

**NOT PROTECTIVELY MARKED**

**Public Board Meeting**

**May 2018  
Item No 13**

**THIS PAPER IS FOR DISCUSSION**

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

<b>Lead Director Author</b>	Pat O'Connor, Director of Care Quality and Strategic Development Susan Wilson, Head of Infection Prevention and Control
<b>Action required</b>	The Board is asked to note/discuss this update report.
<b>Key points</b>	<p>Hand hygiene compliance continues to be maintained above 90% and work continues to achieve further improvement. An awareness raising event was held to mark the World Health Organisation Global Hand Hygiene Day in May. Monitoring of the other elements of Standard Infection Control Precautions continues to indicate very good compliance. <b>(Pages 3 &amp; 5-10)</b></p> <p>The monitoring results for cleanliness of the healthcare environment continue to be maintained above the 90% target. One sub-division had a slight dip in the estates score section, achieving 89.6% for the quarter (January-March 2018) however it is anticipated that this will improve again going forward <b>(Pages 3, 5 - 10)</b>.</p> <p>Health Protection Scotland (HPS) circulated information concerning an increased number of Measles outbreaks in England and Europe which increases the risk of imported cases to Scotland <b>(Page 4)</b></p> <p>Excellent improvement continues to be made with recording application of the PVC insertion bundle. The target has been reviewed and increased to &gt;90% <b>(Page 4)</b></p> <p>The Infection Prevention and Control Programme 2018/19 has been approved by the Infection Control Committee and went to the Clinical Governance Committee for approval in May. This is attached as an appendix for noting <b>(Appendix A)</b></p>
<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.
<b>Contribution to the 2020 vision for Health and Social</b>	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.

<b>Care</b>	
<b>Benefit to Patients</b>	Safe clinical practices, a clean environment and patient care equipment protect patients from the risk of Healthcare Associated Infection (HAI).
<b>Equality and Diversity</b>	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 2018

## Standard Infection Control Precautions (SICPs) Audit:

Regular monitoring of compliance with Standard Infection Control Precautions (SICPs) continues to indicate very good overall practice with results consistently in the range of 95-97% for the first 4 months of the year. Regional management are provided with results for cascading to staff and to address areas requiring action to achieve further improvement. SICPs compliance is also communicated to staff on the news section of @SAS.

## Hand Hygiene

Scottish Ambulance Service overall hand hygiene compliance was in the range of 91-93% in the last 4 months. The aim is to achieve some further improvement and an awareness event was held in West Central sub-division on Friday 4<sup>th</sup> May at Queen Elizabeth University Hospital to mark WHO - Global Hand Hygiene Day. The event was held in conjunction with Hospital Infection Prevention and Control staff and was supported by West Central management. The theme this year was the importance of good hand hygiene in the prevention of Sepsis. Information about Scottish Ambulance Service participation was posted on Twitter with hand hygiene, Sepsis and WHO tagged. Information about Global hand hygiene day was also posted on the news section of @SAS.

**Hand hygiene compliance run charts for the Service overall and Regional sub-divisions are reported in section 2.**

## Infection Control Environmental (Rivo) Audit:

These infection control environmental audits continue to highlight some recurring issues that require to be addressed. These include ensuring appropriate supplies are available on ambulances and that cleaning records are accurately maintained. Results and non-compliances by individual station are reported to Regional sub-division management who are responsible for completing rectifications for improvement.

## Cleaning and the Healthcare Environment

Service overall 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.

South East Estates result was in amber for the 4<sup>th</sup> quarter Jan-March 2018 (achieving 89.6%) against the target of 90%. Health Facilities Scotland requested a response for their 4<sup>th</sup> Quarter Cleanliness Compliance Report stating how the Service will address and improve this result. An improvement action plan will also be submitted.

**NCSS monthly compliance results for both cleaning and estates, for Scottish Ambulance Service overall and each Division in the last year are reported in section 2.**

Doc: HAI update	Page 3	Author: Head of Infection Prevention & Control
Date: 2018-05-30	Version 1.0	Review Date: May 2018

## **Outbreaks/Incidents:**

Weekly data on NHS Scotland Hospital ward closures due to Norovirus is circulated to the Ambulance Control Centres (ACCs) for information.

Health Protection Scotland recently circulated information concerning Public Health England declaring an increased number of measles outbreaks across England. This is thought to be due to importation of cases with ongoing community transmission. There are also a number of large outbreaks occurring in Europe. This has been assessed as an increased risk of measles importation to Scotland from both England and Europe and updated measles guidance has been circulated. This reiterates the importance of occupational health holding accurate information regarding evidence of staff's immune status. When this is not clear staff must wear FFP3 level respiratory protection when in contact with measles.

## **FFP3 Face Fit Testing:**

A recommendation paper to progress face fit testing across the Service was presented to the Operational Management and Executive Teams. The recommendations within include a target of face fit testing 95% of A&E staff by September 2019 and has been accepted on principle pending a Finance plan.

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

Service overall compliance with recording application of the PVC insertion bundle, improved further from 94.9% in February to 95.9% in March and 95.6% in April, this is against an increased target of >90%.

## **Infection Prevention and Control Annual Programme - Healthcare Associated Infection /Antimicrobial Resistance 2018/19**

Following wide circulation for consultation, the annual Infection Prevention and Control (IP&C) – Healthcare Associated Infection/Antimicrobial Resistance (HAI/AMR) Programme 2018/19 was approved by the Infection Control Committee and went to the Clinical Governance Committee for approval in May. The programme aligns with NHS Scotland's national HAI/AMR Delivery plan in the context of the pre-hospital setting. The Programme is provided to the Board for noting.

