

NOT PROTECTIVELY MARKED

Public Board Meeting

**May 2019
Item No 11**

THIS PAPER IS FOR DISCUSSION

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

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|---------------------------------|--|
| Lead Director Author | Claire Pearce, Director of Care Quality and Strategic Development Susan Wilson, Head of Infection Prevention and Control |
| Action required | The Board is asked to note/discuss this update report. |
| Key points | <p>Scottish Ambulance Service overall hand hygiene compliance remains in the range of 90-92% with all Regions/sub-regions achieving above the 90% target in April. West Region North has sustained improved compliance in the last few months. Overall compliance with all elements of Standard infection control precautions (SICPs) continues to indicate sustained good practice (Pages 3 & 5-10).</p> <p>The monitoring results for cleanliness of the healthcare environment continue to be maintained above the 90% target (Pages 3 & 5 - 10)</p> <p>The Scottish Health Protection Network- Health Protection Preparedness Group has set up a sub-group to look at High Consequence Infectious Diseases (HCIDs) (Page 4)</p> <p>Further to the previous report noting discussion at the Infection Control Committee concerning seasonal issues with birds nesting the Clinical Governance Committee has requested enhanced reporting around this (Page 4)</p> <p>Overall compliance with the recorded use of the PVC insertion bundle was maintained at around 95% during March and April 2019. (Page 4).</p> <p>The Infection Prevention and Control Programme 2019/20 has been approved by the Infection Control Committee and Clinical Governance Committee. This is attached as an appendix for noting (Appendix A)</p> |
| Timing | This paper is presented to the Board bi-monthly in the Scottish Government's prescribed template. |

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| Link to Corporate Objectives | 2.1 - A patient safety work programme must include ongoing work to prevent and reduce the risk of HAI for patients, staff and the public. |
| Contribution to the 2020 vision for Health and Social Care | The work and information referred to in this report supports the Service in its contribution to the 2020 Vision for Health and Social Care in relation to Safe and Effective Care. |
| Benefit to Patients | Safe clinical practices, a clean environment and patient care equipment protect patients from the risk of Healthcare Associated Infection (HAI). |
| Equality and Diversity | Healthcare Associated Infection (HAI) policies apply to all staff and patient groups. These are based on NHS Scotland HAI policy and Guidance. Health Protection Scotland (HPS) and Healthcare Improvement Scotland (HIS) conduct equality impact assessment on all HAI national guidance, policy and standards. The hand hygiene, Standard Infection Control Precautions (SICPs) and cleanliness audit results reported are a mandatory HAI requirement related to national policy and guidance. |

Healthcare Associated Infection Report

May 2019

Hand Hygiene

Scottish Ambulance Service overall hand hygiene compliance remains in the range of 90% - 92% with compliance for March and April 91% and 92% respectively. One sub-region – South East compliance dropped to 89% in March but improved again to 92% in April. All other regions/sub-regions achieved in the range of 91-93% over both months. West Region North has sustained improved compliance of 90% and above in five monthly audits in the last 6 month period; which is a significant improvement on the previous year. Non-compliance observed during the audits is raised with staff at the time to improve knowledge and future practice. World Health Organisation (WHO) annual Global Hand Hygiene Campaign Day on 5th May was highlighted to staff in the Chief Executives weekly update.

Hand hygiene compliance run charts for Scottish Ambulance Service overall and each Region/sub-region are reported in section 2.

Standard Infection Control Precautions (SICPs) Audit:

Compliance with all elements of Standard Infection Control Precautions (SICPs) indicates sustained good practice with compliance for March and April 2019 at 96%. Region/sub-regional overall results were in the range of 92 - 98% for that period. Overall SICPs compliance and results for each individual element of SICPs are reported to Regional management for dissemination to staff and improvement action. Monthly SICPs compliance is also communicated on @SAS.

Cleaning and the Healthcare Environment

Scottish Ambulance Service overall and Regional compliance against NHS Scotland's National Cleaning Services Specification (NCSS) continues to meet the required standard for both cleanliness and general fabric (Estates) of stations and ambulances.

The NCSS estates score only relates to issues that impact on the ability to clean an area effectively and can fall below the required 90% in some older stations. Regional results by station are reported to Management who are responsible for addressing rectifications and recording this on Health Facilities Scotland (HFS) Facilities Management System.

NCSS Cleanliness and estates monthly compliance results for Scottish Ambulance Service overall and each Region/Sub-Region in the last year are reported in section 2.

Please note: There were no NCSS Cleanliness audits conducted in East Region-South East in July 2018 as the auditor was prioritising audits in East Central.

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| Doc: HAI update Board | Page 3 | Author: Head of Infection Prevention & Control |
| Date: 2019-01-30 HAI Update | Version 1.0 | Review Date: July 2019 |

Outbreaks/Incidents:

The Scottish Health Protection Network- Health Protection Preparedness Group has set up a sub-group to look at High Consequence Infectious Diseases (HCIDs). Scottish Ambulance Service is represented on the group whose key objective is to develop a patient pathway. The main HCIDs currently are considered to be – Viral Haemorrhagic Fevers e.g. Ebola, Middle East Respiratory Syndrome Coronavirus (MERS CoV) and Avian Influenza.

The weekly data provided by Health Protection Scotland (HPS) indicating NHS Scotland Hospital ward closures due to Norovirus is circulated to Ambulance Control Centres (ACCs) for information.

Clinical Governance Committee – Reporting on Seasonal Issues with Birds in Station Garage Areas:

Further to the previous report in February 2019 noting discussion at the Infection Control Committee concerning seasonal issues with birds nesting in station garage areas and the agreement that any associated risk was low; the Clinical Governance Committee requested enhanced reporting around this. Therefore, it has been agreed that Estates Department will report to the Infection Control Committee concerning logged calls to the help desk regarding birds/vermin and the current status on action taken.

Peripheral Venous Catheter (PVC) Insertion Bundle:

Service overall compliance with recording application of the PVC insertion bundle was maintained just above 95% in March and April 2019.

Infection Prevention and Control Annual Programme - Healthcare Associated Infection /Antimicrobial Resistance 2019/20:

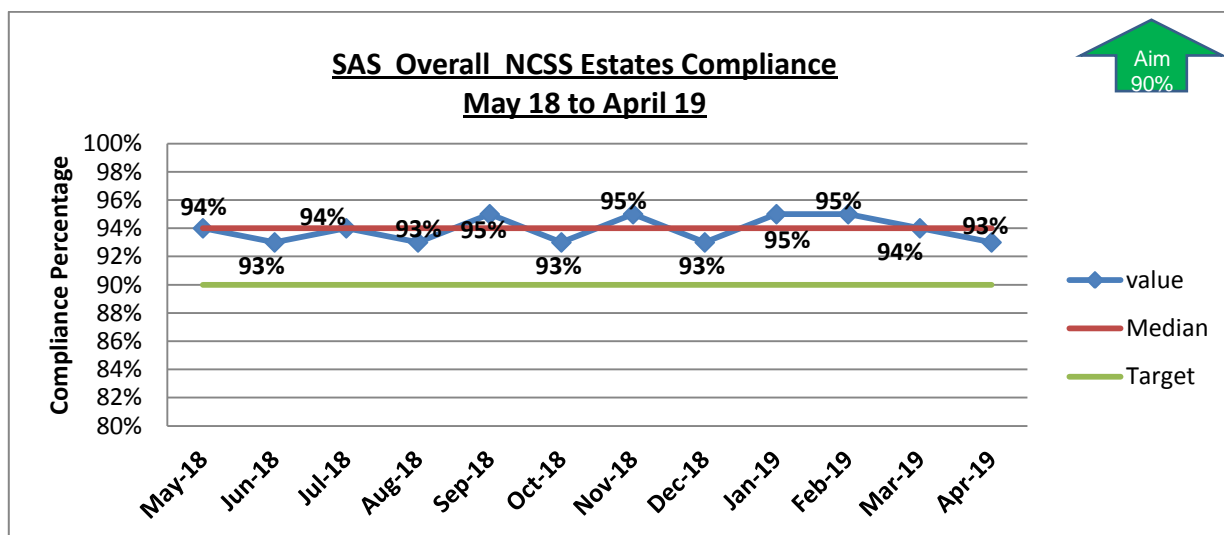
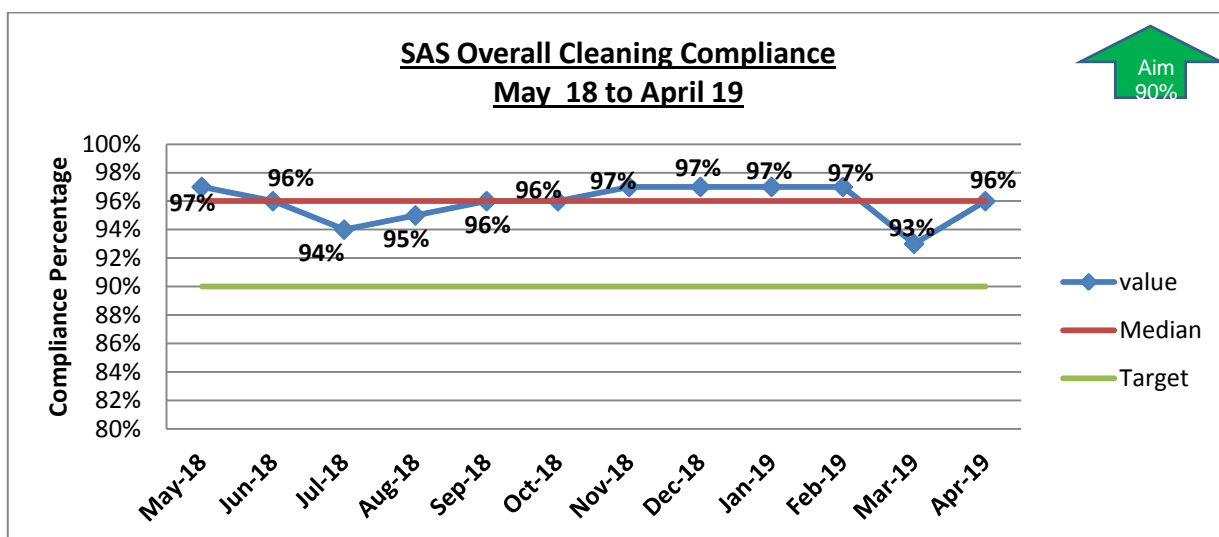
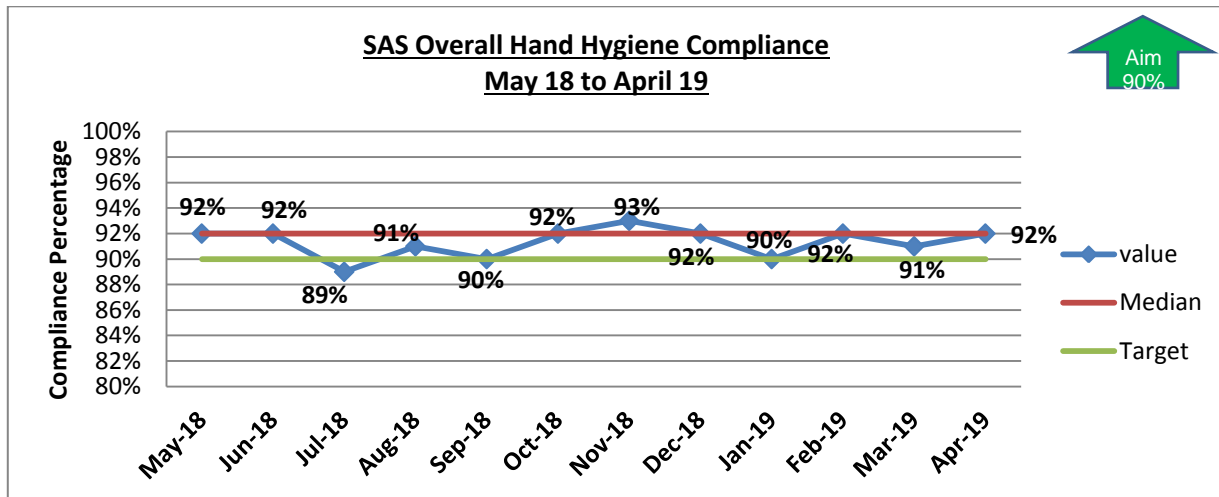
Following wide circulation for consultation, the annual Infection Prevention and Control (IP&C) – Healthcare Associated Infection/Antimicrobial Resistance (HAI/AMR) Programme 2019/20 was approved by the Infection Control Committee and was approved by the Clinical Governance Committee at its meeting on 13th May subject to minor amendment. The amended version is attached (Appendix A). The programme aligns with NHS Scotland's national HAI/AMR Delivery plan in the context of the pre-hospital setting and is provided to the Board for noting.

