



NOT PROTECTIVELY MARKED

Public Board Meeting

27 March 2024

Item 12

THIS PAPER IS FOR DISCUSSION

**PATIENT AND STAFF SAFETY—
HEALTHCARE ASSOCIATED INFECTION (HAI) UPDATE REPORT**

Lead director Author	Emma Stirling, Director, Care Quality and Professional Development Sarah Freeman, Head of Infection Prevention and Control (IPC)
Action required	The board is asked to discuss and note this report.
Key points	<ul style="list-style-type: none"> • The IPC Programme of Work for 2023/2024 continues and update is provided in the report (Page 3). • The proposed audit scoring matrix will be reviewed at the next at the next meeting of the ICC. This change will allow the IPC team to devote more time to support to staff and managers in stations where scores are in the amber or red category (Page 2). • Transmission based consultant review is continuing and we are now entering phase 2 (round 2) of the consultation with all comments on the forms should be returned by 11 March 2024 (Page 3-4). • ARHAI and NHS Assure have agreed to support SAS's request for review of the current ambulance design for patients with high consequences infectious disease (Page 4). • Compliance with the Peripheral Venous Catheter (PVC) bundle remains above the target of 95% (Page 4).
Timing	This paper is presented to the Board bimonthly in the Scottish Government's prescribed template.
Associated Corporate Risk identification	Risk ID 4636—Health and Wellbeing of staff
Link to corporate ambitions	<p>We will</p> <ul style="list-style-type: none"> • work collaboratively with citizens and our partners to create healthier and safer communities • innovate to continually improve our care and enhance the resilience and sustainability of our services

Link to NHS Scotland's quality ambitions	The work and information cited in this report supports the Service in its contribution to safe and effective care.
Benefit to patients	Safe clinical practices and a clean environment and patient-care equipment protect patients from the risk of HAI.
Equality and diversity	HAI policies are based on NHS Scotland HAI policy and guidance and apply to all staff and patient groups. ARHAI and Healthcare Improvement Scotland (HIS) conduct equality-impact assessments on all HAI national guidance, policy and standards. The reported hand hygiene, SICPs and cleanliness audit results are a mandatory HAI requirement related to national policy and guidance.

Healthcare Associated Infection (HAI) Report

Infection Prevention and Control Programme of Work

The Scottish Ambulance Service's (SAS's) Infection Prevention and Control (IPC) Programme of Work for 2023/2024 was developed on behalf of the service's Infection Control Committee (ICC). The IPC team are responsible for developing and facilitating the programme's implementation. Clearly, however, ensuring IPC is not the domain solely of our ICC and teams. Everyone has IPC responsibilities.

The ICC and IPC team continue to advance the 2023/2024 Programme of Work, but it is anticipated that some deliverables may be delayed beyond the March 2024 deadline, as achieving them depends on national policy and education organisations completing their deliverables on time. The ICC will be updated on progress on 20 March 2024. The delays pose no risk to patients or staff.

Review of Policies/Guidance

All IPC policies and guidance can be found on @SAS and JRCALC. The IPC team will continue to liaise with national organisations regarding changes to the national IPC manual and will inform those organisations and the ICC when making necessary changes.

Programme of Audit

The National Cleaning Services Specification (NCSS) is mandatory, and IPC audits of stations and vehicles remain a priority as reflected in the Programme of Work 2023/2024. Monitoring the audits and adhering to the NCSS is a fundamental element and priority of the IPC work programme, and we continue with this and strive to maintain our target of 90%.

The IPC team are conducting a review of the comprehensive IPC audit programme of ambulance vehicles and stations (known as the RIVO audits), which are carried out every six months whether or not they score consistently over the year have a score of 90% compliance or above over the year. The proposed audit scoring matrix, which will be discussed at the next meeting of the ICC, will advise that the audit programme be aligned with risk using a green, amber and red scoring system. This change will allow the IPC team to devote more time to support to staff and managers in stations where scores are in the amber or red category.

The SAS IPC team completed the monitoring of Standard Infection Control Precautions (SICPs) at 29 emergency departments, including departments in remote and rural areas, the Western Isles and the Shetland and Orkney Islands. The results have been collated and shared with the regional directors. The Service's overall compliance rose to 95% in 2023 from 92% in 2022.

Transmission-Based Precautions Consultations

The Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) team have undertaken a literature review of transmission-based precautions (TBPs) within Chapter 2 of the national IPC manual. Staff are required to implement TBPs as additional precautions when caring for patients with a known or suspected infection or colonisation in cases in which SICPs (which are applied to all patients at all times) may not be sufficient to prevent the transmission of infection to others.

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Their findings and recommendations in phase 1 ‘demonstrate that the current definitions of “droplet” and “airborne” transmission are not supported in the literature and should be discontinued and ... replaced’. Phase 1 of the consultation (round 1) on the TBP definitions literature review was completed in October 2023. We are now entering phase 2 (round 2) of the consultation, including distribution of Part B of the Considered Judgement Forms, which outline the draft TBP recommendations and considerations, such as predicted benefits, harms and feasibility concerns. Comments on the forms should be returned by 11 March 2024.

HAI and the Built Environment

The Head of the IPC team and the infection control doctor continue to contribute to the project of ensuring that future aircraft design meets the IPC requirements for airborne, droplet and contact routes of transmission as well as compliance with the national IPC manual.

There have been no new builds or refurbishing of SAS premises in the past six months. Therefore, the IPC have undertaken no HAI System for Controlling Risk in the Built Environment (SCRIBES) assessments. In partnership with our Health and Safety (H&S) colleagues, we have provided a comprehensive list of tasks/refurbishments of station premises based on risk assessment from the IPC and H&S perspectives.

ARHAI and NHS Assure have agreed to support SAS’s request for review of the current ambulance design for patients with high consequences infectious disease. Engineering specialists for NHS Assure will support this project. They deem that SAS transport vehicles do not fall within their remit in the healthcare built environment but say that they can support the project on general ventilation principles. Considering the non-routine nature of the request, SAS have been informed that a memorandum of understanding is required.

Peripheral Venous Catheter Insertion Bundle

Compliance with the PVC bundle remains above the target of 95%, December 96.5%, January 96.9% and February 96.2%.

Conclusion

The main components of the IPC programme and other projects continue to support the Service in preventing and reducing the risk of infection and providing safe and effective care to our patients and staff.

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