NHS Quality Improvement Scotland

Draft Standards ~ *August 2007*

Healthcare Associated Infection (HAI)

NHS Quality Improvement Scotland is committed to equality and diversity. We have assessed this area of work for likely impact on the six equality groups defined by age, disability, gender, race, religion/belief and sexual orientation. An equality and diversity impact assessment report will be published with the final standards, and will be available online or in hardcopy on request.

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1 Background on NHS Quality Improvement Scotland

NHS Quality Improvement Scotland (NHS QIS) was set up by the Scottish Parliament in 2003 to take the lead in improving the quality of care and treatment delivered by NHSScotland.

We achieve our objectives through five key functions that link together:

- providing clear advice and guidance on effective clinical practice
- setting clinical and non-clinical standards of care
- reviewing and monitoring the performance of NHS services
- supporting NHS staff in improving services, and
- promoting patient safety and implementation of clinical governance.

We deliver our commitments to the public and to NHSScotland by following an approach that is:

- **independent** – we reach our own conclusions and report on what we find
- **open and transparent** – we explain what we do, how and why we do it, and what we find, using language and formats that are easy to understand and to access
- **sensitive and professional** – we recognise needs, beliefs and opinions and respect and encourage diversity.

Our work is:

- **partnership-focused** – we work with patients and the public, NHSScotland and many organisations to improve the quality of care and avoid duplication
- **evidence-based** – we base our conclusions and recommendations on the best evidence available
- **quality-driven** – we make sure our own work is monitored and evaluated, internally and externally.

2 Development of NHS Quality Improvement Scotland standards

Basic principles

A major part of our remit is to develop and run a national system of quality assurance of clinical services. Working in partnership with healthcare professionals and members of the public, we set standards for clinical services, assess performance throughout NHSScotland against these standards, and publish the findings. The standards are based on the patient's journey as he or she moves through different parts of the health service. A wide range of conditions and services have already been addressed, including asthma services for children and young people and the bowel screening programme.

In fulfilling our responsibility to develop and run a system of quality assurance, we take account of the principles set out in Fair for All and Partnership for Care*,* to ensure that 'our health services recognise and respond sensitively to the individual needs, background and circumstances of people's lives'.

We will ensure that consideration of equality and diversity issues feature prominently in the design, development and delivery of all our functions and policies.

The standards are developed in accordance with the commitments of the National Health Service Reform (Scotland) Act (2004) which state that 'individual patients receive the service they need in the way most appropriate to their personal circumstances and all policy and service developments are shown not to disadvantage any of the people they serve.'

Process

For each set of standards we develop, we appoint a group representing a range of stakeholders, including healthcare professionals and members of the public to:

- oversee the development of, and consultation on, the draft standards and self-assessment framework, and
- recommend an external peer review process.

The way in which standards are developed is a key element of the quality assurance process. Project groups working on our behalf are expected to:

- adopt an open and inclusive process involving members of the public, voluntary organisations and healthcare professionals
- work within NHS QIS policies and procedures, and
- test the measurability of draft standards by undertaking pilot reviews.

The standards are clear and measurable, based on appropriate evidence, and written to take into account other recognised standards and clinical guidelines. The standards are:

- written in simple language and available in a variety of formats
- focused on clinical issues and include non-clinical factors that impact on the quality of care

- developed by healthcare professionals and members of the public, and consulted on widely
- regularly reviewed and revised to make sure they remain relevant and up to date, and
- achievable but stretching.

Format of standards and definition of terminology

All standards set by NHS QIS follow the same format.

- Each standard has a **title,** which summarises the area on which that standard focuses.
- This is followed by the **standard statement,** which explains the level of performance to be achieved.
- The **rationale** section provides the reasons why the standard is considered to be important.
- The standard statement is expanded in the section headed **criteria,** which states exactly what must be achieved for the standard to be reached. Some criteria are **essential**, in that it is expected that they will be met wherever a service is provided. Other criteria are **desirable** in that they are being met in some parts of the service, and demonstrate levels of quality which other providers of a similar service should strive to achieve. The criteria are numbered for the sole reason of making the document easier to work with, particularly for the assessment process. The numbering of the criteria is not a reflection of priority.