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| Doc: HAI update Board | Page 4 | Author: Head of Infection Prevention & Control |
| Date: 2019-01-30 HAI Update | Version 1.0 | Review Date: July 2019 |

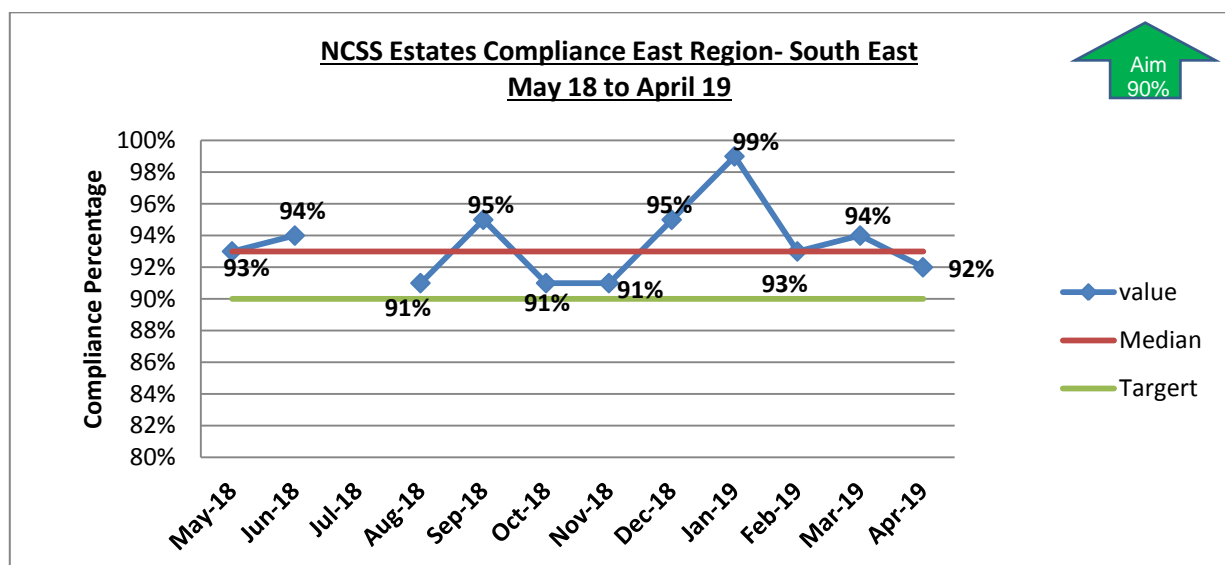
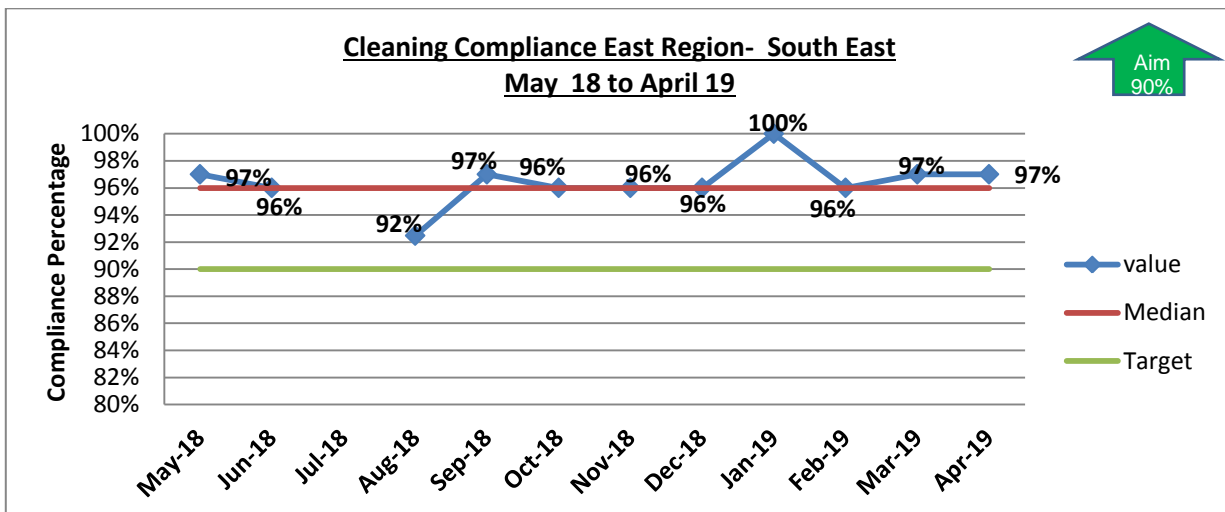
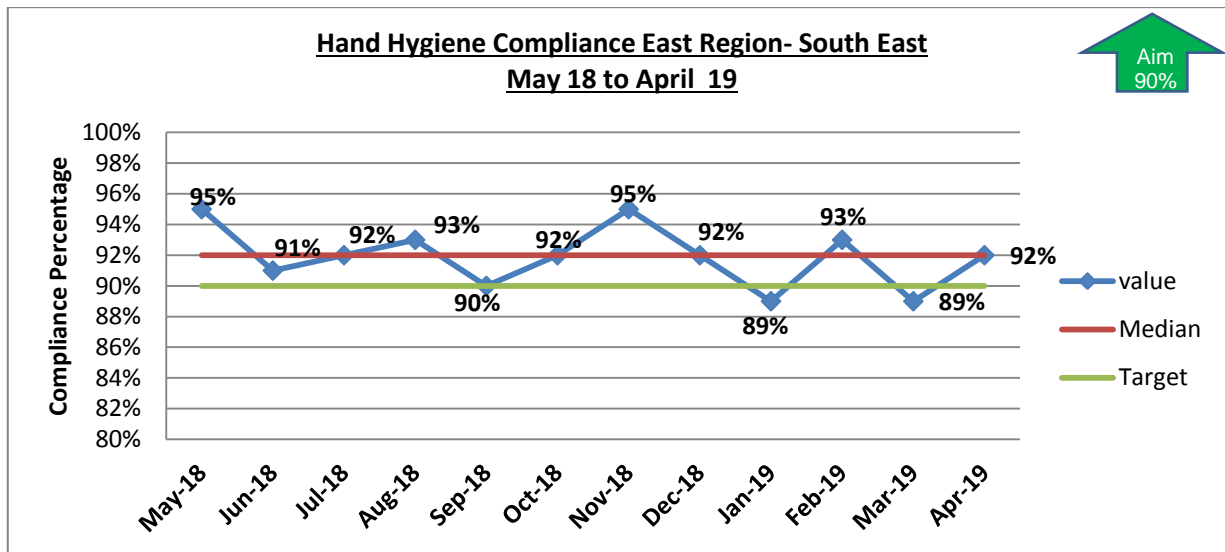
Section 2 – Hand Hygiene and National Cleanliness Standards (NCSS) Compliance

The following series of Run Charts provide information for the Scottish Ambulance Service overall and each Region/ sub-region on hand hygiene and NCSS cleaning compliance for the period May 2018 – April 2019.