Susan Wilson

Head of Infection Prevention & Control

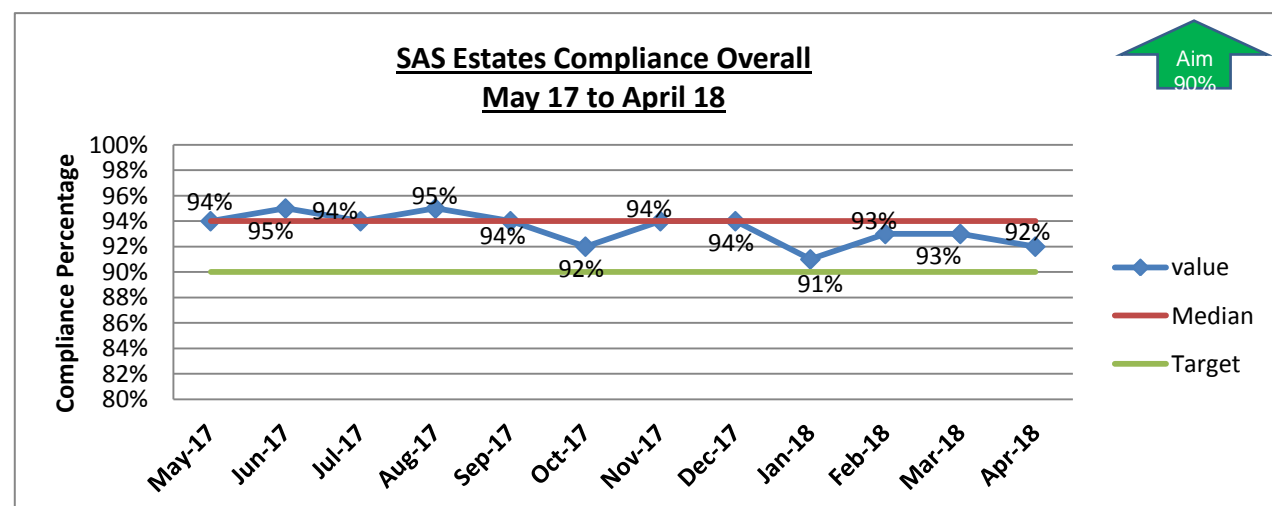
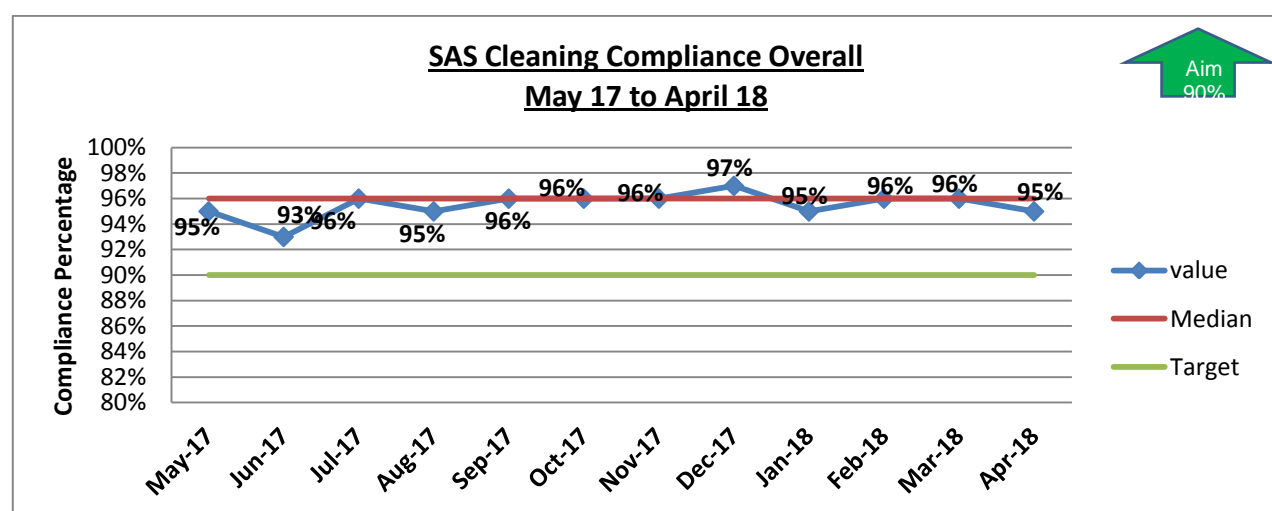
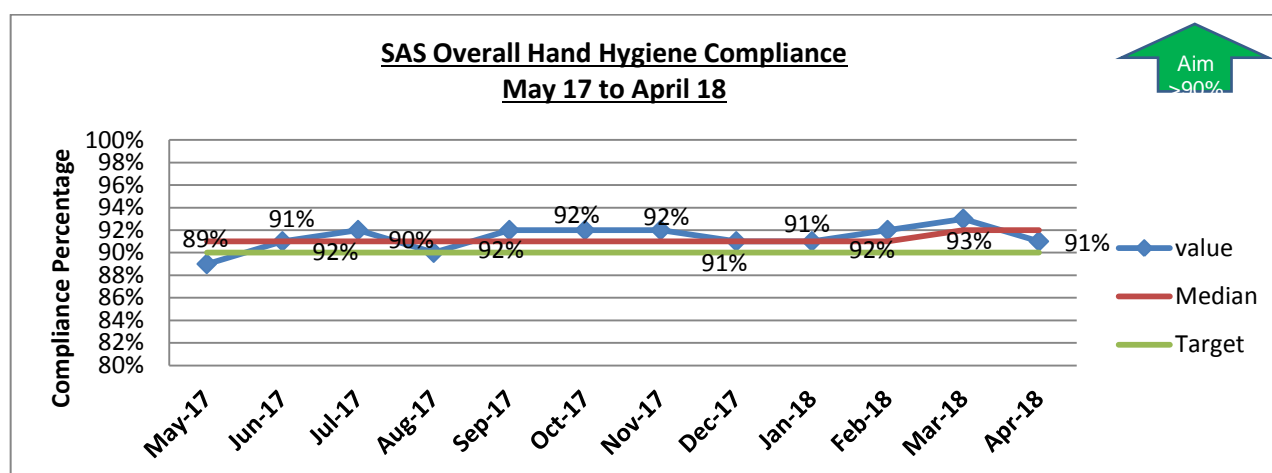
10/05/2018

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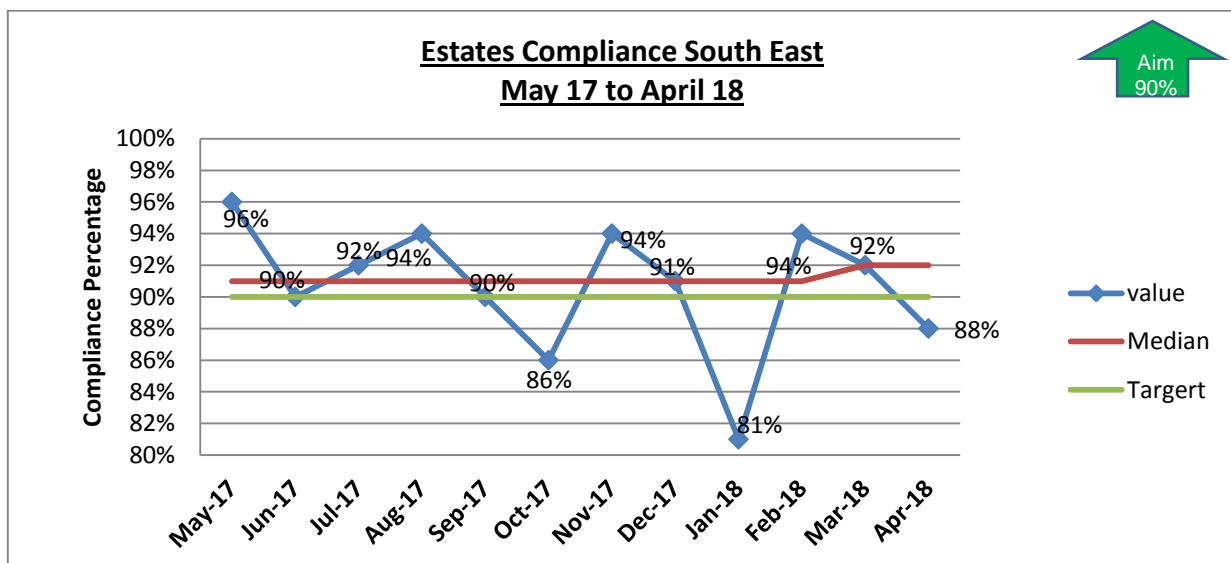
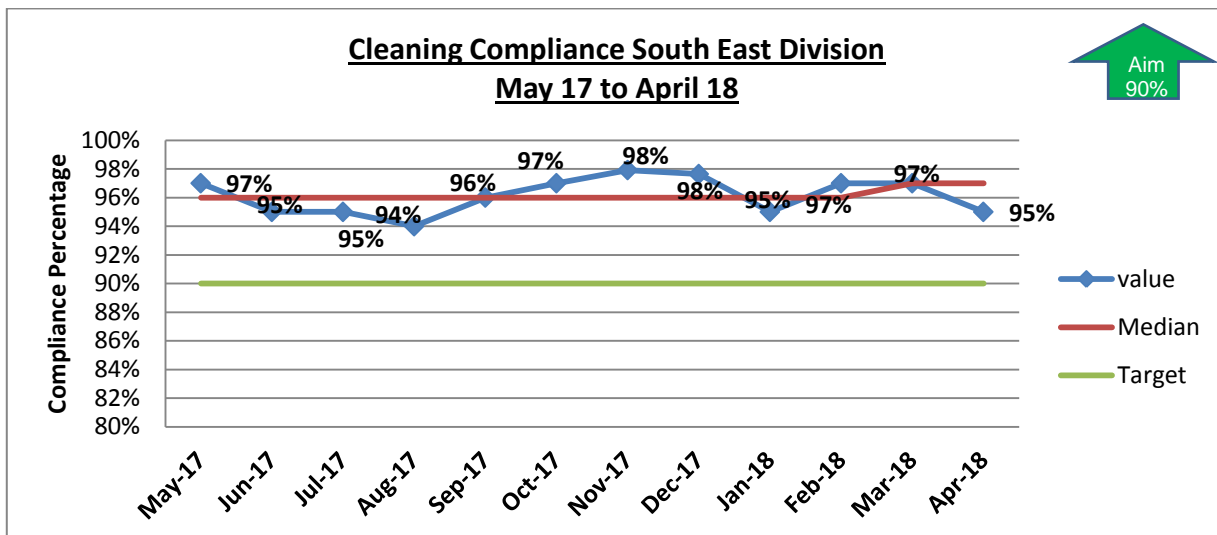
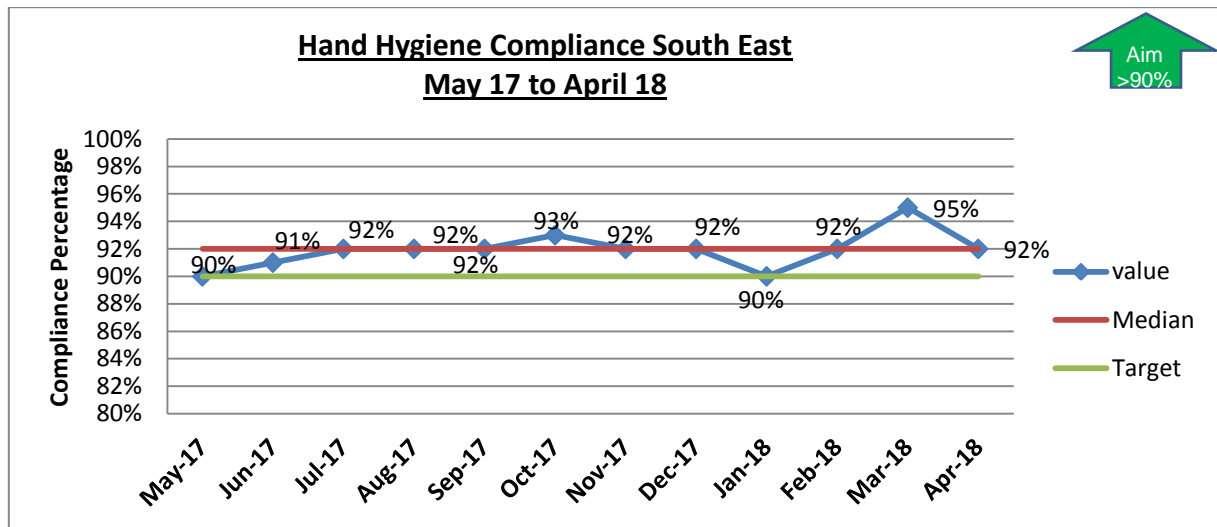
## Section 2 – Hand Hygiene and National Cleanliness Standards Compliance