Clinical governance and risk management standards

Every patient using healthcare services should expect these to be safe and effective. The NHS QIS standards for clinical governance and risk management will ensure NHS boards can provide assurance that clinical governance and risk management arrangements are in place, and are supporting the delivery of safe, effective, patient-focused care and services.

The clinical governance and risk management standards underpin all care and services delivered by NHSScotland and provide the context within which NHS QIS service and condition-specific standards apply. They should be read in conjunction with all our standards.

The clinical governance and risk management standards are available on request from NHS QIS or can be downloaded from the website (www.nhshealthquality.org).

Assessment of performance against the standards

The framework for the NHS QIS review process is as follows.

- Once the standards have been finalised, each relevant NHS board/service is asked to undertake a self-assessment of its service against the standards.
- A review team visits the NHS board/service on behalf of NHS QIS to follow up this self-assessment exercise with an external peer review of performance in relation to the standards.

- NHS QIS reports the findings for the NHS board/service, based on the self-assessment exercise and on the external peer review.

Our processes are subject to internal and external evaluation, to help improve the quality assurance system.

3 Development of the draft standards for healthcare associated infection (HAI)

Context

Reducing the prevalence of healthcare associated infection (HAI) is an important issue for NHSScotland. The Ministerial HAI Action Plan Preventing Infections Acquired While Receiving Healthcare[1], identifies HAI as one of the most important events that can adversely affect patients while they receive care, and it is estimated that 9% of hospital patients acquire an infection during their stay[2]. HAI also impacts on the efficiency and effectiveness of services, resulting in 380,000 bed days lost per year and costing NHSScotland over £180m per year[3].

In December 2001, the Clinical Standards Board for Scotland (now NHS QIS) published Healthcare Associated Infection (HAI) – Infection Control Standards[4] and has reviewed and reported on performance against these up to the publication of Healthcare Associated Infection (HAI); Infection Control in NHSScotland National Overview[5] in May 2005. The Clinical Standards Board for Scotland also published Healthcare Associated Infection (HAI) – Cleaning Services Standards[6] in June 2002, however, NHS boards are now monitored against compliance with the NHSScotland National Cleaning Services Specification[7], account of which has been taken in these redeveloped standards for HAI.

HAI Task Force

The Scottish Executive Health Department's (SEHD) HAI Task Force was established in 2003 in response to the Ministerial HAI Action Plan, and completed its first phase of work in December 2005. In October 2005, then Health and Community Care Minister, Mr Andy Kerr, announced that the Task Force was to lead a new programme of work, underpinned by £15 million of extra funding until 2008.

The Healthcare Associated Infection (HAI) Task Force: Delivery Plan April 2006 to March 2008[8] details several delivery areas for HAI. In the plan, NHS QIS was tasked with a review of its standards for HAI.

A multidisciplinary HAI Task Force workshop involving key stakeholders was held in August 2006, at which the revision of the HAI standards by NHS QIS was discussed as part of a coherent implementation and monitoring framework for HAI.

Monitoring NHS boards' performance against HAI targets is a key component of the HAI Task Force's work. Monitoring helps to deliver reassurance in areas where the HAI programmes are performing well and highlights where potential problem areas might lie. Responsibility for implementation of the standards lies with the chief executives of Scotland's NHS boards and they are accountable for their performance to the SEHD.

Scoping process

The August 2006 workshop identified key areas for standards development and initial work on the revision of the standards for HAI began in November 2006. A scoping exercise to review current evidence relating to HAI and define the topic areas of the standards was performed. This involved discussion with colleagues who had been involved in previous rounds of review against the 2001 standards[4] and

those who worked to produce the 2005 national overview[5] to verify the key areas for standards development.

Discussion was focused on NHS boards' progress in meeting the standards, the measurability of the current standards, and the direction revised standards should take. Information was collected from discussion with the following people:

- Sean Doherty, Team Manager, NHS QIS
- Nanisa Feilden, Senior Project Officer, NHS QIS
- Dr David Parratt, Senior Lecturer/Honorary Consultant Microbiologist (1977–2001), NHS QIS Clinical Advisor (2003–2005), and
- Tracey Walker, Senior Project Officer, NHS QIS.