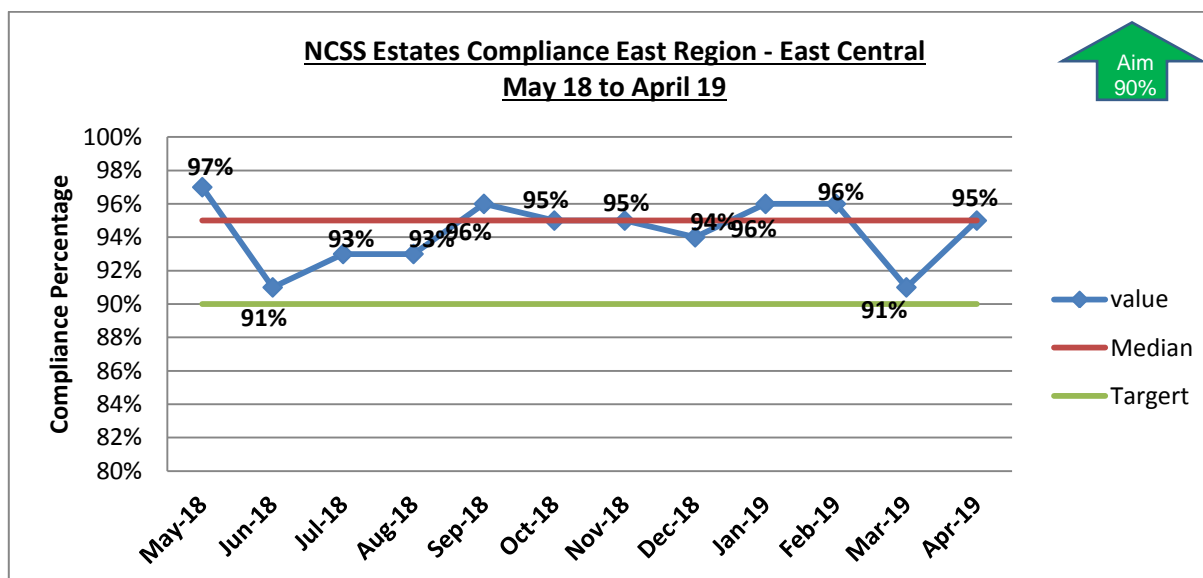
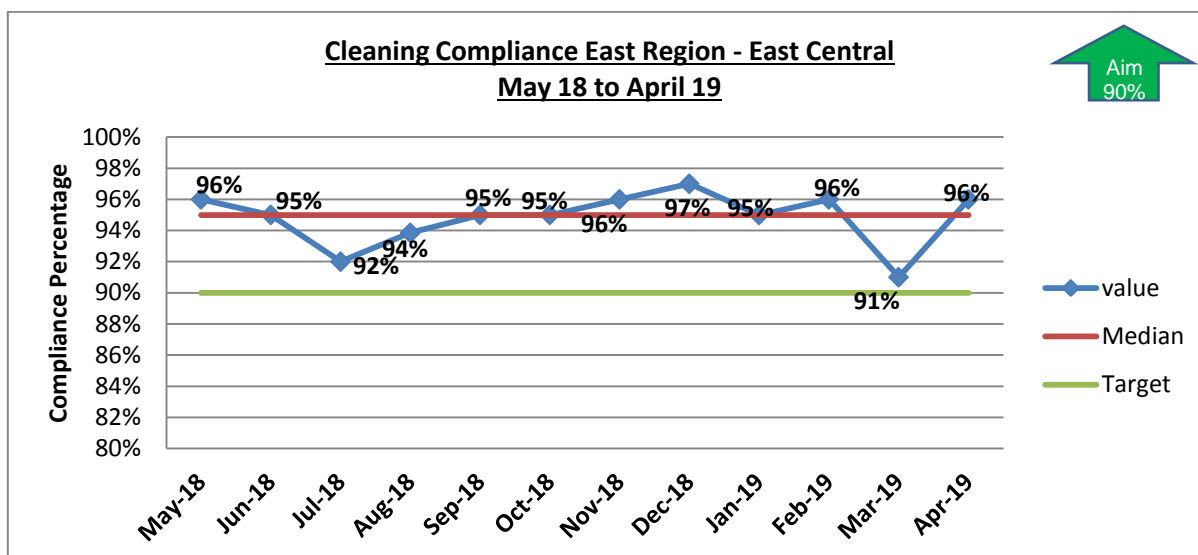
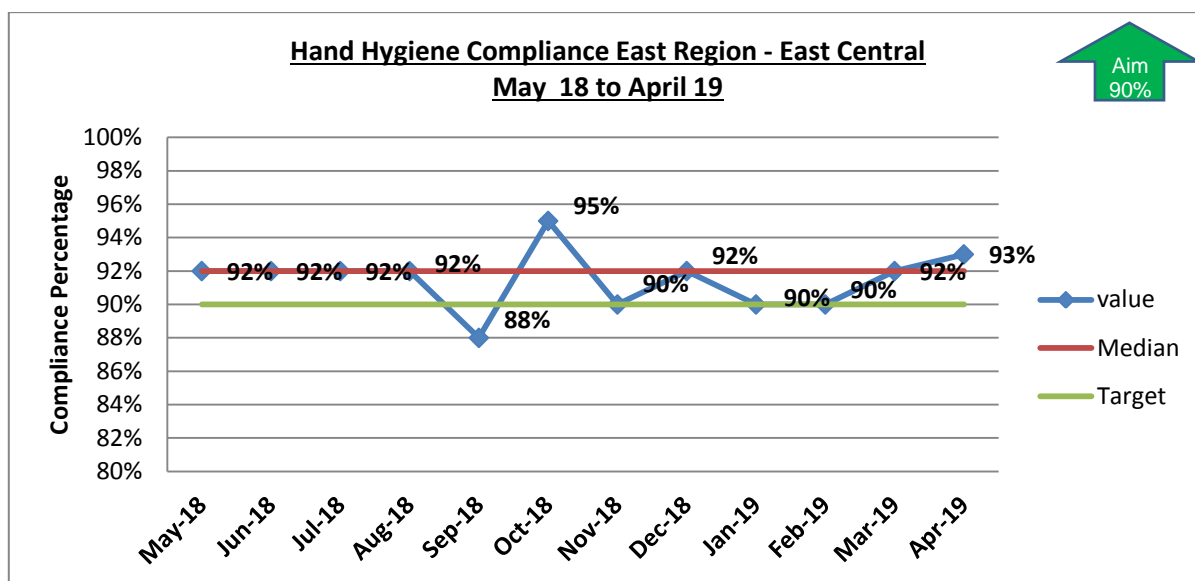
SCOTTISH AMBULANCE SERVICE OVERALL REPORT CARD