The following series of Run Charts provide information, for the Scottish Ambulance Service overall and each Regional sub-division on hand hygiene and cleaning compliance for the period March 2017 – February 2018.

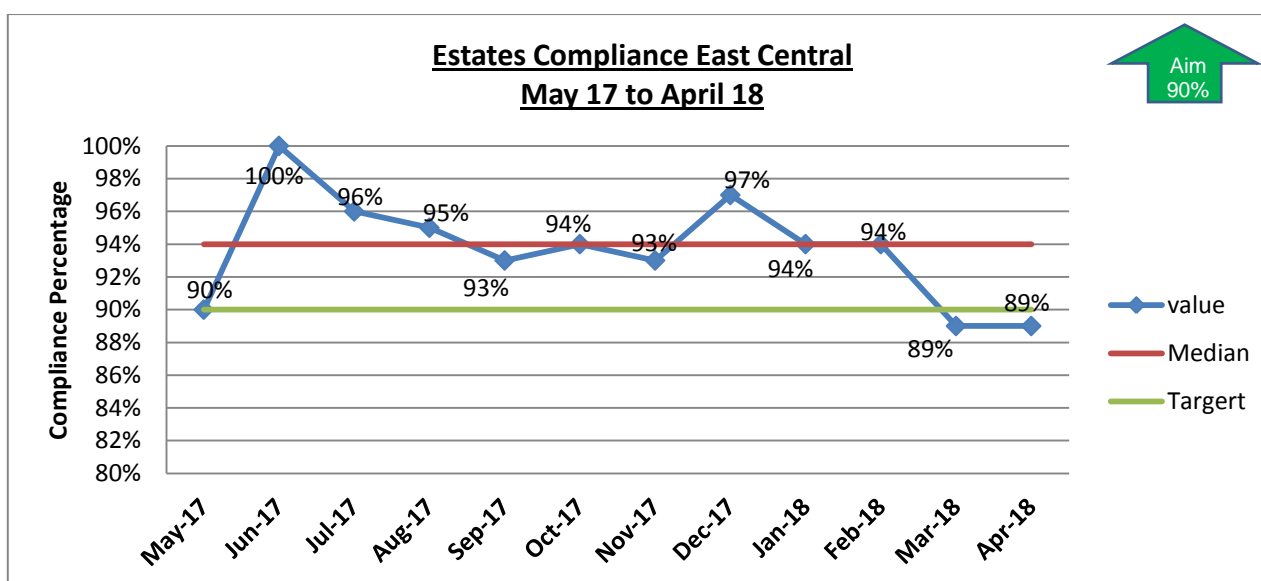
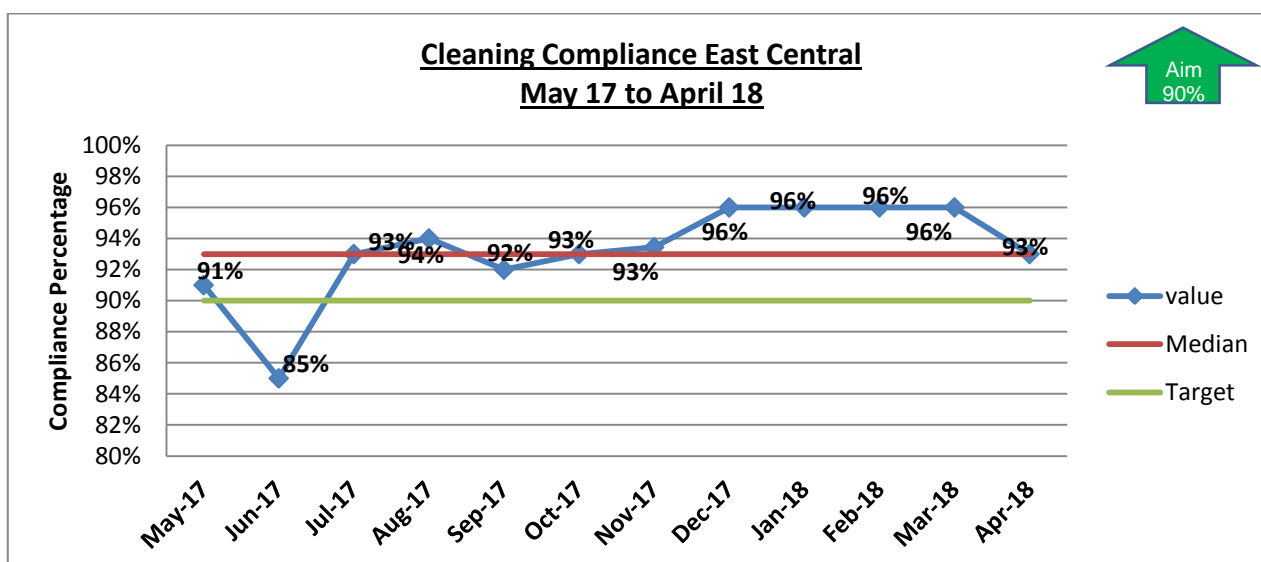
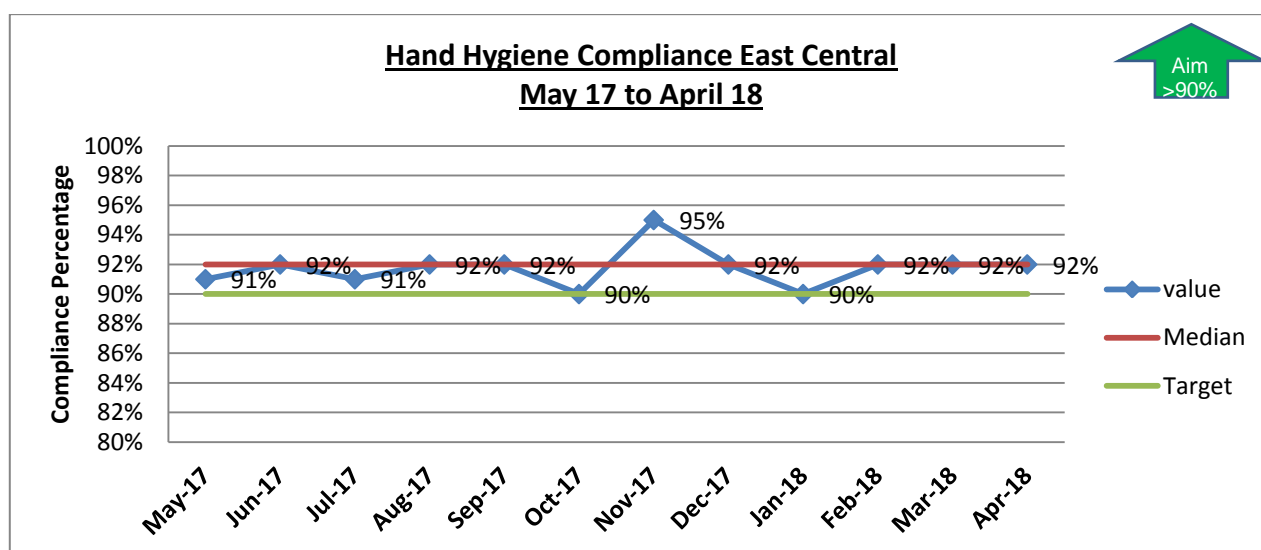
### SCOTTISH AMBULANCE SERVICE OVERALL REPORT CARD