Following this, all members of the SEHD HAI Task Force stakeholders group, who review progress against the Healthcare Associated Infection (HAI) Task Force: Delivery Plan April 2006 To March 2008[8], were offered the opportunity to participate in this part of the scoping exercise and further information was collected from meetings with the following people:

- Dr Peter Christie, Senior Medical Officer, Public Health Professional Group, SEHD
- Mr Robin Creelman, HAI Task Force Public Involvement and Communications Team Chairman
- Ms Carol Fraser, Nurse Consultant in Health Protection, NHS Lothian
- Ms Liz Gillies, Director of HAI Initiative, NHS Education Scotland
- Ms Claire Kilpatrick, Nurse Consultant in Infection Control, Health Protection Scotland, NHS National Services Scotland
- Mr Paul Kingsmore, Director, Health Facilities Scotland
- Dr Jacqui Reilly, Consultant Nurse Epidemiologist & Head of Healthcare Associated Infection and Infection Control Group, Health Protection Scotland
- Ms Midge Rotheram, General Ancillary Services Manager (Central), NHS Fife, and Scottish Branch Chair and Past National Chair of the Association of Domestic Management
- Ms Margaret Tannahill, Nursing Advisor HAI and Communicable Disease, SEHD, and
- Mr Bob Wilson, Infection Control Nurse, NHS Ayrshire & Arran.

The discussions focused on:

- key local issues to be taken into account when revising and further developing the standards
- key disciplines required of the project group, and
- key current evidence.

NHS QIS used the results of these discussions and a review of current literature to produce a scoping report. The report identified five key themes where NHS QIS could support quality improvement in NHSScotland:

- compliance
- patient focus and public involvement
- prevention and control of infection
- environment and equipment, and
- education and training.

Standards development

To take forward the development of the standards, NHS QIS appointed a project group (full membership can be found in Appendix 1). The group was chaired by Mr Robin Creelman, SEHD HAI Task Force Public Involvement and Communications Team (PICT) chairman, and met four times between February and May 2007 to review the scoping report and use it to inform development of standards under the five key themes.

In addition to the findings of the scoping exercise, it has been necessary for the project group to take account of developments that have occurred since the group's formation. The Scottish Patient Safety Alliance, launched in March 2007, has five basic objectives including the reduction of HAIs. NHS QIS will be managing the Scottish Patient Safety Alliance programme and will appoint an external partner to assist in its implementation. This programme of work will be a key part of the drive to reduce HAIs in NHSScotland.

These draft standards aim to move on from the process-focused approach of the current standards (with some exceptions) whilst ensuring compliance with prevention and control of infection across NHSScotland.

The standards for healthcare associated infection project group believes that all NHS board staff will have a role to play in the implementation of these standards, and fully supports the idea that the prevention and control of infection is everybody's business.

4 How to participate in the consultation process

NHS QIS may use several different methods of consultation during the development of the draft standards:

- wide circulation of the draft standards document to relevant professional groups, health service staff, voluntary organisations and individuals
- open meetings
- public consultation exercises involving distribution of comments forms and/or questionnaires
- focus group discussions, and
- pilot review visits.

If you would like to know how you can participate in the consultation process, please contact:

Moray Baylis
Project Officer
NHS Quality Improvement Scotland
Glasgow Office
Delta House
50 West Nile Street
GLASGOW
G1 2NP

Phone: 0141 225 6892

Fax: 0141 248 9746

Textphone: 0141 241 6316

Email: moray.baylis@nhs.net

Submitting your comments

Responses to the draft standards for HAI should be submitted (by post, phone, fax or email) to the above contact details by **Wednesday 31 October 2007**.

Consultation feedback

At the end of the consultation period all comments and responses will be collated and the project group will respond to all comments received on the draft standards. The response will explain how the comments were taken into account.

The response will be made available on the NHS QIS website (www.nhshealthquality.org) and from Moray Baylis, Project Officer.