EAST REGION - SOUTH EAST REPORT CARD

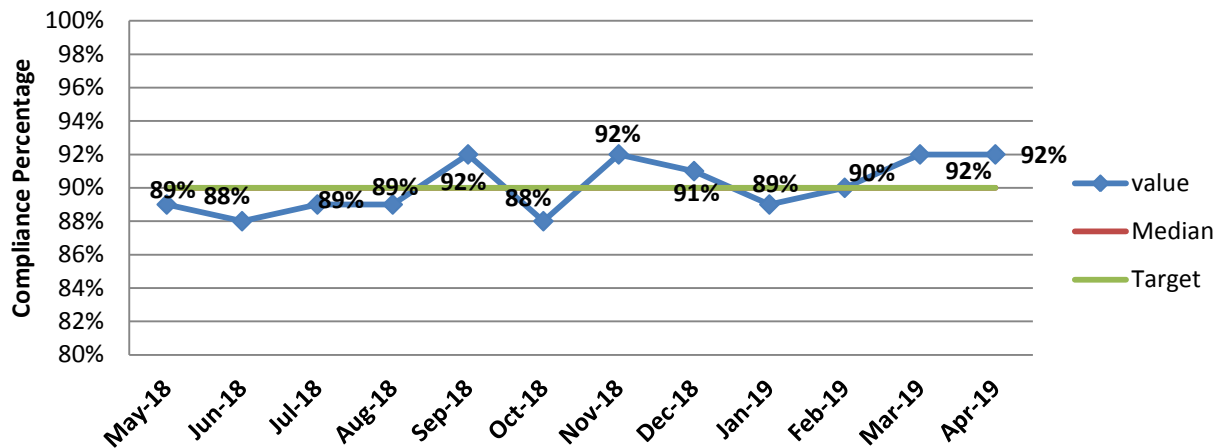


EAST REGION - EAST CENTRAL REPORT CARD

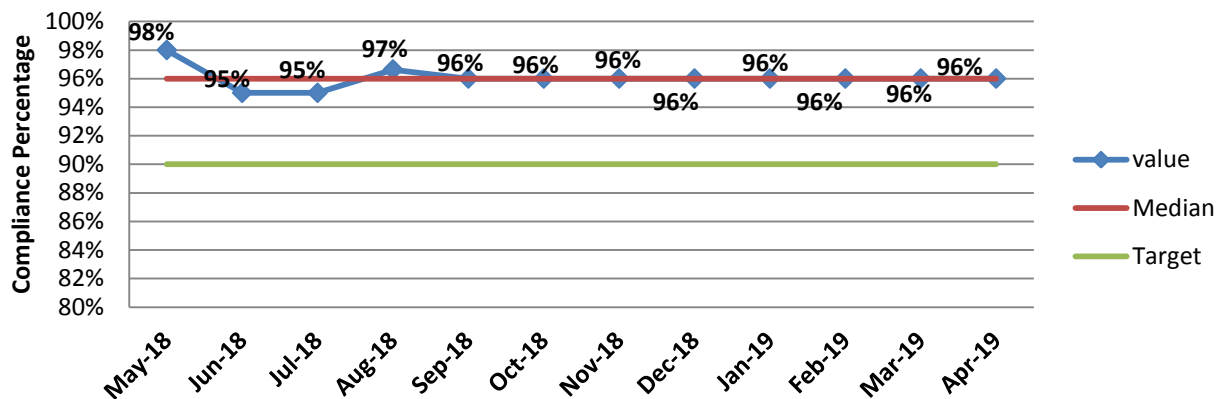


WEST REGION NORTH - REPORT CARD

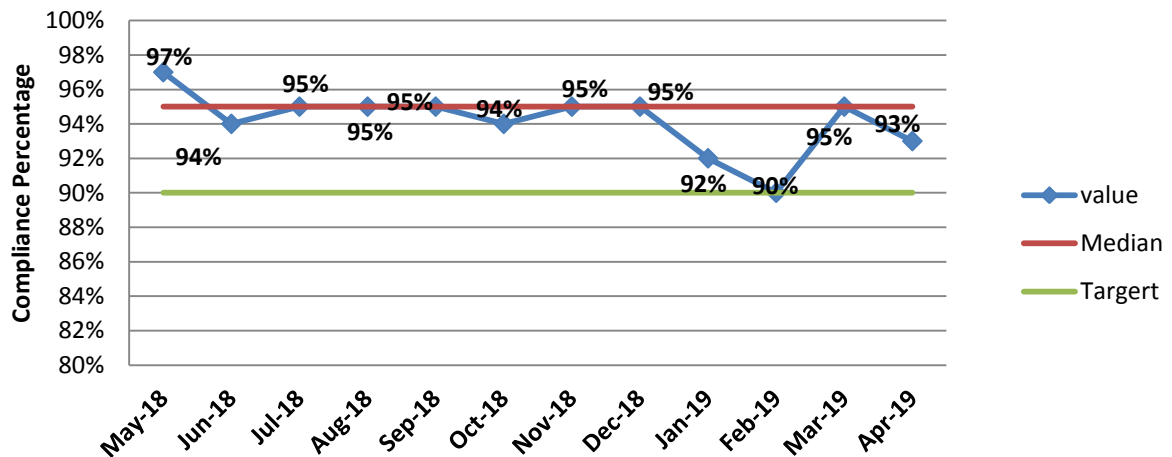
Hand Hygiene Compliance West Region North May 18 to April 19



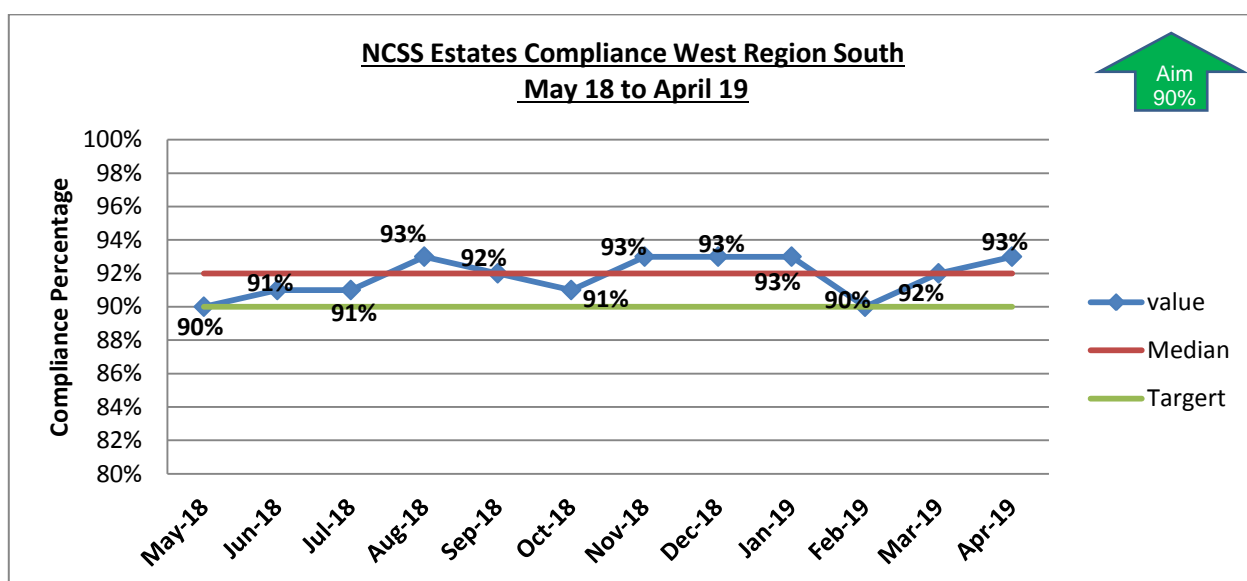
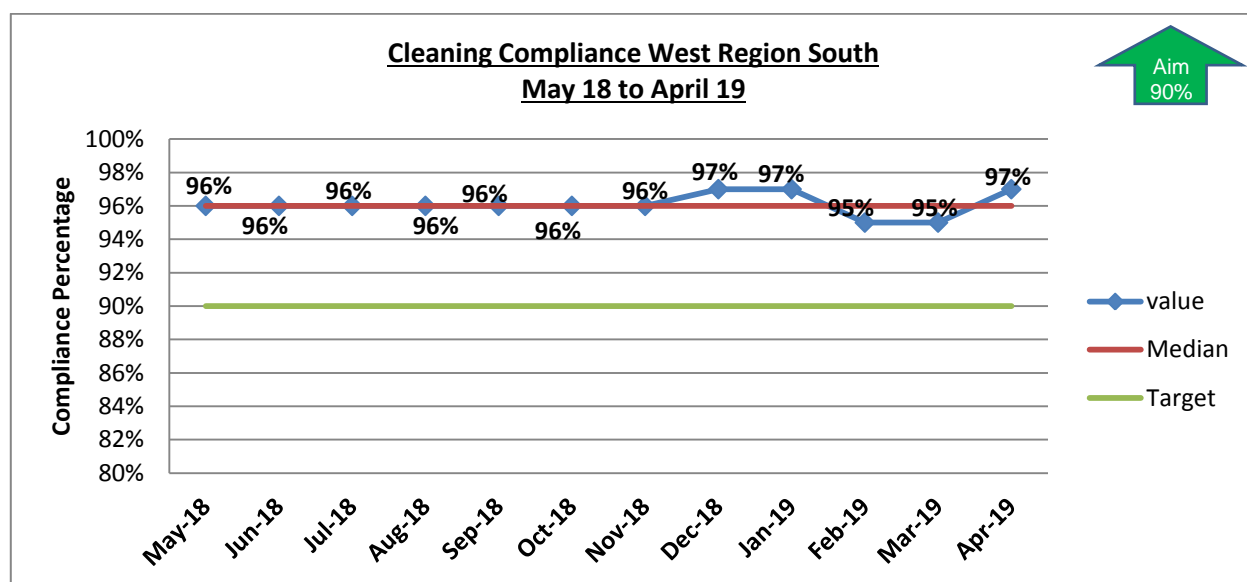
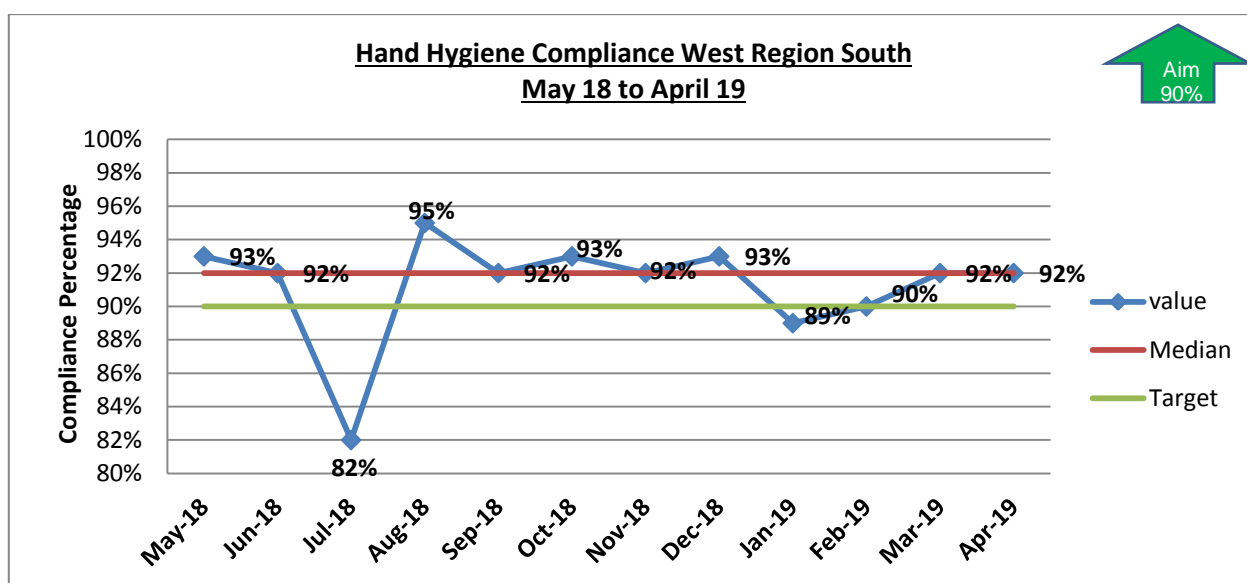
Cleaning Compliance West Region North May 18 to April 19