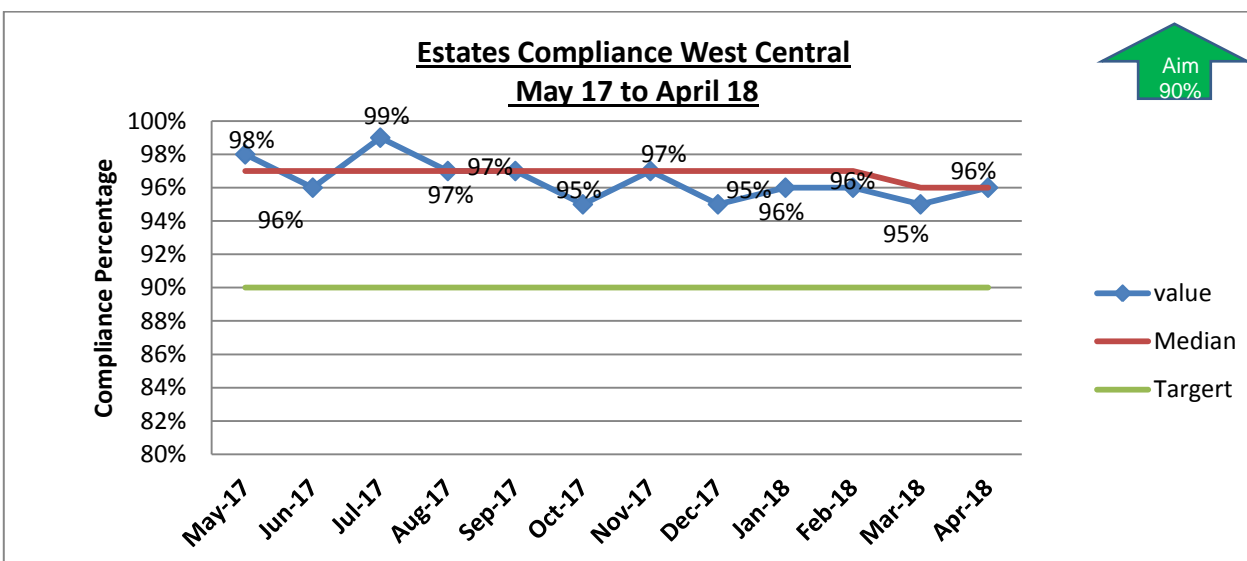
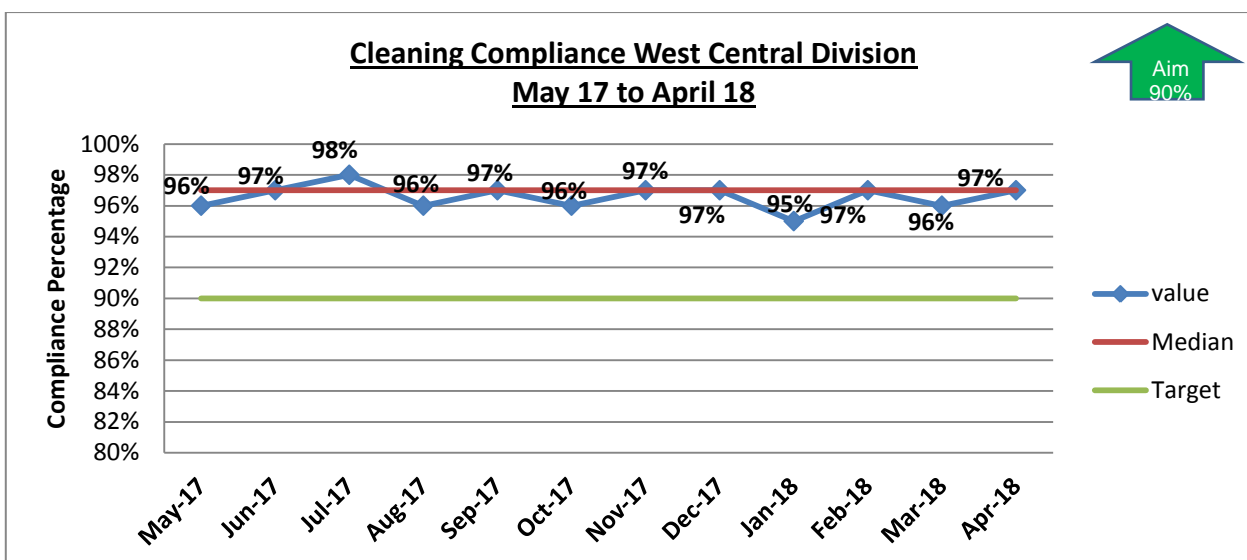
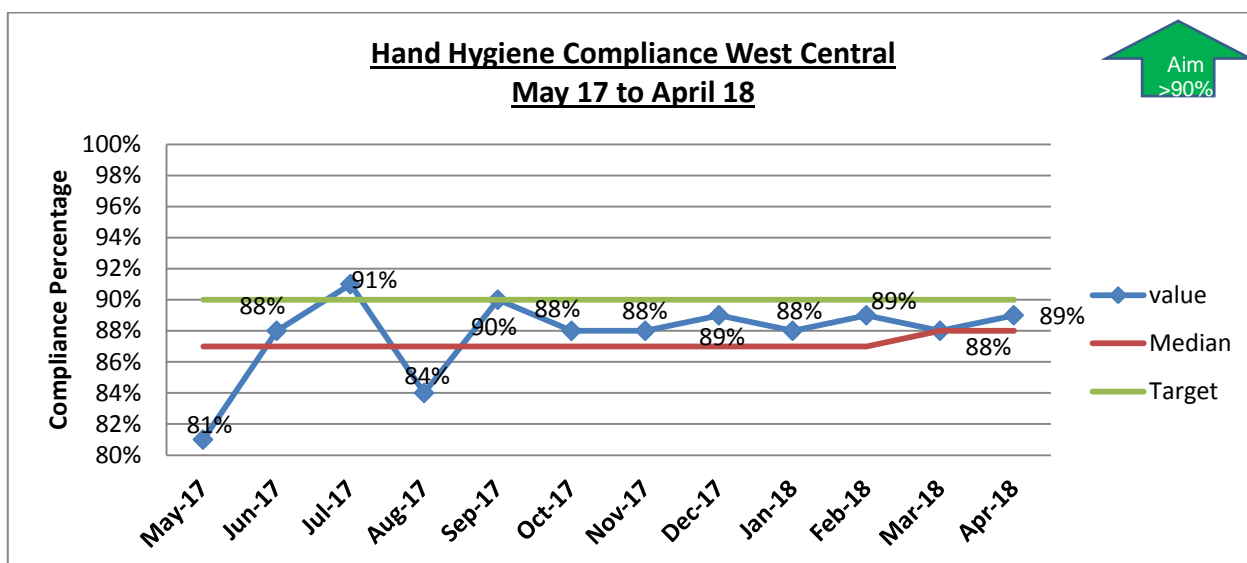
## EAST REGION - SOUTH EAST REPORT CARD



