

**NOT PROTECTIVELY MARKED**

**Public Board Meeting**

**24 November 2021**

**Item 12**

**THIS PAPER IS FOR DISCUSSION**

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

<b>Lead Director Author</b>	Frances Dodd, Director of Care Quality and Professional Development Sarah Freeman, Head of Infection Prevention and Control
<b>Action required</b>	The Board is asked to discuss this report.
<b>Key points</b>	<ul style="list-style-type: none"> <li>• An update is provided on the Annual Infection Prevention and Control Report outstanding deliverables. Nine of the ten deliverables have been achieved and Appendix 1 provides more details on the activities undertaken (<b>page 3</b>).</li> <li>• New guidance from Public Health Scotland on Self Isolation Exemption for Health and Social Care Staff (DL (20021) 24) was circulated by the organisation on 27 August 2021 (<b>page 4</b>).</li> <li>• As we prepare for an increase in winter respiratory infections, the Antimicrobial Resistance and Healthcare Associated Infection team have developed Winter Respiratory Guidance for all NHS Scotland boards and care settings. It was to be implemented by 1st November and has now been delayed to 29<sup>th</sup> November 2021 (<b>Page 4</b>).</li> <li>• Overall compliance with the use of the PVC insertion care bundle is being consistently sustained above the quality indicator aim of 95% (<b>page 5</b>).</li> <li>• The audit programme remains a priority for the Service. The monitoring of standard infection control precautions (SICPs), knowledge and practice should be completed by the end of December (<b>page 3 &amp; 4</b>).</li> <li>• Overall compliance with the PVC insertion care bundle is being consistently sustained above the quality indicator aim of 95% (<b>page 4</b>).</li> </ul>
<b>Timing</b>	This paper is presented to the Board bi-monthly in the Scottish Government's prescribed template.
<b>Link to Corporate Objectives</b>	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 assessments 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**

### **Annual Infection Prevention and Control Programme of Work**

The Annual IPC programme for 2021/2022 is compiled to ensure compliance with national and local requirements for the prevention and control of infection and the management of Healthcare Associated Infection (HAI). In addition, the work programme actively supports recovery from the COVID-19 pandemic, the prevention of transmission of COVID-19 and the Scottish Ambulance Service (SAS) Remobilisation Plan through to March 2022.

As requested at the Board meeting on 28<sup>th</sup> July, a report was provided to the Clinical Governance Committee (CGC) highlighting the outstanding deliverables in more detail, including progress reports and, where applicable, mitigating activities. In this report there were ten outstanding deliverables that required to be completed. Nine of the ten deliverables have now been achieved: however two targets of the nine deliverables have not been met. These targets are related to the percentage of staff undertaking an education/training opportunity. The targets have not been achieved due to operational pressures as a result of the COVID-19 pandemic and are very unlikely to be achieved. Even if operational pressures and the Resource Escalation Action Plan 4 (REAP4) are reduced in the next few months, the present assumption is these targets will not be met by March 2022. More detail on the deliverables and the work undertaken thus far is provided in Appendix 1.

The deliverable not achieved is the implementation of the new audit programme related to standard infection control precautions (SICPs), where the regions are to assess their own compliance. Further progress on this has been delayed due to operational pressures and REAP 4. We will work with the regions to complete the implementation of this deliverable as soon as the operational challenges allow.

We can assure the Board that SICPs will be carried out by the IPC Team. We have made minor changes to the audit methodology, increasing the time to audit the emergency departments and supporting crews to continue to implement safe care at the point of care delivery. This audit programme will be completed by December 2021. A report will be provided to the Board, the Clinical Governance Committee (CGC) and the Infection Control Committee (ICC), and a regional report will be provided for the directors and their teams to action.

### **IPC Service**

The lead IPC advisor has taken a period of special leave with the expectation of returning to work full-time late January 2022. The priority of the IPC team is to continue IPC audit activity and to undertake the Standard Infection Control Precautions in emergency departments, as this is to be completed by December 2021. This pivotal work ensures the safety of patients and staff. This work will proceed as planned, as we have a member of clinical staff on light duties who can support this work and is receiving the appropriate training and guidance to fulfil this responsibility.

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## **Policy and Guidance**

The Service on 27<sup>th</sup> August 2021, implemented guidance from the Scottish Government, which enabled close contacts of someone, who tested positive for COVID-19, were no longer required to isolate. Staff could return to work provided a particular list of conditions and clinical safeguards were in place. These included that the staff member was doubly vaccinated, they had a negative PCR for COVID-19, and they carried out daily LFD testing and reduced exposure to vulnerable high risk patients.