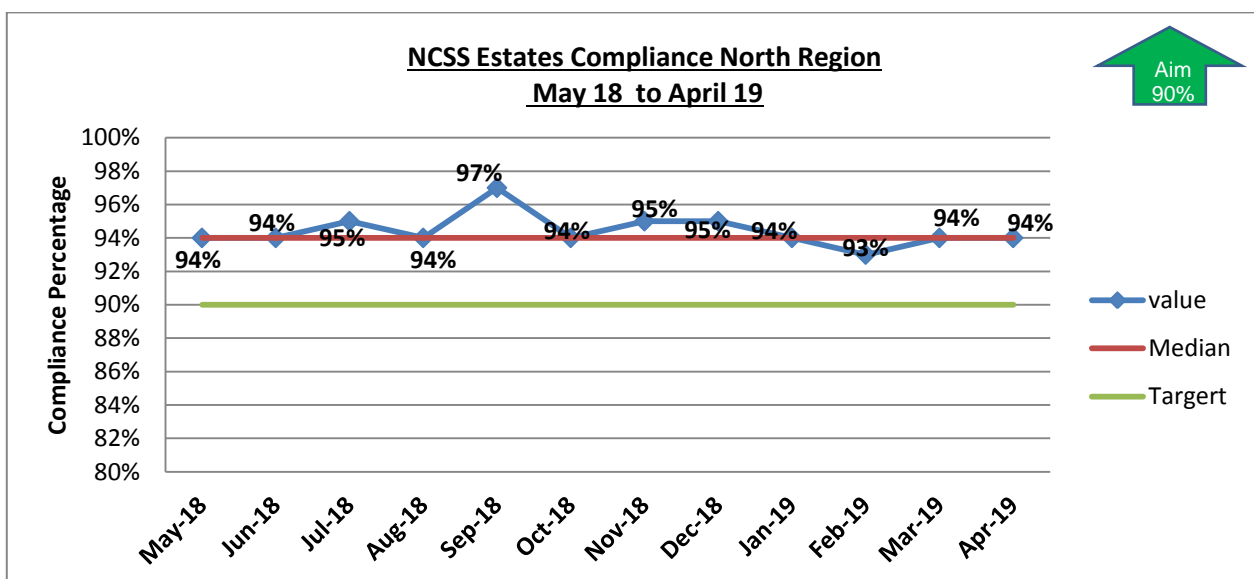
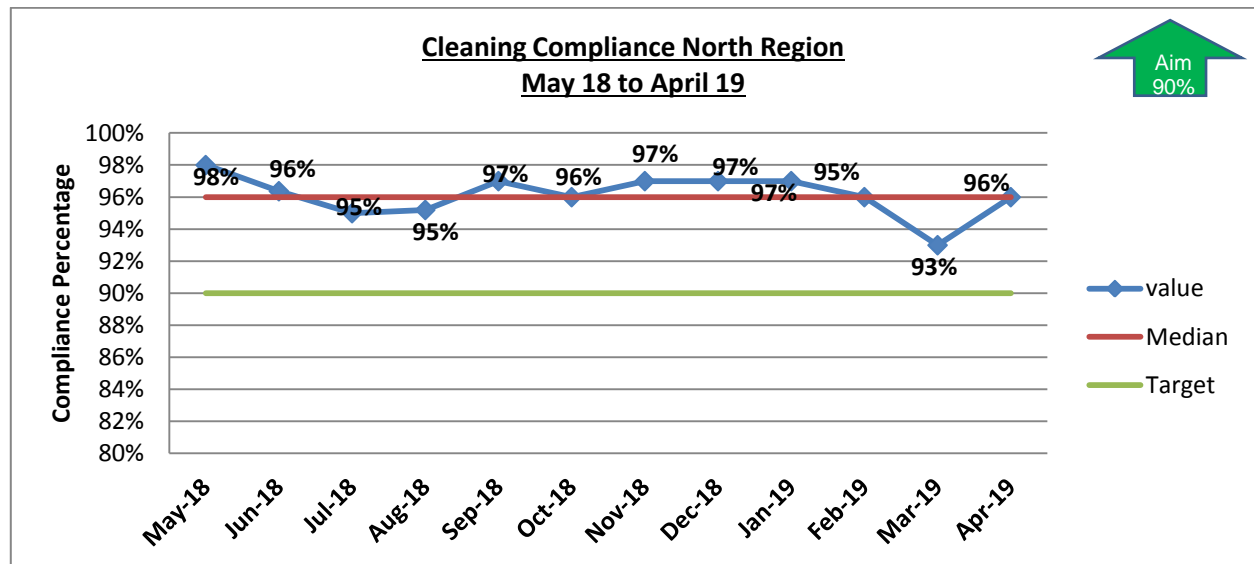
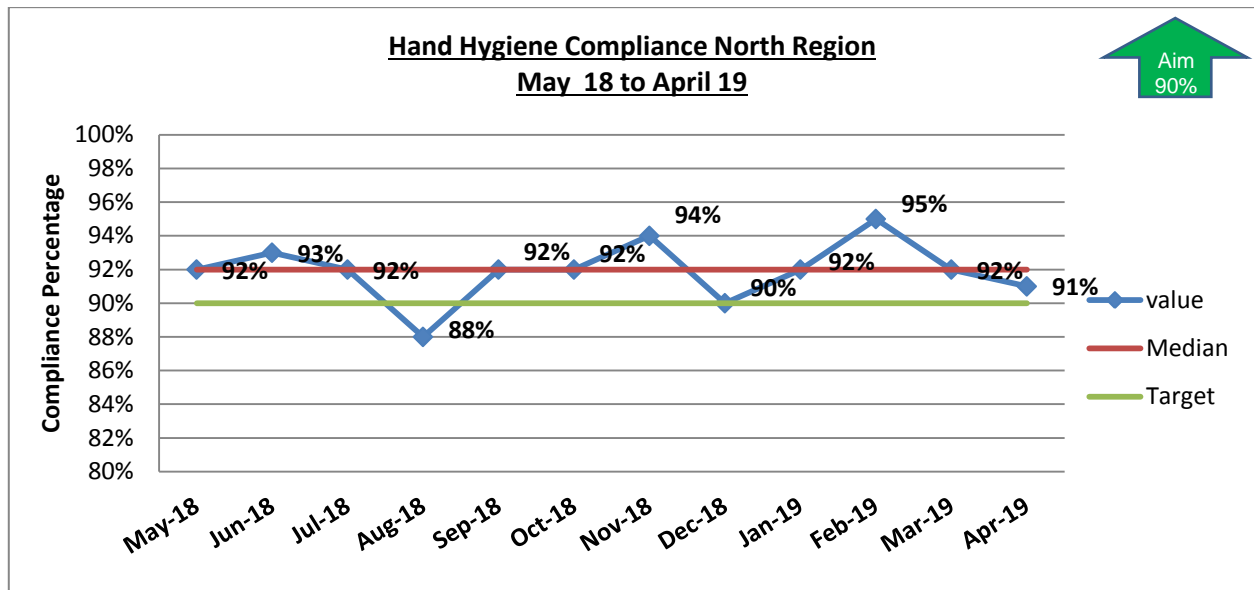
NCSS Estates Compliance West Region North May 18 to April 19



WEST REGION - SOUTH REPORT CARD



NORTH REGION REPORT CARD





**INFECTION PREVENTION & CONTROL
HEALTHCARE ASSOCIATED INFECTION/ANTIMICROBIAL RESISTANCE ANNUAL PROGRAMME &
IMPLEMENTATION PLAN
2019–2020**

Approved By:

| Name | Date | Signature/Chair Signature |
|-------------------------------|-------------|----------------------------------|
| Infection Control Committee | | |
| Chief Executive | | |
| Clinical Governance Committee | | |

NHS SCOTTISH AMBULANCE SERVICE

Scottish Government Health and Social Care Directorate's 5 year Healthcare Associated Infection/Antimicrobial Resistance (HAI/AMR) Strategy Framework (2016) continues to build on previous achievement in supporting zero tolerance to avoidable healthcare associated infection, preventing transmission of infection and containing antimicrobial resistance. The Strategy includes the production of annual national delivery plans which NHS Scotland Boards must ensure their annual Infection Prevention and Control Programmes align to.

This annual Infection Prevention and Control Programme 2019/20 continues to focus on the key delivery areas of the current AMR/HAI Delivery Plan; in the context of the pre-hospital ambulance setting. The Programme also addresses specific quality improvement initiatives in relation to the pre-hospital setting, with the aim of further improving safe, effective care for patients and a safe environment for staff. The programme also addresses requirements of the HAI standards (2015), the National Infection Prevention and Control Policy Manual and other national guidance.

The Health and Social Care Delivery Plan (2016) focused on care being provided to the highest standard of quality and safety in all settings; with the majority being delivered through expanded Community Health Services resulting in less hospital admissions. There are significant challenges to ensuring the delivery of safe and clean care in the pre-hospital setting, as often treatment is provided out with the ambulance clinical environment. Scottish Ambulance Service remains committed to implementation of comprehensive work plans to ensure the prevention and control of Healthcare Associated Infection (HAI).

Scottish Ambulance Service Strategy 'Towards 2020 – Taking Care to the Patient' incorporates a 'see and treat' model of patient care where patients are treated in their own homes or by local services rather than transported to hospital; this requires ambulance staff to deliver enhanced levels of care, with a potentially increased risk of HAI. The Infection Prevention and Control Team work closely with Education and Professional Development and the Clinical Directorate to ensure delivery of infection prevention and control education that is relevant to individual roles, evidence based and meets current guidance. Staff supervision and support alongside a comprehensive infection prevention and control audit programme helps ensure that both theoretical knowledge and policy and procedure is applied in everyday practice.