## EAST REGION - EAST CENTRAL REPORT CARD

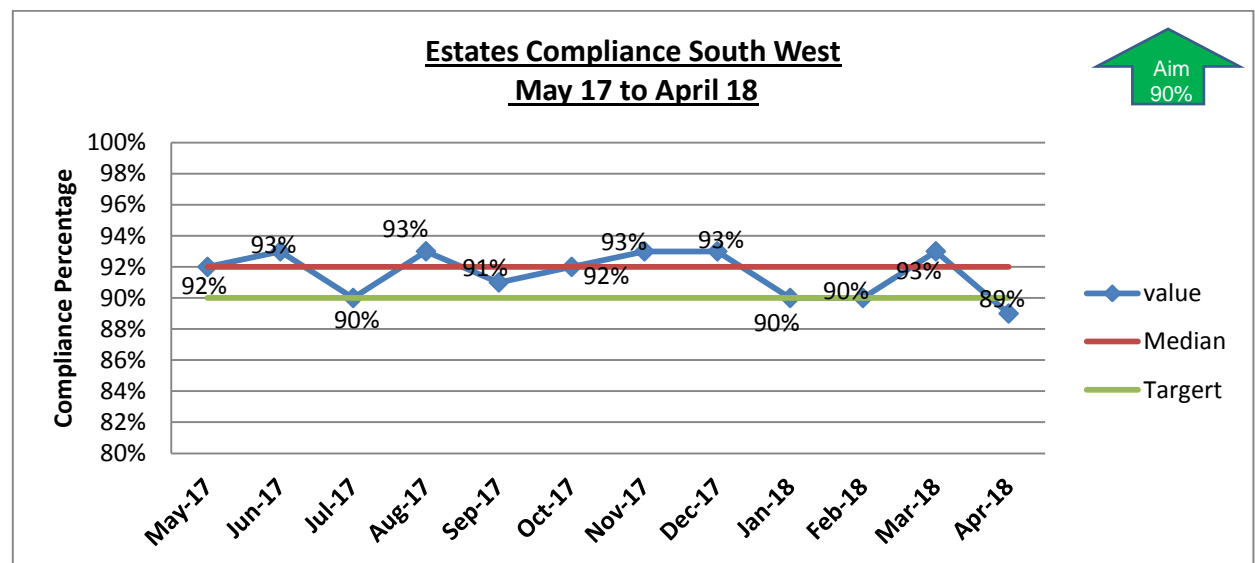
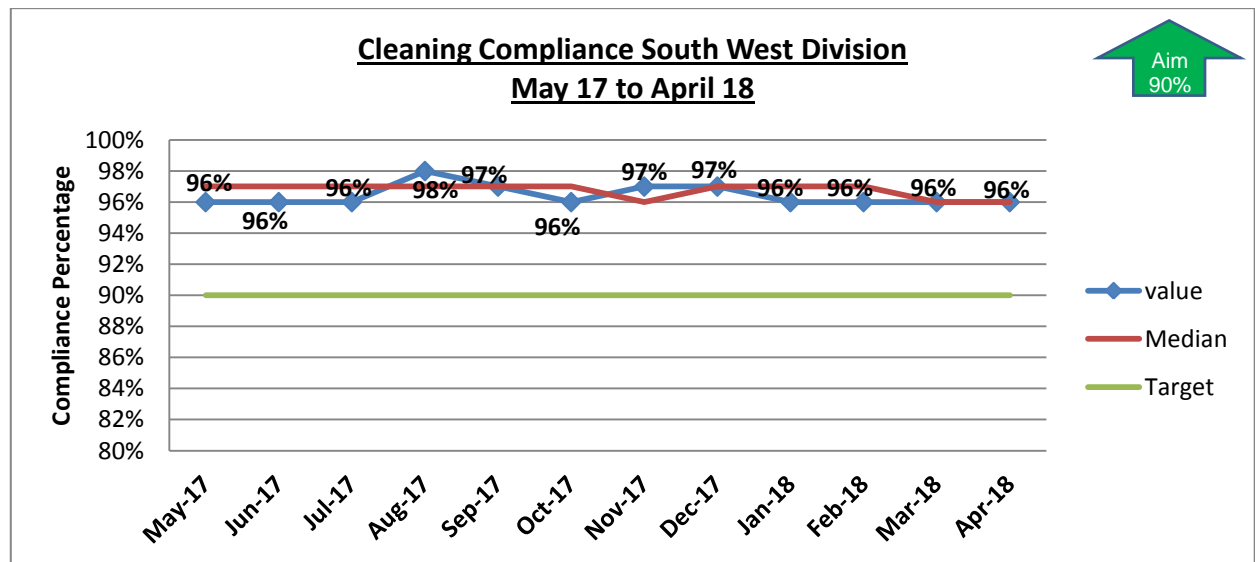
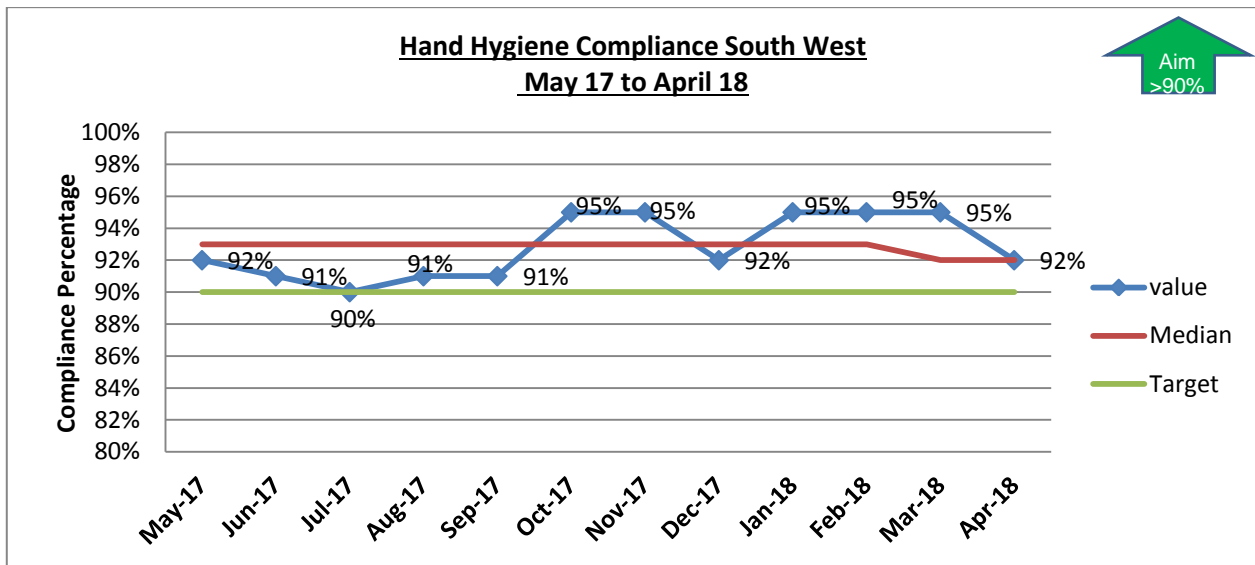