We have also been in discussion with the Antimicrobial Resistance and Healthcare Associated Infection team (Health Protection Scotland) with regard to the introduction of winter respiratory guidance, as NHS Scotland boards are preparing for an increase in respiratory infections this winter. The national winter respiratory guidance was to be implemented by 1<sup>st</sup> November however this has been delayed by Health Protection Scotland until 29<sup>th</sup> November 2021. This guidance supports the early identification of patients with possible respiratory infections such as influenza and COVID-19 and replaces previous infection prevention and control guidance on COVID-19. As a result of the new guidance, Service staff will undertake a respiratory screening assessment along with the patient's clinical assessment.

## **Audit Programme**

The Service is committed to achieving and maintaining consistently high standards of infection prevention and control. Monitoring these standards is a fundamental aspect of the IPC work programme, just as monitoring the National Cleaning Services Specifications (NCSS) is mandatory and a priority.

As highlighted earlier in the report, we can assure the Board that SICPs audit will be carried out by the Infection Prevention and Control Team. A report will be provided for the Board, the CGC, the ICC and a regional report for the Directors and their teams to action.

## **External Partner Engagement**

The HAI Infection Control Standards developed by Healthcare Improvement Scotland are undergoing consultation with service users. These standards are not only relevant for healthcare, as the revised scope will include care homes. The lead IPC advisor represented the ambulance service within this group and attended all meetings. It has remained a priority for the IPC team to contribute to communication internally and externally, for example, by contributing to incident support meetings with infection control managers, which are coordinated by HPS weekly, and by attending meetings of the National Infection Prevention and Control Ambulance Group (UK-wide). This is especially important as guidance is changing, and differences may emerge in the guidance provided within the four nations. This consistency checking and clarification has been undertaken throughout the pandemic to assure the Service that all guidance is relevant, current and consistent.

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## **Public Partner Engagement**

A public partner is a member of the ICC, which meets quarterly. The Head of IPC and the public partner's representative meet prior to the meeting to discuss the highlights of the reports. We have also located a second public partner to join the ICC. Their first meeting will be on 16 December, and they will be supported at that meeting by the Service's Engagement and Involvement Manager.

## **Peripheral Venous Catheter (PVC) Insertion Bundle**

Compliance with the PVC bundle remains above the target of 95% with compliance in July at 96.5%, in August at 95.6% and in September 96.9%. From April 2021 to September 2021, 22,282 PVC were inserted with bundle compliance rate of 96.7%

## **Conclusion**

This report highlights the challenges with delivering the Annual IPC Programme of Work due to the ongoing pandemic and operational pressures. The main components of the programme, including audit, policy and guidance, advisory and gathering and sharing knowledge, support the service in preventing and reducing the risk of infection for the people we care for and our staff.

## **RECOMMENDATION**

The Board is asked to discuss the report.

## **CONSULTATION**

This updated report was approved by the HAI executive lead prior to submission.

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## Appendix 1

### Annual Infection Prevention and Control Annual Programme of Work 2021/22

Outstanding deliverables for Programme of Work 2020/2021

#### Delivery Area 1 – Antimicrobial Prescribing and Resistance

Lead	Action Required	Timescale	Risk Status	Performance Indicator/Outcome	Target	Status
Medicines Management Group/IPCT	1.1 Monitoring and reporting of antimicrobial prescribing data to be provided to the Infection Control Committee 6 monthly.	June 2021	Green	Prudent antimicrobial prescribing to reduce antimicrobial resistance	Two reports on antimicrobial prescribing data on the agenda of Infection Control Committee	<b>Complete</b> The Infection Control Doctor routinely provides a verbal report to the Infection Control Committee.
	1.2 National Antimicrobial Prescribing Stewardship Programme to be undertaken by approved antimicrobial prescribers.	June 2021	Amber	Prudent antimicrobial prescribing to reduce antimicrobial resistance	80% of approved prescribers who have undertaken the prescribers programme by 31/03/2021.	<b>Partially completed, the target has not been achieved due to operational challenges in releasing staff</b> Anti-microbial learning and training resource has been agreed, this action has been included within the Infection Prevention and Control Education and Strategy. When the operational pressures have reduced, we will reconvene the group responsible taking this forward.  Mitigation- communications going out to all prescribers in relation to Antimicrobial stewardship by November 2021