This annual programme provides a framework to ensure the ongoing delivery of safe and effective patient care; acknowledging that everyone has a responsibility for the prevention and control of HAI.

Whilst it is the responsibility of the Infection Prevention and Control Team to develop and facilitate implementation of the annual programme it is the responsibility of the Executive team, Regional Directors/Management, clinicians and other departments' e.g. Estates, Fleet, Procurement, IT, Education and Finance to engage in implementation; to ensure infection prevention and control is fully embedded across the service.

The Programme will be widely circulated for consultation (**see list - appendix 1**) and requires formal approval by the Infection Control Committee, Chief Executive and Clinical Governance Committee. Progress against the annual work programme will be supported and monitored by the Infection Control Committee (ICC). Any risks associated with the delivery of the work plan or amendments to the content will be brought to the attention of the ICC, Clinical Governance Committee and Board. As priorities can change over the course of a year there may be a need to re-prioritise some areas of the programme which could impact on forecast completion dates.

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Infection Prevention and Control Programme Associated Delivery Costs:

It is difficult to provide exact costs associated with the progression of work in the annual Programme, however the main areas likely to incur financial cost include:

- Costs associated with the mandatory public involvement requirements for NCSS Cleanliness monitoring. The costs cover travel/expenses incurred by public representatives. As in previous years it is not anticipated that these costs will be significant and as before will be covered by the Infection Prevention and Control Department budget.
- Funding to continue to address HEI requirement to improve storage for linen (blankets) and patient care equipment/medical devices in some stations across the Service. Significant work has been completed across Regions, but some stations require further work. Any associated costs require to be met by Regions, The Infection Prevention and Control Team will continue to provide advice on options for individual sites.

In line with the National AMR/HAI Delivery Plan the 2019/20 programme of work aligns with the National Quality Strategy ambitions:

Person centred

Prevention and Control of HAI measures will be proportionate and appropriate for the person receiving healthcare and to the pre-hospital environment in which healthcare is delivered.

Safe

A clean safe environment and the prevention and control of HAI and antimicrobial resistance will reduce the risk of patients being exposed to or acquiring an HAI (including resistant organisms) within the pre-hospital healthcare setting, this includes a zero tolerance to avoidable infections. It will also reduce the risk of staff acquired infection.

Effective

Measures and programmes aimed at the prevention and control of HAI and antimicrobial resistance in the context of the pre-hospital setting to include: environmental and Standard Infection Control Precautions (SICPs) audit programmes, HAI education and professional development, evidence based clinical care management bundles e.g. PVC insertion, HAI quality improvement initiatives, new technologies and prudent use of antimicrobial agents will support the effective, equitable and consistent delivery of healthcare.

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The Infection Prevention and Control Work Programme will adhere to the following principles:

- Demonstrate compliance with NHS Scotland National AMR/HAI Delivery Plan
- Sustain and build on achievements and strengths to date
- Focus more on prevention than control of infection
- Ensure that what works is implemented nationally across the Scottish Ambulance Service (SAS)
- Support greater integration and partnership across the SAS
- Ensure the requirements for prevention and control of HAI are addressed across all Divisions and Departments of the SAS
- Ensure we prepare for the future and respond to emerging threats
- Demonstrate our commitment to achieving sustainable improvement in infection prevention and control practices
- Promote a culture of zero tolerance to avoidable infections.

Delivery Areas:

1. [Antimicrobial Prescribing and Resistance](#)
2. [Cleaning, Decontamination and Estates](#)
3. [Infection Prevention and Control Guidance and Practice](#)
4. [Organisational Structures](#)
5. [Staff and Leadership](#)
6. [Quality Improvement](#)
7. [Surveillance](#)

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Under each of the delivery areas there is an essential element of ongoing work that accounts for a significant percentage of the Infection Prevention & Control Teams resource. This is the day to day work necessary to sustain and continually improve the management of Infection prevention and control and is summarised in the table below. The annual work programme's specific key objectives are documented thereafter.

| Delivery Area | Schedule of Ongoing Work to Sustain Safe and Efficient Management of Infection Prevention & Control |
|--|---|
| 1. Antimicrobial Prescribing and Resistance | <ul style="list-style-type: none"> IC Doctor attends Medicines Management Committee (MMC) meetings to advise on antimicrobials and feeds back to the Infection Control Committee Clinical Directorate representative attends IC Committee meetings. Head of IPC attends National Clinical Operations Governance Group & Clinical Governance Committee Antimicrobial PGDs and other administration of antibiotics e.g. sepsis 6 is approved by the Medicines Management Group (MMG) of which the IC Doctor is a member with engagement with Scottish Antimicrobial Prescribing Group (SAPG) for advice and endorsement as required. Monthly review of antimicrobial administration is undertaken and reported to the Medicines Management Group |
| 2. Cleaning Decontamination & The Built Environment | <ul style="list-style-type: none"> Provide IPC advice to Regional Managers when reviewing/renewing cleaning schedules/ contracts. Provide specialist advice to Procurement Dept. on NCSS Cleanliness standard and Monitoring framework for cleaning contract reviews Complete an annual programme of NCSS cleanliness audits of all ambulance stations, to include peer/public review monitoring. Escalate results < 90% to Senior Managers. Provide exception reports to the IC and Clinical Governance Committee where stations fail to comply. IPC Auditors provide basic IPC training for contracted cleaning staff/ambulance staff around NCSS standard as required. Attend and feedback to quarterly Health Facilities Scotland FMT User Group meetings Monitor and advise on the cleanliness, maintenance and storage of patient equipment, medical devices, blankets etc. Monitor and advise on the cleanliness and maintenance of the healthcare environment. Ensure the current version of SAS Cleaning schedule for stations, vehicles and patient care equipment (H&S003a) is applied across the service. Provide IPC advice to Procurement Dept and Medical Directorate on changes to/purchase of new equipment/medical devices to ensure effective decontamination is achieved. Regular Rivo IPC environmental, NCSS and SICPs audit programmes monitor cleanliness and condition of patient care equipment/medical devices and integrity of single-use medical devices. Air-wing/ Scotstar to collaborate with IPC Team to ensure input to review/update of aircraft specifications. Head of IPC attends Vehicle Design and Equipment Group meetings (NVDEG). Monitor the maintenance of fabric in new build premises and report any concerns to Estates Dept. and Station Managers for follow up Complete HAI Scribe risk assessments for all new build/upgrade ambulance stations/air ambulance premises IPC specialists to collaborate with Fleet Dept. and provide input to new vehicle specifications. Maintenance issues in new ambulances to be referred to Fleet Dept. |
| 3. Infection Prevention & Control Policy, Guidance & Practice | <ul style="list-style-type: none"> Plan & conduct a programme of regular SICPs audits across the Service, report results and improvement actions required to Regional Management & staff. Manage and advise on outbreaks or incidents of infection. Ensure effective systems are in place to prevent & control communicable disease and HAI incidents. Communicate information received from Health Protection Scotland /other Boards re outbreaks/incidents or infection alerts that may impact on the service to ACCs/Regions as necessary e.g. Norovirus weekly updates IPC Specialist to participate in Procurement evaluation processes for new equipment/product projects to ensure that appropriate advice is provided. Head of IPC is a member of the National Clinical Operations Governance Group (NCOGG) and a member of the Clinical Directorate reports to quarterly IC Committee Review Datix IC incident reports and provide support/feedback as necessary to Managers/staff and complete IC risk assessments as required Provide a Quarterly update of number and types of IPC incidents to the ICC. Assess trends and agree action to reduce risks Provide specialist IPC advice to Risk & Resilience Dept in the development of Pandemic Outbreak Plan/Capacity Management Contingency Plans. Ensure appendix 11 (Table of Infectious Diseases) in the National IPC Policy Manual is amended to include ambulance specific information and updated as necessary Effective risk management of HAI by Identifying significant HAI non-compliance, incidents/near misses to ensure staff are supported and to inform the IPC risk log. Review and update of IPC Risk log at IC Committee. Report significant HAI risks/incidents to the Board, Exec Lead for HAI, ICC, CGC & national/local H&S meetings. SICPs and other IPC audit results are communicated as widely as possible across the Service. Ensure HAI information and data on IC page of @SAS and public facing website is current and appropriate |