## WEST REGION - WEST CENTRAL REPORT CARD

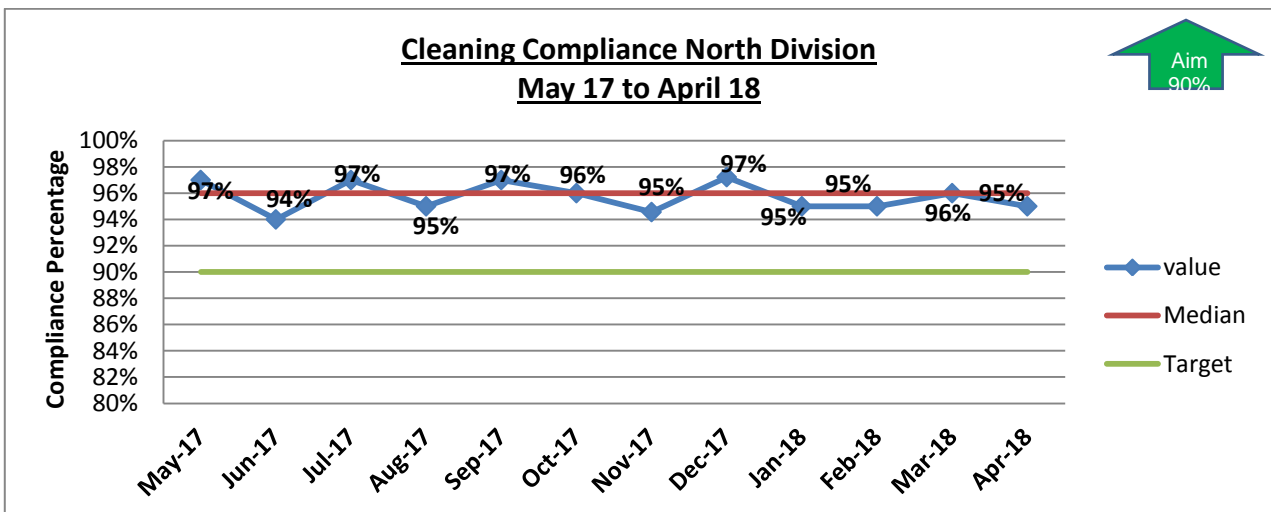
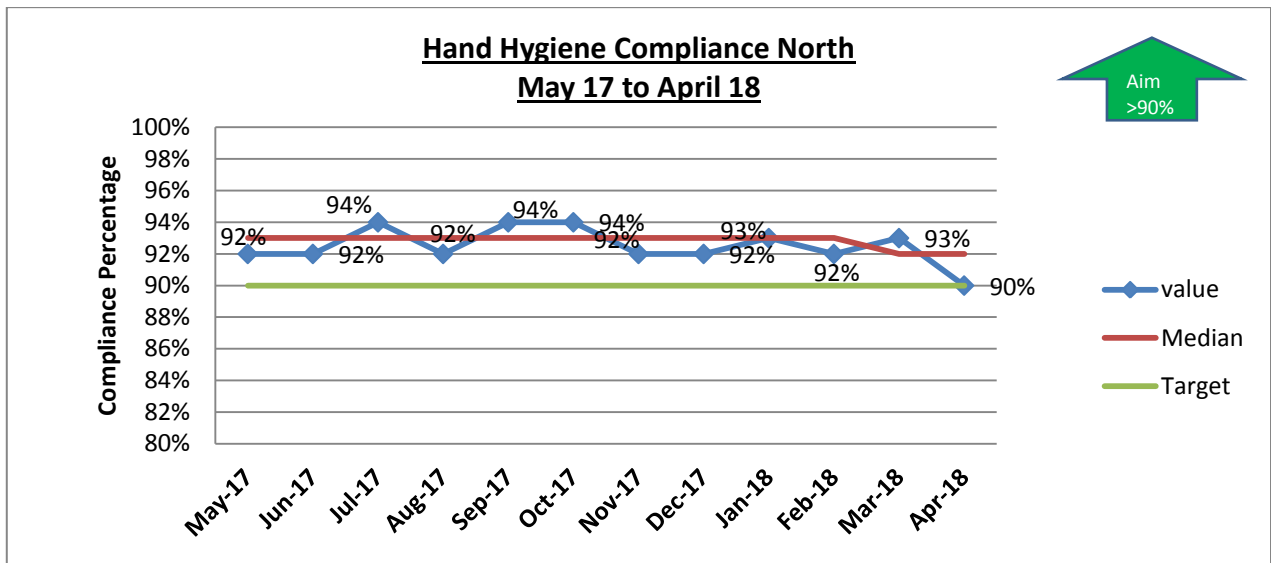




## WEST REGION - SOUTH WEST REPORT CARD



## NORTH REGION REPORT CARD





## APPENDIX A

# NHS SCOTTISH AMBULANCE SERVICE

*A Special Health Board of NHS Scotland*



## INFECTION PREVENTION & CONTROL HEALTHCARE ASSOCIATED INFECTION/ANTIMICROBIAL RESISTANCE ANNUAL PROGRAMME & IMPLEMENTATION PLAN 2018–2019

**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) aims 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 production of annual national delivery plans which Boards must ensure align to their annual Infection prevention and control programmes.

Scottish Ambulance Service's 2018/19 Infection Prevention and Control Programme continues to address the key delivery areas of the current NHS Scotland AMR/HAI Delivery Plan; in the context of the ambulance setting. Further to this the Programme addresses specific quality improvement initiatives in relation to the pre-hospital setting, with the aim of continuing to improve the delivery of safe, effective care for patients and a safe environment for staff. The programme also includes work to ensure compliance with 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 standards 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. To date Scottish Ambulance Service has implemented various comprehensive work plans to improve the prevention and control of Healthcare Associated Infection (HAI) and remains committed to this.

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 potentially an increased risk of HAI. The Infection Prevention and Control Team work closely with Education and Professional Development 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 theoretical knowledge and policy and procedures are applied in day to day 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. This encompasses best practice by front-line staff, effective leadership and communication at all levels of the Service.

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, national and divisional management, clinicians and other departments' e.g. Estates, Fleet, Procurement, IT, Education and Professional Development 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

# NHS SCOTTISH AMBULANCE SERVICE

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 the action completion dates forecast.

## **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:

- Set up costs to move to ios technology for inputting National Cleaning Services Specification (NCSS) Cleanliness monitoring data onto the National Facilities Monitoring Tool (FMT), I pads have already been purchased. Initial costs identified by Health Facilities Scotland (HFS) include a license cost for 'Apple' version of the application - £258.00. The IP&C Team is currently working with the IT Dept. to confirm wifi availability for I pads to access the FMT system and a distribution service to remotely distribute the application to all hand held devices. There is also an annual charge of £600 to all Boards for use of the FMT system. Total = £858.00 to be covered by the Infection Prevention and Control Department budget.
- 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 the HEI requirement to improve storage for linen (blankets) and patient care equipment/medical devices in some stations across the Service. Work has already been completed in Divisions to address this, but some stations still have outstanding issues to address. Costs require to be met by Divisions, The Infection Prevention and Control Team has and will continue to provide advice on the best options for individual sites.