5 Draft standards for healthcare associated infection

Standard 1 Compliance

Standard 2 Patient focus and public involvement (PFPI)

Standard 3 Prevention and control of infection

Standard 4 Environment and equipment

Standard 5 Education

Standard 1: Compliance

Standard Statement 1a There are systems in place to demonstrate a managed environment that minimises risk of infection and demonstrates compliance with policy, surveillance and audit.	
Rationale The delivery of robust compliant infection prevention and control is essential for ensuring the health and safety of patients, visitors and staff. **References:** 9, 10, 11, 12, 13, 14, 15, 16, 17	
Essential Criteria	
1a.1	The NHS board complies with its roles and responsibilities in relation to the prevention and control of infection, with lines of accountability clearly defined.
1a.2	The NHS board has a system to ensure compliance with national requirements for the prevention and control of infection, for example Health Department Letters (HDL), Chief Medical Officer (CMO) and Chief Nursing Officer (CNO) letters.
1a.3	The NHS board has a quality improvement programme, including audit, to review and assess local needs, and agree prioritisation of prevention and control of infection requirements.
1a.4	The NHS board complies with national mandatory HAI surveillance programmes.
1a.5	Data from mandatory HAI surveillance are used to influence prevention and control of infection activities.
1a.6	The NHS board has processes to ensure service level agreements and contracts with the independent sector and non-NHS contractors meet and comply with prevention and control of infection standards.

Standard 2: Patient focus and public involvement (PFPI)

Standard Statement 2a Patients, their family/carers, and the public are provided with HAI information relevant to their needs.	
Rationale Good information and a culture of openness are essential to maintaining public confidence in the delivery of healthcare by the NHS board. **References:** 1, 9, 18, 19	
Essential Criteria	
2a.1	The NHS board has a core set of up-to-date HAI information incorporating the areas detailed in the NHSScotland Code of Practice for the Local Management of Hygiene and Healthcare Associated Infection[9].
2a.2	There are effective systems to ensure HAI information is disseminated to patients, their family/carers in a format suitable to their needs.
2a.3	There are effective systems to ensure HAI information is readily available to the public in a format suitable to their needs.

Standard Statement 2b Members of the public have the opportunity to be involved in the planning and development of measures to prevent and reduce HAI.	
Rationale Public involvement helps to ensure that issues of concern to the public are included in the HAI programme of work. **References:** 18, 20	
Essential Criteria	
2b.1	There is evidence of collaboration between the NHS board PFPI lead and local services involved in prevention and control of infection.
2b.2	The NHS board demonstrates that members of the public are involved in infection prevention and control activities including: • environmental cleanliness reporting • the infection control committee, and • hand hygiene.

Standard 3: Prevention and control of infection

Standard Statement 3a The NHS board has policies, procedures and guidelines which create a healthcare environment that minimises the risk of infection to patients, visitors and staff, and are based on evidence, best practice and expert opinion.	
Rationale Effective prevention and control of infection is maximised through programmes of work and adherence to evidence-based policies. **References:** 4, 9, 21, 22, 23, 24, 25, 26, 27, 28, 29	
Essential Criteria	
3a.1	There is a prevention and control of infection manual available to all staff which is reviewed annually and as required.
3a.2	The prevention and control of infection manual reflects the level and quality of content set in the infection control model policies produced by Health Protection Scotland.
3a.3	Standard infection control precautions are implemented, and compliance and knowledge are monitored in all areas.
3a.4	The NHS board adheres to current antimicrobial prescribing guidelines.
3a.5	There is an up-to-date outbreak management plan that has been tested and evaluated.
Desirable Criteria	
3a.6	Compliance and knowledge are monitored against transmission-based policies, procedures and guidelines.
3a.7	There is additional targeted monitoring of policies identified as part of local risk assessment.

Standard Statement 3b
The NHS board has an annual prevention and control of infection work programme which clearly states the range of activities that will be undertaken to minimise the risk of infection within the NHS board area.

Rationale

An annual programme which defines explicit and measurable short-term goals is needed to document priorities and progress.