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| 4. Organisational Structures | <ul style="list-style-type: none"> • Assist the HAI Executive Lead in the implementation of a strategic HAI programme that covers IP&C, Cleaning and Decontamination of re-usable medical devices/patient care equipment. • Head of IPC meets monthly with HAI Executive lead who provides an update to the Chief Executive. • Monitor attendance at IC Committee meetings to ensure TOR is applied. • HAI Board Reports published with board papers on public facing website |
| 5. Staff Education and leadership | <ul style="list-style-type: none"> • IPC Team meet regularly with HAI Education Lead & Education & Professional Development Dept. to plan and evaluate HAI training programme for clinical staff, review progress with the HAI Education Strategy Implementation Plan and ensure HAI education complies with national HAI Education standard. • Facilitate the development of HAI learning materials for mandatory update training and other courses. • Provide HAI Induction/ update training to all staff groups as required. • Provide and update resources/information re HAI CPD on IPC resource page of @SAS • Head of IPC & Lead IPC Advisor will attend NHS Scotland IPC Network meetings. • Head of IPC & Lead IPC Advisor are members of UK wide ambulance IC Network. • IPC team network with IPC teams in other boards and UK ambulance services. • Advise Managers on appropriate annual HAI objective for staff PDPs relevant to role and responsibility • Support IPC team members to meet CPD requirements identified in PDPs through annual review/appraisal • Provide advice and Support to mandatory groups to complete Standard Infection Prevention & Control Education Pathway (SIPCEP) • Maintain an archive C. Champions data base for reference in terms of staff completions. • Ensure all members of the IPC team have an appropriate PDP that ensures they continually develop their specialist knowledge |
| 6. Quality Improvement | <ul style="list-style-type: none"> • Facilitate HEI inspections - develop and facilitate implementation of improvement action plans • Facilitate adherence with HAI Standards 2015 through engagement with relevant Depts., Regional Management and Executive Team. • Continue to build capacity and capability around quality improvement methodology within IPC team. • Implementation of NHS Scotland HAI policy/guidance/standards as appropriate to the ambulance setting. • Meet HEI time-scales following inspection for submission of approved improvement action plan and provide progress reports as requested |
| 7. Surveillance (Audit) | <ul style="list-style-type: none"> • Promote zero tolerance to non-compliance with hand hygiene and SICPs by raising awareness during audits and station visits. • Support Regions to complete regular IPC spot check audits • Complete a programme of regular IPC audits of all stations and the available ambulances • Conduct mandatory NCSS Cleanliness monitoring of all ambulance stations quarterly and input data to NHS Scotland national Facilities Monitoring Tool (FMT) • In line with SGH&SC Directorate requirements include hand hygiene compliance scores and Cleanliness monitoring results in bimonthly HAI Board reports. • Provide progress reports on SICPs and Cleanliness monitoring compliance to IC Committee, National/local Management Team meetings, the Board and Clinical Gov Committee. • Rivo audit results are reported to Station Managers to address rectifications. Low scores are escalated to Regional Directors, HAI Exec Lead and Director of Operations as necessary. • SICPs and other IPC audit reports/results displayed in stations and posted on @SAS for staff information |

NHS SCOTTISH AMBULANCE SERVICE

Annual Work Programme 2019/20

Delivery Area 1 – Antimicrobial Prescribing and Resistance - (HAI Standard 5)

| Key Result Area | Action | Lead | Timescale | Progress | R.A.G. |
|--|---|---------------------------------------|---------------|----------|--------|
| <p>1. To ensure compliance with HAI standard 5- 'Antimicrobial stewardship' and National Antimicrobial Prescribing Stewardship Programme in the context of the ambulance care setting</p> <p>To provide assurance around the safe management and use of antibiotics and that use is in accordance with published guidelines.</p> | <p>1.1 Specialist Paramedics are now administering antibiotics in line with SAS drug formulary that is agreed at the Medicines Management Group (MMG)</p> <p>Pre-hospital I/V antibiotics are administered for suspected Sepsis cases when time to hospital exceeds 1 hour as part of Sepsis 6 work programme.</p> <p>The Infection Control Doctor provides specialist microbiology advice to the MMG that oversees this.</p> | Medical Director/ MMG/ IC Doctor /ICC | February 2020 | | |
| | <p>1.2 Medicines Management Group (MMG) has a system for monitoring and reporting of medicine use (including antimicrobials) with feedback provided at MMG and National Clinical Operational Governance Group (NCOGG) meetings. Feedback can also be provided to the ICC.</p> | MMG | Quarterly | | |

Delivery Area 2 – Cleaning, Decontamination and the Built Environment - (HAI Standard 8 and 9)

| Key Result Area | Action | Lead | Timescale | Progress | R.A.G. |
|--|--|---|-----------|---|--------|
| <p>2.1 The patient care environment (Ambulance) and ambulance stations are clean, maintained and safe for purpose.</p> | <p>2.1.1. Continue to progress work with I&CT Dept. to ensure that ambulance daily & weekly cleaning data on terrafix tablets soft ware can be easily retrieved for assurance monitoring.</p> | IP&C Team | June 2019 | C/F from last year. I&CT dept. unable to progress this last year due to bottleneck of development work for SAS at Terrafix. Have informed us that this work will be progressed as a priority for delivery in April/May 2019 | |
| | <p>2.1.2 Regional Management to ensure that NCSS cleaning and estates non-compliance issues are rectified in a timely manner for both ambulance stations and ambulances to ensure NCSS cleanliness and Estates scores are continually improved on.</p> | Regional Managers/ IPC Team/ Estates & Fleet Depts. | Quarterly | | |
| | <p>2.1.3 Regional Auditors to check ambulance stations for signs of pests/vermin and report any findings to Management for rectification via Estates.</p> | IPC Auditors/ Regional Managers/ Estates | Quarterly | | |

NHS SCOTTISH AMBULANCE SERVICE

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| | 2.1.4 Regional Management to ensure that improvement actions identified from Rivo Infection Control audits of stations and vehicles are addressed as soon as possible to ensure that standards are maintained, the environment is safe for patients and staff and that ambulances are fully stocked with necessary supplies to ensure SICPs can be applied | Regional Managers /IPC Team | Quarterly | | |
| | 2.1.5 Ensure any damaged trolley cot mattresses observed in ambulances are replaced and damaged mattresses are disposed of appropriately | Regional Managers/ Fleet/ Procurement /IPC Team | July 2019 | Some of the new trolley mattresses were becoming damaged; this has been escalated to Fleet. Procurement and the Company who have agreed to replace and uplift damaged mattresses for disposal. | |
| | 2.1.6 Conduct spot checks audits of Regional PT vehicles to provide assurance around cleanliness standards and that appropriate IPC supplies are available. | IP&C Team/ Regional Managers | Sept 2019 | | |
| 2.2 Patient care equipment/ medical devices are clean, maintained and safe for use. | 2.2.1 Regions to confirm that all stations now comply with HEI requirement for the safe storage of medical devices, patient care equipment and blankets. | Regional Managers/ IPC Team | June 2019 | Previous IPC advice provided to Regional Management by station informing of the further work required | |
| | 2.2.2 Provide specialist advice to working group advising on new defibrillators | IPC Team Specialists | May 2020 | Work continues from last year | |
| 2.3 Ensure new build/upgrades to ambulance station/air ambulance premises are designed to minimise the risk of HAI | 2.3.1 In collaboration with Estates Dept. and Regional/operational Management risk assess new shared accommodation plans with e.g. SFRS, other boards etc. to ensure they meet required Infection control specification depending on planned operations at individual sites. | IP&C Team/ Regional Managers/ Estates Dept. | Quarterly | | |
| 2.4 Ensure new build/planned updates for ambulance vehicles are designed to minimise the risk of HAI | 2.4.1 Ensure supplies on ambulances are stored appropriately. Continue to collaborate with clinical directorate and NVDEG to consider review of supplies on ambulances. | NVDEG/ Clinical Directorate/ IPC Team | Sept 2019 | NVDEG agreed set up of a working group to review existing Vehicle Equipment Check Sheet (VECS) | |

Delivery Area 3 – Infection Prevention and Control Policy Guidance and Practice- (HAI Standard 6 and Standard 3)

| Key Result Area | Action | Lead | Timescale | Progress | R.A.G. |
|---|--|------------------|-----------|----------|--------|
| 3.1 Implementation of evidence based infection prevention and control guidance at point of care. | 3.1.1 Ensure most recent version of the National IP&C policy manual is reviewed and appendices adapted to address specific needs of the ambulance service | IPC Team/ HPS | Quarterly | | |

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| Key Result Area | Action | Lead | Timescale | Progress | R.A.G. |
|--|--|---|-------------|--|--------|
| | 3.1.2 To discuss/agree with ACC whether IPC induction is required for new Clinical Advisors/ other staff. | IP&C Team/ACC Manager | July 2019 | | |
| | 3.1.3 To provide IPCs awareness training sessions for operational staff/Regional managers/ Clinical Directorate staff as required. | IP&C Team/Sort Managers | March 2020 | | |
| | 3.1.4 Ensure Scotstar/Air ambulance and SORT staff are provided with IPC educational sessions and resources to raise awareness, cascade knowledge and ensure local monitoring of IPC policy/procedures | IPC Team/ SORT/ Scotstar/ Air ambulance | Oct 2019 | | |
| | 3.1.5 Review and update MERS CoV/Avian Influenza Policy | IPC Team | July 2019 | | |
| | 3.1.6 Review and update CPE and other drug resistant organisms policy | IPC Team | August 2019 | | |
| | 3.1.7 In collaboration with SORT review and update VHF/Cat4 infection Policy | IPC Team/SORT | Sept 2019 | | |
| 3.2 To improve and sustain compliance with Standard Infection Control Precautions (SICPs) | 3.2.1 Conduct hand hygiene awareness raising sessions in each Region, to include PTS staff. | IP&C Team/ Operational managers and Staff | March 2020 | . | |
| | 3.2.2 Plan Awareness campaign for WHO Global Hand Hygiene day 2019 | IP&C Team | May 2019 | | |
| | 3.2.3 Review/update SICPs reports and specifically the action planning section | IP&C Team/HPS | Sept 2019 | | |
| | 3.2.4 Work with IC&T Dept. to assess whether the interactive PDF SICPs resource developed by NES can be hosted on ambulance tablets (this work links with 2.1.1) | IP&C Team/ Info & Comms Technology Dept. | July 2019 | C/F from last Year. IC&T Dept have stated this will be a priority for further work from April 2019 financial year. | |
| | 3.2.5 Continue to review/adapt SICPs audit programme to target specific non-compliances and to allow more time for awareness raising work | IP&C Team | July 2019 | | |
| 3.3 Scottish Ambulance Service is prepared to deal with Infectious diseases of high consequence. As noted in NHS Scotland's National IPC Policy Manual – Level1- Business as normal – SORT and A&E staff | 3.3.1 To review progress with the implementation of appropriate respiratory protective equipment to ensure ambulance staff can apply appropriate Transmission Based Precautions (TBPs) for aerosol and airborne transmitted infections and provide any IPC advice required. | IPC Team/ICC/ HAI Exec Lead | July 2019 | C/F from last year. Powered respirators being trialled by H&S Dept. at present | |