In line with the National AMR/HAI Delivery Plan the 2018/19 programme of work aligns with the National Quality Strategy ambitions:

### Person centred

Control and prevention 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 control and prevention 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.

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## 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.

## **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](#)

# NHS SCOTTISH AMBULANCE SERVICE

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

## Schedule of Ongoing Infection Prevention & Control Work Supporting the Annual Work Programme

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

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	<ul style="list-style-type: none"> <li>• Ensure HAI information and data on IC page of @SAS and public facing website is current and appropriate</li> </ul>
<b>4. Organisational Structures</b>	<ul style="list-style-type: none"> <li>• Assist the HAI Executive Lead in the implementation of a strategic HAI programme that covers IP&amp;C, Cleaning and Decontamination of re-usable medical devices/patient care equipment.</li> <li>• IC Manager meets monthly with HAI Executive lead and provides a monthly update report for Chief Executive.</li> <li>• Monitor attendance at IC Committee meetings. TOR refers to need for regular attendance.</li> <li>• HAI Board Reports published with board papers on public facing website</li> </ul>
<b>5. Staff Education and leadership</b>	<ul style="list-style-type: none"> <li>• IP&amp;C Team to meet regularly with HAI Education Lead &amp; Education &amp; Professional Development Dept. to plan and evaluate HAI training programme for clinical staff, review progress with the HAI Education Framework and Implementation plan and ensure HAI education complies with national HAI Education standard.</li> <li>• Facilitate the development of HAI learning materials for mandatory update training and other courses.</li> <li>• Provide HAI Induction/ update training to EPD Dept staff, Clinical Advisors in ACCs and other staff groups as required.</li> <li>• Provide resources/information re HAI CPD on IPC resource page of @SAS</li> <li>• Head of Infection Prevention &amp; Control (IP&amp;C) &amp; Lead IP&amp;C Advisor will attend NHS Scotland IC Network meetings.</li> <li>• Head of IP&amp;C &amp; Lead P&amp;IC Advisor are members of UK wide ambulance IC Network, aim to attend 1-2 meetings per year.</li> <li>• IPC team to network with IPC teams in other boards and UK ambulance services.</li> <li>• Advise Managers on appropriate annual HAI objective for staff PDPs relevant to role and responsibility</li> <li>• Support IP&amp;C team members to meet CPD requirements identified in PDPs through annual review/appraisal, referring to career development framework for IP&amp;C nurses / post registration career development framework as appropriate to post.</li> <li>• Provide advice and Support to mandatory groups to complete Standard Infection Prevention &amp; Control Education Pathway (SIPCEP) and advise Managers on appropriate HAI objectives for PDP's</li> <li>• Maintain C. Champ. data base for reference in terms of staff that have completed the programme.</li> <li>• Ensure all members of the IP&amp;C team have an appropriate PDP that ensures they continually develop their specialist knowledge by attending HAI courses/conferences and completing HAI modules on Learnpro</li> </ul>
<b>6. Quality Improvement</b>	<ul style="list-style-type: none"> <li>• Facilitate HEI inspections and develop and facilitate implementation of improvement action plans</li> <li>• Facilitate adherence with HAI Standards 2015 through engagement with relevant Depts., Divisional Managers and executive Team.</li> <li>• Review and update as necessary the IP&amp;C aspect of the PVC insertion bundle to ensure evidence based practice.</li> <li>• To continue to build capacity and capability around quality improvement methodology within IP&amp;C team.</li> <li>• Implementation of NHS Scotland HAI policy/guidance/standards as appropriate to the ambulance setting.</li> <li>• Meet HEI time-scales following inspection for submission of approved improvement action plan and provide progress reports as requested</li> </ul>
<b>7. Surveillance (Audit)</b>	<ul style="list-style-type: none"> <li>• Promote zero tolerance to non-compliance with SICPs by raising awareness during station visits and audits.</li> <li>• Support Divisions to complete regular IP&amp;C self audits</li> <li>• Complete a programme of IP&amp;C audits of all stations to include available ambulances</li> <li>• Conduct mandatory NCSS Cleanliness monitoring of all ambulance stations quarterly and input data to NHS Scotland national Facilities Monitoring Tool (FMT)</li> <li>• In line with SGH&amp;SC Directorate requirements include hand hygiene compliance scores and Cleanliness monitoring results in bi-monthly HAI Board reports.</li> <li>• Provide progress reports on SICPs and Cleanliness monitoring compliance to IC Committee, National and local Management Team meetings, the Board and Clinical Gov Committee.</li> <li>• Rivo audit results are reported to Station Managers to address rectifications. Low scores escalated to General Managers, HAI Exec Lead and Director of Operations as necessary.</li> <li>• SICPs and other IC audit reports/results to be displayed on stations for staff information</li> </ul>



# NHS SCOTTISH AMBULANCE SERVICE

## Annual Work Programme 2018/19

### 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>	1.1 Sepsis 6 work programme is aiming to introduce pre-hospital I/V antibiotics for suspected sepsis cases when the time to hospital exceeds 1 hour. The Infection Control Doctor provides specialist microbiology advice to the Medicines Management Group who lead this work	IC Doctor/ Medical Director/ Chair MMC/ICC	June 2018	Agreement has been given for administration of antibiotics. SAPG has approved this	
	1.2 Medicines Management Committee (MMC) has developed a system for monitoring and reporting of medicine (including antimicrobials) use with feedback provided at MMC meetings	MMC	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>	2.1.1. To complete work with the I&CT Dept. to assess whether terrafix tablets soft ware can record ambulance daily and weekly cleaning in a way that data can be checked.	IP&C Team	Aug 2018	C/F from last year. I&CT dept. have details of the requirement and have stated this work will be a priority in 2018/19 financial year	
	2.1.2 To work with I&CT Dept. to move to iOS technology for NCSS FMT monitoring system working in collaboration with Health Facilities Scotland	IP&C Team/ IT &C Dept/HFS	June 2018	C/F from last year. Ipads purchased waiting for IT to confirm system can be accessed on Wifi	
	2.1.3 Review priority HAI estates maintenance issues noted during NCSS audits and refer to Estates Dept and Divisional management. Refer priority issues in ambulances to Fleet Dept. Complete Datix incident reports for outstanding issues	IP&CTeam/ Div Managt/ Estates /Fleet	Quarterly		
	2.1.4 Conduct spot checks audits of Regional PT vehicles to ensure compliance with cleaning schedule & medical supplies, report findings to Managers and ICC	IP&C Team/ Reg Mangmt	Oct 2018		

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	<b>2.1.5</b> Complete risk assessment to address the update to NCSS document regards cleaning of sanitary areas with hypochlorite.	IP&C Team	May 2018		
<b>2.2</b> Patient care equipment/ medical devices are clean, maintained and safe for use.	<b>2.2.1</b> All stations to meet the HEI requirement for storage of medical devices, patient care equipment and blankets.	IP&C Team, Divisional Managers	June 2018	C/F from last year. Updated list of stations that still require to fully address this sent to regional Directors in February 2018.	
	<b>2.2.2</b> Provide specialist advice to working group looking at providing new defibrillators	IP&C Team Specialists	Aug 2018		
<b>2.3</b> Ensure new build/upgrades to ambulance station/air ambulance premises are designed to minimise the risk of HAI	<b>2.3.1</b> Risk assess new shared accommodation plans to ensure they meet required Infection control specification depending on operations at individual sites.	IP&C Team/ Divisional Manager/ Estates Dept.	Quarterly		
<b>2.4</b> Ensure new build/planned updates for ambulance vehicles are designed to minimise the risk of HAI	<b>2.4.1</b> Ensure supplies on ambulances are stored appropriately. Discuss and collaborate with clinical directorate and NVDEG to consider review of VECs sheets	IP&C Team/ Clinical Directorate/ NVDEG	November 2018		

### 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.
<b>3.1</b> Implementation of evidence based infection prevention and control guidance at point of care.	<b>3.1.1</b> Ensure most recent version of the National IP&C policy manual is reviewed and appendices adapted to address specific needs of the ambulance service	IP&C Team/ HPS	Quarterly		
	<b>3.1.2</b> To provide IC update sessions for new Clinical advisors in ACCs and other depts. / operational staff as required	IP&C Team/ACC Manager	March 2019		
	<b>3.1.3</b> To provide SICPs awareness training sessions for SORT staff	IP&C Team/Sort Managers	April 2018	C/F from last year	
	<b>3.1.4</b> Review and update IP&C Governance policy to ensure TOR agreed by Clinical Governance Committee are included	Head of IP&C	July 2018		
<b>3.2</b> To improve and sustain compliance with Standard Infection Control Precautions (SICPs)	<b>3.2.1</b> Arrange hand hygiene awareness raising sessions in each Region, to include PTS staff.	IP&C Team/ Divisional managers and Staff	Oct 2018	.	