References: 4, 9, 21, 22, 26, 28, 30

Essential Criteria

3b.1	The annual prevention and control of infection work programme includes the following, as a minimum, targeted at identified priority areas: • policy development • review, dissemination and implementation of policies • surveillance that reflects national mandatory areas • audit plans • education activities • a communications plan, and • implementation of all activities in the programme.
3b.2	There is targeted local reporting on infection priorities identified from the annual prevention and control of infection work programme.
3b.3	There is a robust system for ongoing risk assessment as part of patient management.
3b.4	A comprehensive infection control report is produced on an annual basis and contains, as a minimum, reporting on the items detailed in criterion 3b.1.
3b.5	The annual infection control report is submitted to the risk management committee/group and the clinical governance committee/group.

Standard 4: Environment and equipment

Standard Statement 4a There is an agreed NHS board-wide system in place detailing and recording how often, and by whom, cleaning duties required by the NHSScotland national cleaning services specification[7] and Equipped to care[32] are performed.	
Rationale Maintenance of a clean environment plays a role in the prevention and control of infection. Clear lines of accountability are essential in ensuring that roles and responsibilities are fully understood. **References:** 7, 9, 23, 32	
Essential Criteria	
4a.1	Each NHS board healthcare premises has a formal allocation of cleaning duties and responsibilities, and effective systems to demonstrate adherence to it.
4a.2	The frequencies of environmental cleaning meet the NHSScotland national cleaning services specification[7] and are reflected in a cleaning schedule for each area within each healthcare environment.
4a.3	The frequencies of equipment cleaning meet the recommendations in the NHSScotland code of practice for the local management of hygiene and healthcare associated infection[9] and equipment is cleaned by clearly assigned staff groups.

Standard Statement 4b There is an agreed NHS board-wide system in place to regularly review proposed planning, construction refurbishment and ongoing maintenance of all healthcare environments which ensures that all infection risks posed by such activities are managed or eliminated.	
Rationale Maintenance of an environment that is conducive to prevention and control of infection is essential. **References:** 33, 34	
Essential Criteria	
4b.1	The NHS board clearly specifies environmental prevention and control of infection requirements with regards to proposed planning, construction, refurbishment and ongoing maintenance projects.
4b.2	The NHS board complies with Scottish health facilities note 30: version 2 Infection control in the built environment: design and planning[33] and HAI-SCRIBE (Healthcare associated infection system for controlling risk in the built environment) [34].
4b.3	There is a local protocol outlining the recognition of prevention and control of infection requirements and involvement of infection control and domestic services staff when purchasing items for use within the healthcare environment.

Standard 5: Education

Standard Statement 5a The NHS board develops a local action plan linked to the national strategy for HAI education and training together with an associated supporting infrastructure.	
Rationale Knowledge and skills are essential to assist staff to deliver the highest possible quality of care. Appropriate education for healthcare workers is central to the drive to diminish the impact of HAI on patient morbidity and mortality. **References:** 9, 35, 36	
Essential Criteria	
5a.1	The NHS board has: • an explicit strategy for education and training in relation to HAI • an explicit strategy for Continuing Professional Development (CPD) in relation to HAI • resources identified to deliver the organisation's strategic plans for HAI education • recording and reporting structures for monitoring uptake of programmes, specific to the HAI induction and CPD strategies • an explicit strategy for impact evaluation of the organisation's HAI education and training, and • an explicit strategy to support practice supervisors, trainers and educators to deliver HAI education.
5a.2	Practice supervisors, trainers and educators are able to demonstrate the maintenance of their own level of knowledge and skills in HAI and education through their annual appraisal processes.
5a.3	Healthcare workers, ie clinicians and support staff identify specific objectives for CPD in HAI within their annual personal development plan.
5a.4	There is a designated HAI education lead overseeing HAI education and training for the NHS board.
5a.5	There is a system for internal quality assurance of HAI education.
5a.6	There is evidence that HAI-related topics are covered in a variety of settings as part of the quality improvement and CPD systems of the NHS board.

