public Health in NHS Shetland	Director of Public Health

NHS Scotland Territorial Boards	<p>NHS Scotland is made up of 14 regional Health Boards. Each one is responsible for protecting and improving the health of the population.</p> <p>Territorial Health Boards deliver frontline healthcare services, and therefore are key drivers of IPC, and in delivering reductions in HCAI and AMR.</p>
NHS Scotland National Boards	<p>There are 8 National Health Boards:</p> <ul style="list-style-type: none">• Healthcare Improvement Scotland• Scottish Ambulance Service• The Golden Jubilee University National Hospital• The State Hospital• NHS 24• NHS Education• National Services Scotland• Public Health Scotland <p>These boards support the Regional Boards by providing specialist and national services across the whole of Scotland.</p>

<p>National Services Scotland (NSS)</p>	<p>NSS is a Non-Departmental Public Body which provides advice and services to the rest of NHS Scotland. Accountable to the Scottish Government, NSS works within the health service, providing national strategic support services and expert advice to NHS Scotland.</p> <p>Within NSS sits Antimicrobial Resistance & Healthcare Associated Infection (ARHAI Scotland) Scotland, which is a key stakeholder in the healthcare associated landscape in Scotland. NHS Scotland Assure is also based in NSS.</p> <p>ARHAI Scotland</p> <p>ARHAI Scotland is a clinical service which coordinates the national programmes for IPC and AMR.</p> <p>ARHAI Scotland provides expert intelligence, support, advice, evidence-based guidance, and clinical assurance. ARHAI Scotland works closely to provide clinical leadership to local and national government, health and care professionals, the general public, and other national bodies.</p> <p>ARHAI Scotland also provides clinical assurance to NHS Scotland ASSURE.</p> <p>NSS NHS Scotland Assure</p> <p>NSS NHS Scotland Assure seeks to improve how NHS Scotland manages risk in the healthcare-built environment across Scotland. Managing risk in the right way gives those involved in maintaining NHS buildings, facilities, and equipment confidence and reassurance.</p> <p>This ensures safety, fitness for purpose, cost effectiveness, and capability to deliver sustainable services.</p>
<p>National Education Scotland (NES)</p>	<p>NHS Education for Scotland (NES) is an education and training body and a National Health Board within NHS Scotland. NES is responsible for developing and delivering healthcare education and training for the NHS, health and social care sector, and other public bodies.</p> <p>NES also has a Scotland-wide role in undergraduate, postgraduate, and continuing professional development education.</p>

<p>Healthcare Improvement Scotland (HIS)</p>	<p>The purpose of Healthcare Improvement Scotland is to enable the people of Scotland to experience the best quality of health and social care. Its broad work programme supports health and social care services to improve.</p> <p>Within Healthcare Improvement Scotland sits Scottish Antimicrobial Prescribing Group (SAPG), which is a key stakeholder in the HCAI landscape in Scotland.</p> <p>Scottish Antimicrobial Prescribing Group (SAPG)</p> <p>SAPG works with NHS boards across health and care settings in Scotland to improve antibiotic use, to optimise patient outcomes and to minimise harm to individuals and to wider society.</p>
<p>Public Health Scotland (PHS)</p>	<p>Public Health Scotland has been leading and supporting Scotland to respond to its health challenges, making a difference to the lives of people in our communities. As Scotland's national public health body, Public Health Scotland lead and support work across Scotland to prevent disease, prolong healthy life, and promote health and wellbeing.</p>

AMR	Antimicrobial Resistance
AMS	Antimicrobial Stewardship
ARHAI	Antimicrobial Resistance and Healthcare Associated Infection
HCAI	Healthcare Associated Infection
HIIAT	Healthcare Infection Incident Assessment Tool
HIS	Healthcare Improvement Scotland
ICM	Infection Control Managers
IPC	Infection Prevention and Control
IPCT	Infection Prevention and Control Team
NAP	National Action Plan
NES	NHS Education for Scotland
NHS	National Health Service
NIPCM	National Infection Prevention and Control Manual
NSS	National Services Scotland
PHS	Public Health Scotland
PPE	Personal Protective Equipment
SICPs	Standard Infection Control Precautions
SIPCPs	Scottish IPC Pathway
WGS	Whole Genome Sequencing



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This publication is available at www.gov.scot

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EH1 3DG

ISBN: 978-1-80525-697-7

Published by The Scottish Government, June 2023

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS1271982 (06/23)