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Key Result Area	Action	Lead	Timescale	Progress	R.A.G.
	<b>3.2.2</b> Plan Awareness campaign for National Hand Hygiene day 2018 based on the theme of Sepsis	IP&C Team	May 2018		
	<b>3.2.3</b> Review data around the national SICPs monitoring framework being developed to ensure it meets the needs of the ambulance setting.	IP&C Team/HPS	Dec 2018	IP&C Team member sits on this group	
	<b>3.2.4</b> Work with IC&T Dept. to assess whether the interactive PDF SICPs resource developed by NES can be hosted on ambulance tablets	IP&C Team/ Info & Comms Technology Dept.	July 2018	C/F from last Year. IC&T Dept have stated this will be a priority for further work from April 2019 financial year.	
	<b>3.2.5</b> Review and update SICPs supplementary procedures document that clarifies SICPs procedures in the context of the ambulance setting.	IP&C Team	July 2018		
	<b>3.2.6</b> Continue to review/adapt SICPs audit programme to target specific non-compliances and to allow more time for awareness raising work	IP&C Team	Oct 2018		
<b>3.3</b> Scottish Ambulance service is prepared in the event of an emerging infection threat or pandemic. <b>Level1-Business as normal and Level2- Preparedness for an emerging threat.</b>	<b>3.3.1</b> To review progress with FFP3 respirators fit testing to ensure ambulance staff can apply National TBPs policy in full. Need to meet minimum requirement for staff face fit testing. <b>Level 1- SORT and A&amp;E staff</b>	Head of H&S/ IP&C Team/ HAI Exec Lead	Sept 2018	C/F from last year. Recommendation paper now agreed by OMT and Executive Team. Implementation plan to be completed	
<b>3.4</b> To ensure appropriate staff are competent in the use of higher level PPE required when dealing with category 3 infectious diseases of high consequence e.g. MES CoV	<b>3.4.1</b> To agree with EPDD a method of providing training on safe use of higher level PPE to A&E staff. Consider possibility of including on next year's LIP course and method of delivery.	IP&C Team/EPDD / HAI Exec Lead	July 2018		
3.5 There is effective communication systems and processes in place	<b>3.5.1</b> Review current IP&C categories and sub-categories on Datix and agree updates required with risk Manager	IP&C Team/ Risk Manager	October 2018		
	<b>3.5.2</b> Produce infection prevention & control flash report or an article for Response magazine- twice a year	IP&C Team/ Comms Dept	July & Dec 2018		
	<b>3.5.3</b> Update IP&C Team poster with staff changes	IP&C Team	June 2018		

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## 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	Bi-monthly		
	4.1.2 IC Programme 2018/19 approved by Infection Control and Clinical Governance committees	Head of IP&C	May 2018		
	4.1.3 IC programme quarterly progress reports to IC Committee meetings.	Head of IP&C	Quarterly		
	4.1.4 Compile annual IC report for 2017/18	Head of IP&C	June 2018		
	4.1.5 Annual report 2017/18 approved by infection Control & Clinical Governance Committees	Head of IP&C	July 2018		
	4.1.6 Compile annual IC Programme for 2019/20	Head of IP&C	March 2019		

## 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 Review and update HAI Education Strategy to address new SIPCEP Programme.	Head of IP&C/ HAI Education Lead	July 2018		
	5.1.2 Undertake a programme of QA assessments on delivery of Infection Control Induction education for clinical staff – A&E and PTS	IP&C Advisors/ EPDD	Nov 2018		
	5.1.3 Work with Learnpro Manager to assess whether data re completion of individual SIPCEP modules can be pulled over to Data Warehouse for access by Regional Managers	Head of IP&C/EPDD Learnpro lead	July 2018		
	5.1.4 Continue to review student evaluation of IP&C induction session on VQ courses	IP&C Team/ EPDD	October 2018		
	5.1.5 Compile list of Team Leaders who have not completed the Cleanliness Champions Programme for mandatory completion of foundation level of SIPCEP	IP&C Team/Div Managmt	June 2018		

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Key Result Area	Action	Lead	Timescale	Progress	R.A.G
	<b>5.1.6</b> Provide communication method to assess staff needs in terms of IP&C education	IP&C Advisor	Sept 2018		
	<b>5.1.7</b> In collaboration with EPDD agree delivery of an appropriate HAI/IP&C update on annual LIP training	IP&C Team/ EPDD	July 2018		
<b>5.2</b> Support and development of IPC Team to ensure IPC competency requirements are met.	<b>5.2.1</b> 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	January 2019		

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

Key Result Area	Action	Lead	Timescale	Progress	R.A.G
<b>6.1</b> Quality Improvement Tools ( care bundles/SOPs) are applied for invasive procedures with increased risk of HAI	<b>6.1.1</b> To assess impact of PVC insertion pack trial in South west stations. Develop a case for implementation to National Clinical Operational Governance Group (NCOGG)	IP&C Team/ Pt. Safety Manager/ Clinical Directorate	Oct 2018		
	<b>6.1.2</b> Review and update PVC insertion bundle with information re failed cannulations	IP&C Team/EPDD	Aug 2018		
<b>6.2</b> Apply improvement methodology as a tool to support the implementation of sustainable changes to improve IP&C.	<b>6.2.1</b> To support improvement work programmes with Divisions, to address non-compliances from SICPs and other IC audits. Targeting lower scoring areas/stations	IP&C Team/ Regional Managt/NVD EG	Jan 2019		
<b>6.3</b> To develop and implement HEI improvement action plans post inspections	<b>6.3.1</b> Complete and submit updated HEI self assessments and supporting evidence to HEI annually and as required.	Head of IP&C/ HAI Exec Lead	July 2018		

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## 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 area reports to provide feedback and inform staff and Managers on the required improvement actions.	IP&C Team / Regional managmt	Monthly		
	7.1.2 To input to HPS consensus group looking at a national framework for SICPs audits	IP&C Team	Nov 2018		
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/ Regional Managemt	Quarterly		
7.3 To provide assurance re cleanliness and maintenance of the healthcare environment.	7.3.1 IP &C Specialists to conduct peer review NCSS audits	IP&C Team	March 2019		
	7.3.2 Patient/public representative participation in NCSS audit programme - 1 per year per Division	IP&C Team	March 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 Regional Managers.	IC Manager/ Head of H&S/GMs	Monthly		

# **NHS SCOTTISH AMBULANCE SERVICE**

## **Infection Control Programme Consultation List**

### **Appendix 1**

- SAS Infection Control Committee
- Clinical Governance Committee
- Senior Leadership Team
- Chief Executive
- Director of Care Quality & Strategic Development
- Medical Director
- Regional and Operational Directors
- Director of HR and Organisational Development
- Director of Finance
- Head of Health & Safety
- Head of Clinical Governance and Quality
- Head of Scotstar
- Head of Air Ambulance
- Risk Manager
- Head of Estates
- Head of Procurement
- Head of Education & Professional Development
- Head of Fleet, General Manager Risk & Resilience Dept. and ACCs