Standard Statement 5b Nationally and locally identified priority areas for HAI education are addressed.	
Rationale The identification of nationally and locally identified priority areas for HAI education allows all staff to have the knowledge and skills to ensure a cohesive approach to improving patient care in NHSScotland. Failure to do so will compromise the quality of care delivered. **References:** 9, 36, 37	
Essential Criteria	
5b.1	The NHS board complies with A framework for mandatory induction training in healthcare associated infection (HAI) for NHSScotland[36].
5b.2	Promotion, uptake and completion of the Cleanliness Champion Programme to meet targets set by the SEHD can be demonstrated.
5b.3	The National education and training framework for domestic services[37] is implemented.
5b.4	There is opportunity provided for selected staff to undertake programmes on: • decontamination of reusable medical devices • antimicrobial prescribing • leadership/management for HAI teams/specialists • vascular access, including the use of care bundles • hand hygiene training, and • incident management.
Desirable Criterion	
5b.5	There is opportunity provided for selected staff to undertake programmes on other topics identified as local priorities.

6 Appendices

Appendix 1 Membership of the standards for healthcare associated infection project group

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Appendix 2 Evidence base

Appendix 3 Glossary

Appendix 1: Membership of the standards for healthcare associated infection project group

Name	Title	NHS board area/ organisation
Mr Robin Creelman (Chair)	Chair of the SEHD HAI Task Force Public Involvement & Communications Team	Highland
Ms Anne Armstrong	Divisional Nurse Director - Primary Care	NHS Lanarkshire
Ms Angela Brown	Area Domestic Manager	NHS Dumfries & Galloway. Representing the Association of Healthcare Cleaning Professionals (AHCP)
Ms Linda Carruthers	Senior Infection Control Nurse	NHS Fife. Representing the Infection Control Nurses Association (ICNA)
Dr Peter Christie	Senior Medical Officer	SEHD
Ms Carol Fraser	Nurse Consultant in Health Protection	NHS Lothian
Dr A Patrick Gibb	Consultant Microbiologist and Specialty Lead for Microbiology in NHS Lothian	NHS Lothian. Representing the Scottish Microbiology Forum
Mrs Liz Gillies	Director HAI Initiative	NHS Education for Scotland
Ms Claire Kilpatrick	Nurse Consultant Infection Control and Acting Team Lead - Infection Control Team	Health Protection Scotland, NHS National Services Scotland
Ms Audrey Mackenzie	Professional Adviser - Infection Control	Scottish Commission for the Regulation of Care
Mr John McKinnon	Infection Control Manager	NHS Grampian. Representing the Infection Control Managers Forum
Dr Geraldine O'Brien	Research Manager	NHS Health Facilities Scotland
Mr Joe Skinner	Clinical Risk Manager (Risk Manager since 30 April 2007)	NHS Greater Glasgow and Clyde (NHS Lothian since 30 April 2007)
Ms Margaret Tannahill	Nursing Adviser HAI and Communicable Disease	SEHD
Ms Eileen Wallace	NHS QIS public partner	Forth Valley
Mr Tony Wigram	Health and Safety Manager	Scottish Ambulance Service

Support from NHS QIS is provided by the Standards Development Unit:
Mr Moray Baylis (Project Officer), Ms Hilary Davison (Team Manager), Ms Clare Echlin (Senior Project Officer) and Miss Louise Fitzpatrick (Project Administrator).

Appendix 2: Evidence base

1 Scottish Executive Health Department. Preventing infections acquired while receiving healthcare: The Scottish Executive's action plan to reduce the risk to patients, staff and visitors. Edinburgh: The Scottish Executive; 2002 [cited 2007 Jun 27]; Available from: http://www.scotland.gov.uk/Resource/Doc/46997/0013946.pdf