## Delivery Area 2 – Cleaning, Decontamination and the Built Environment

Lead	Action Required	Timescale	Risk Status	Performance Indicator/Outcome	Target	Status
IPCT/Regional Services	2.3 To support regional management teams to undertake Infection Prevention and Control (IPC) audits (vehicle, station) and Standard Infection Control Precautions (SICPs).	June 2021	Green	Ensure patients are cared for in a safe clean environment which facilitates and supports Infection Prevention and Control  Regional reporting of IPC data	HAI reporting template completed by all regions by 15/12/2020	<p><b>Partially completed, the infrastructure is in place, however due to operational pressures the regional teams have been challenged to complete the auditing work</b></p> <p>HAI reporting templates are in place</p> <p>The IPCT provide oversight on SICPs auditing and support to the regional management teams to undertake local SICPs audits. This has included regular meetings with representatives from the regions. Practical demonstration, as well as application and training at emergency departments with each representative have been carried out separately.</p> <p>Mitigation IPC SICPs auditing continues and is on track for completion across the country by December 2021</p>

## Delivery Area 3 – Infection Prevention and Control Policy, Guidance and Practice

Lead	Action Required	Timescale	Risk Status	Performance Indicator/Outcome	Target	Status
IPCT	3.1 Planned programme in place for the review/updating of guidance/policy to ensure compliance with National Infection	June 2021	Green	Current up to date evidence based infection prevention and control guidance in line with NIPCM	Being an active part in the NIPCM group and participate in the consultation process. Changes made to policy/guidance	<p>Completed and ongoing</p> <p>A programme of policy review is in place and is on track</p>

	Prevention and Control Manual (NIPCM).				when necessary and highlighted at the ICC.	
IPCT/ACC	3.3 Newly appointed Clinical Advisors/ other staff in ACC to undertake the Foundation Layer of the Scottish Infection Prevention and Control Education Pathway.	June 2021	Amber	Compliance with NIPCM.	90% of newly appointed Clinical Advisors/ other staff in ACC have completed relevant SIPCEP Foundation Layer modules.	<p><b>Partially completed, the infrastructure is in place, however due to operational pressures the ACC teams have been challenged to release staff</b></p> <p>We have had assurances from the ACC Learning and Development Manager this will be progressed when the pressures on the department eases.</p> <p>Mitigation- communications going out to all new Clinical Advisors in relation to SIPCEP by November 2021</p>
Regional Directors/ IPCT	3.6 To roll out a new audit programme where regions are responsible for assessing their own compliance with national Standard Infection Control Precautions (SICPs). Exception reporting to the Infection Control Committee	March 2021	Red	Demonstrate safe and effective care	HAI reporting template completed by all regions by 15/12/2020	<p><b>Not completed</b></p> <p>The roll out has not been completed, deliverable 2.3 highlights the action under by the Regional Leads representatives and IPC team to progress. Two of the three regions have identified who could undertake this work however due to operational pressures this has not progressed further.</p> <p>It is noted that additional support is required to the regions to strengthen the HAI reporting processes. This is intended to be addressed with the proposed development of the clinical leadership infrastructure.</p> <p>This was deemed to be an ambitious stretch aim for 2021/22 and will continue to be pursued as part of the work plan.</p>



## Delivery Area 4 – Organisational Structures

Lead	Action Required	Timescale	Risk Status		Progress Target	Status
IPCT/Clinical Governance Department	4.1 Undertake a mock Healthcare Environmental Inspectorate Assessment and complete an action plan to address any short falls.	June 2021	Green	Demonstrate safe and effective care	Mock assessment and action plan completed by 28/02/2021	<b>Completed</b> The mock assessment papers and feedback forms are being reviewed by the National Specialist Advisor-Infection, Prevention & Control, Association of Ambulance Chief Executives  UK National IPC Advisor for the Ambulance services.  Action plan to be presented to ICC meeting in December 2021.
Infection Control Committee/IPCT	4.2 Local regions to monitor standards of Infection Prevention and Control activities and feedback to the Infection Control Committee quarterly.	June 2021	Amber	Compliance with national standards	HAI reporting template completed by all regions by 31/3/2021 and presented to ICC	<b>Completed</b> HAI reporting template in place and an agenda item on ICC.
IPCT/ Quality Improvement/Regional Leads	4.3 Development of action plan for the implementation of new audit programme to assess compliance with national Standard Infection Control Precautions.	October 2021		Compliance with national standards	Action plan and timescales agreed for implementation by 31/10/2021	<b>Completed</b>

## Delivery Area 5 – Staff and Leadership

Lead	Action Required	Timescale	Risk Status	Performance Indicator/Outcome	Target	
IPCT/ EPDD	5.4 Review and develop the HAI education framework in order that it meets the needs of the organisation.	February 2021		Education delivered in line with national learning	Review and action plan completed by 28/02/2021	<p><b>Completed</b></p> <p>This was circulated to the service and members of the ICC in June 2021. Approved by Education Professional Development Department and for submission at the ICC meeting in December 2021</p>