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| Key Result Area | Action | Lead | Timescale | Progress | R.A.G. |
|---|---|---|----------------------------|--|--------|
| | 3.3.2 Ensure A&E staff are provided with training in both routine and higher level PPE equivalent to dealing with category 3 Infectious disease of high consequence (IDHC) e.g. MERS CoV | IPC Team/ EPDD/ Regional Managers | March 2020 | This topic has been included on LIP training for 2019/20. IPC Team provided learning materials | |
| | 3.3.3 Ensure agreed stations have access to a hypochlorite based cleaning chemical (Actichlor) for ambulance cleaning following transfer of a suspected MERS CoV case | IPC/ Regional Managers | May 2019 | | |
| | 3.3.4 IPC Team representative to attend National SHPN Preparedness sub-group developing a patient pathway for Infectious Diseases of High Consequence (IDHC) and communicate as required with operational colleagues | IPC Team/ SHPN/HPS/ Operational Managers | Nov 2019 | | |
| 3.4 Scottish Ambulance service is prepared in the event of an emerging infection threat or pandemic. Level2 - Preparedness for an emerging threat. | 3.4.1 To review and provide advice on further requirements in terms of access to appropriate respiratory protection e.g. provision for PTS staff in a Pandemic/emerging threat situation | IP&C Team/ Head of H&S/ HAI Exec Lead | March 2020 | | |
| 3.5 There is effective communication systems and processes in place | 3.5.1 Produce Infection Prevention & Control Newsletter twice per year | IPC Team/ Comms, Dept | June & December 2019 | | |
| | 3.5.2 Ensure IPC page on @SAS is up to date with appropriate resources available | IPC Team | July 2019 | | |
| | 3.5.3 Ensure shared IPC network drive is reviewed and has appropriate information uploaded | IPC Team | Aug 2019 | | |

Delivery Area 4 – Organisational Structures- (HAI Standard 1 & Standard 3)

| Key Result Area | Action | Lead | Timescale | Progress | R.A.G. |
|---|--|----------------------------------|----------------------------|----------|--------|
| 4.1 Leadership and commitment to Infection prevention & control to ensure a culture of continuous quality improvement. | 4.1.1 Completion of bi-monthly HAI board report and reports to Clinical Governance Committee | Head of IP&C/HAI Exec Lead | Bi-monthly x 6 per year | | |
| | 4.1.2 IPC Annual Programme 2019/20 approved by Infection Control and Clinical Governance committees | Head of IP&C | May 2019 | | |
| | 4.1.3 IPC programme quarterly progress reports to IC Committee meetings. | Head of IP&C | Quarterly | | |
| | 4.1.4 Compile annual IPC Annual Report for 2018/19 | Head of IP&C | June 2019 | | |

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| Key Result Area | Action | Lead | Timescale | Progress | R.A.G. |
|-----------------|---|--------------|------------|----------|--------|
| | 4.1.5 Annual IPC Report 2018/19 approved by infection Control & Clinical Governance Committees | Head of IP&C | July 2019 | | |
| | 4.1.6 Compile annual IPC Programme for 2020/21 | Head of IP&C | March 2020 | | |

Delivery Area 5 – Staff development and Leadership (HAI Standard 2)

| Key Result Area | Action | Lead | Timescale | Progress | R.A.G. |
|---|--|---------------------------------------|---------------|----------|--------|
| 5.1 Education on Infection prevention and control is provided and accessible to all staff to enable them to minimise the risk of infection in the care setting | 5.1.1 Approve updated HAI Education Strategy 2019-21. | HAI Education Lead/HAI Exec Lead/ICC | May 2019 | | |
| | 5.1.2 Continue the programme of QA assessments on delivery of Infection Control Induction education for clinical staff – A&E and PTS | IP&C Advisors/ EPDD | March 2020 | | |
| | 5.1.3 Continue to review student evaluation of IPC induction sessions delivered by EPDD | IPC Team/EPDD | March 2020 | | |
| | 5.1.4 Ensure PTS staff have the opportunity to develop IPC knowledge through SICPs awareness raising sessions | IPC Team | Feb 2020 | | |
| 5.2 New A&E students and Team Leaders have completed appropriate IPC education | 5.2.1 Review completion of SIPCEP Foundation Modules by mandatory groups- New Students, New Team Leaders, EPDD Training Officers delivering clinical sessions | IP&C Team/ EPDD/ Operational Managers | October 2019 | | |
| | 5.2.2 Update list of Team Leaders who have completed SIPCEP Foundation Modules | IP&C Team/ Operational Managers | June 2019 | | |
| | 5.2.3 Set up and test use of IPC email communication address to assess staff use as an information/ discussion forum | IP&C Advisor | Sept 2018 | | |
| | 5.2.4 Meet regularly with EPDD plan appropriate HAI/IPC update on annual LIP training 2020/21 | IP&C Team/ EPDD | Dec 2019 | | |
| | 5.2.5 Clinical Training Officers attend an IPC induction session delivered by an IPC Specialist on appointment and every 2 years | IPC Team/EPDD | Sept 2019 | | |
| 5.3 Support and development of IPC Team to ensure IPC competency requirements are met. | 5.3.1 Provide opportunity for professional/clinical development to meet nurse/paramedic registration requirements for appropriate members of the IP&C Team | Head of IP&C / IP&C Team | February 2020 | | |

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Delivery Area 6 – Quality Improvement (HAI Standard 1 & 7)

| Key Result Area | Action | Lead | Timescale | Progress | R.A.G |
|--|--|--|-----------|---|-------|
| 6.1 Quality Improvement Tools (care bundles/SOPs) are applied for invasive procedures with increased risk of HAI | 6.1.1 To discuss/agree with Clinical Directorate colleagues (Patient Safety Manager) progress with a proposal to implement the PVC insertion pack previously tested in South West | IPC Team/ Patient Safety Manager/ Clinical Directorate | June 2019 | | |
| | 6.1.2 Review and update PVC insertion bundle with information re failed cannulations | IPC Team/EPDD | July 2019 | C/F to 2019/20 delay due to work with NES to develop PVC insertion resource | |
| 6.2 Apply improvement methodology as a tool to support the implementation of sustainable changes to improve IP&C. | 6.2.1 To support improvement work programmes within Regions, to address non-compliances from SICPs and Rivo IPC audits. Targeting lower scoring areas/stations | IPC Team/ Operational Managt/ NVDEG | Feb 2020 | | |
| | 6.2.2 In collaboration with EPDD and NES – development of an aseptic technique PVC insertion Aide memoire/learning resource specific to the ambulance setting | IPC Team/EPDD /NES | May 2019 | Work started on this Feb 2019 | |
| 6.3 To develop and implement HEI improvement action plans post inspections | 6.3.1 Complete and submit HEI self assessments and supporting evidence requested by HEI. | Head of IP&C/ HAI Exec Lead | Sept 2019 | | |

Delivery Area 7 – Surveillance (Audit) - (HAI Standard 4, 1, 6 & 8)

| Key Result Area | Action | Lead | Timescale | Progress | R.A.G |
|--|--|--------------------------------------|-----------|----------|-------|
| 7.1 A comprehensive audit system is in place to assess and report compliance with effective SICPs & hand hygiene practices and ensure a quick response to areas of concern. | 7.1.1 Conduct regular SICPs monitoring/awareness raising across the Service, distribute regular regional/sub-regional reports to provide feedback on compliance and required improvement actions. | IPC Team / Regional managmt | Monthly | | |
| | 7.1.2 Consider further improvement to the IPC audit cycle to comply with guidance in the National Monitoring Framework to Support Safe, Clean Care Auditing | IPC Team/ Operational Managers | Aug 2019 | | |
| 7.2 To provide assurance re application of care bundle for PVC insertion - one of the Quality Indicators reported to Scottish Government | 7.2.1 Monitor and report compliance with recording of PVC insertion bundle to ICC, CGC and Board | Head of IP&C/ Operational Managt. | Quarterly | | |

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| Key Result Area | Action | Lead | Timescale | Progress | R.A.G |
|---|---|---|------------|--|-------|
| | 7.2.2 Monitor and report on non-compliances with recording PVC insertion bundle to help identify where further improvement might be made | IPC Team/ Clinical Directorate | Oct 2019 | A non-compliance report has now been added to Data warehouse | |
| 7.3 To provide assurance re cleanliness and maintenance of the healthcare environment. | 7.3.1 IPC Specialists to conduct peer review NCSS audits | IPC Team | March 2020 | | |
| | 7.3.2 Patient/public representative participation in NCSS audit programme - 1 per year per Sub-Region | IPC Team | March 2020 | | |
| | 7.3.3 Review and update Rivo IPC Audit tools question set | IP Team | Nov 2019 | | |
| 7.4 Appropriate facilities and equipment are available to reduce the risk of HAI | 7.4.1 Compliance against Rivo IC environmental audits reported monthly to Operational Managers and reviewed at ICC Committee meetings | Head of IPC/ Operational Managers | Monthly | | |

Appendix 1

Infection Control Programme Consultation List

- Infection Control Committee
- Clinical Governance Committee
- Senior Leadership Team
- Chief Executive
- Director of Care Quality & Strategic Development
- Medical Director
- Regional and National Operations Directors
- Director of HR and Organisational Development
- Director of Finance
- Head of Health & Safety
- Head of ScotSTAR
- Head of Air Ambulance
- General Manager ScotSTAR & Air Ambulance
- Risk Manager
- Head of Estates
- Head of Procurement
- Head of Education & Professional Development

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- Head of Fleet
- General Manager Risk & Resilience Dept.
- General Manager ACCs