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Appendix 3: Glossary

accountability	Answerability. Responsibility to someone for an activity or service performed.
antimicrobial	An agent that kills micro-organisms.
assessment	The process of measuring patients' needs or the quality of an activity, service or organisation.
audit	Systematic review of the procedures used for diagnosis, care, treatment, rehabilitation, examining how associated resources are used and investigating the effect care has on the outcome and quality of life for the patient.
cleaning	A process which physically removes contamination but does not necessarily destroy micro-organisms. The reduction of microbial contamination is not routinely quantified and will depend upon many factors, including the efficiency of the cleaning process and the initial bioburden. Cleaning removes micro-organisms and the organic material on which they thrive. It is a necessary pre-requisite of effective disinfection or sterilisation.
clinical governance	The system through which NHS organisations are accountable for continuously monitoring and improving the quality of their care and services, and safeguarding high standards of care and services.
clinical guidelines	Systematically developed statements, which help in deciding how to treat particular conditions.
CMO letter	A formal communication from the Chief Medical Officer to NHSScotland.
CNO letter	A formal communication from the Chief Nursing Officer to NHSScotland.
evaluation	The study of the performance of a service (or element of treatment and care) with the aim of identifying successful and problem areas of activity.
guidelines (non-clinical)	A document which presents operational good practice in a way that can guide day-to-day activities within an organisation.
HAI	See healthcare associated infection.
hand hygiene	Hand hygiene is a term used to encompass all methods of hand decontamination. It includes hand washing using water and soap or a detergent based cleanser, with or without antimicrobial activity, or an alcohol based hand disinfectant.
HDL (Health Department Letter)	A formal communication from the Scottish Executive Health Department to NHSScotland.
healthcare associated infection (HAI)	An infection acquired via the provision of healthcare in either a hospital or community setting.
healthcare professional	A person qualified in a health discipline.
infection	Invasion and multiplication of harmful micro-organisms in body tissues.
infection control nurse (ICN)	A registered general nurse, normally with higher specialist training in infection control.

infection control doctor (ICD)	Normally a consultant microbiologist with knowledge of infection control. The infection control doctor normally provides leadership to the infection control team.
infection control manager (ICM)	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.
infection control team (ICT)	A team within an NHS board which has prime responsibility for all aspects of surveillance, prevention and control of infection.
microbiology	The science of micro-organisms. Microbiology in relation to medicine is concerned mainly with the isolation and identification of the micro-organisms that cause disease.
micro-organism	An organism too small to be seen with the naked eye. The term includes bacteria, fungi, protozoa and viruses.
monitoring	The systematic process of collecting information on the performance of clinical or non-clinical activities, actions or systems. Monitoring may be intermittent or continuous. It may also be undertaken in relation to specific incidents of concern or to check key performance areas.
MRSA	Methicillin-resistant *Staphyloccus aureus*
multidisciplinary	An approach combining the knowledge, skills and expertise of a range of organisations and professionals.
national guidelines	Guidelines defined at national level. See guidelines (non-clinical) and clinical guidelines.
NHS board	One of the 22 NHS boards that make up NHSScotland, and all staff employed by them. There are 14 territorial boards that are responsible and accountable for strategic planning, service delivery, performance management and governance within their local areas. Eight special health boards offer supporting services nationally.
peer review	Review of a service by those with expertise and experience in that service, either as a provider, user or carer, but who are not involved in its provision in the area under review. In the NHS QIS approach, all members of a review team are equal.
policy	The highest level statement of intent and objectives within an organisation. A policy can also be a required process or procedure within an organisation.
procedure	Operational instructions to regulate activity.
protocol	Operational instructions to regulate activity. Protocols may be national, or agreed locally to take into account local requirements.
quality assurance (QA)	Improving performance and preventing problems through planned and systematic activities including documentation, training and review.
quality improvement programme (QIP)	A set of continuously repeated steps involving real time; data collection, analysis, evaluation, feedback and well informed actions designed to continuously optimise healthcare and minimise any risk of negative outcome for healthcare users.

risk management	Systematic approach to the management of risk, staff and patient/client/user safety, to reducing loss of life, financial loss, loss of staff availability, loss of availability of buildings or equipment, or loss of reputation. Risk management involves identifying, assessing, controlling, monitoring, reviewing and auditing risk.
scoping exercise	Before a project can begin, its purpose and targets need to be agreed. This also means looking in an organised way at the range and depth of work to be undertaken, planning, assessment of risks, and the resources and expertise required.
Scottish Executive	The devolved government for Scotland.
Scottish Executive Health Department (SEHD)	The Scottish Executive Health Department is responsible for health policy and the administration of NHSScotland. Website address: www.show.scot.nhs.uk/sehd
self-assessment	Assessment of performance against standards by the individual/clinical team/NHS operating division/NHS board providing the service to which the standards are related. See assessment.
surveillance	The ongoing systematic collection, analysis and interpretation of health data essential to the planning, implementation, and evaluation of public health practice, closely integrated with the timely dissemination of these data to those who need to know.

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