

NOT PROTECTIVELY MARKED

Public Board Meeting

**28 July 2021
Item 13**

THIS PAPER IS FOR DISCUSSION

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

Lead Director Author	Frances Dodd, Director of Care Quality and Professional Development Sarah Freeman, Head of Infection Prevention and Control
Action required	The Board is asked to note this report.
Key points	<ul style="list-style-type: none"> As a result of the pandemic, not all of the deliverables of the Annual Infection Prevention and Control (IPC) Programme of Work for 2020/21 were achieved. The Committee formally approved the transfer of the outstanding deliverables to the 2021/2022 programme of work (page 3). The main aim of the IPC Audit programme is to maintain a consistently high standard of infection prevention and control in the Service. The audit programme was a priority for the Service throughout 2020/2021, and this programme has been completed as planned (page 3). The Service has undertaken a formal review of the Viral Haemorrhagic Fever guidance to ensure organisational capacity in the transfer and care of these patients. This guidance will include new and emerging pathogens, including High Consequence Infectious Diseases (HCID) (page 4). Overall compliance with the recorded use of the PVC insertion care bundle is being consistently sustained above the quality indicator aim of 95% (page 5).
Timing	This paper is presented to the Board bi-monthly in the Scottish Government's prescribed template.
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	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.

Health and Social 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

3rd March 2021 – 6th May 2021

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 HAI. In addition, the work programme actively supports recovery from the COVID-19 pandemic, the prevention of transmission of COVID-19 and the SAS Remobilisation Plan to March 2022. It is widely circulated to the Service for approval. It was tabled at the Clinical Governance Group on 17th May and the Infection Control Committee on 17th June and formally approved with minor changes. Progress with the plan is reviewed and discussed at each Infection Control Committee meeting.

The outstanding deliverables not achieved in the Programme of Work for 2020/2021 were transferred to the programme of work for 2021/2022. It was agreed that the IPC would meet the deliverables in the first quarter of this year. Although all the deliverables have been actioned and progressed by the IPC Team, we are not in a position to announce that they have been fully achieved. The deliverables do not rely solely on the outputs of the IPC Team; we work collaboratively and regularly consult with colleagues internally and externally to the organisation. We will continue to strive to achieve deliverable dates however the June 2021 deadline has not been met although all deliverables are in progress. Some are out with our internal control, and are being monitored through assurance processes to achieve as quickly as possible.

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. The comprehensive IPC audit programme of ambulance vehicles and stations (known as the RIVO audits) will remain a priority for 2021/2022. We will include in the RIVO audits additional questions such as COVID-19-specific questions related to social distancing, safety checkpoints and power air-purifying respirators. This is a six-monthly audit programme, and a report will be prepared for ICC for 16th September 2021 and March 2022. The regional and department representatives on the ICC will report audit results formally at the quarterly ICC meeting and will highlight any issues and improvements for assurance.

A programme of self-auditing for the Ambulance Control Centres is working well following the introduction of checklists. The IPC team will conduct quality assurance tests on the auditing processes and systems and will work in partnership with the ACC team to develop an IPC champion to encourage local ownership of IPC. The same quality assurance and improvement system will be used at the Mobile Testing Units, where we will train operators and supervisors to undertake IPC audits and implement change while linking closely with the IPC Specialist Advisor.

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Inspection Visits to New and Refurbished Premises

No IPC inspection visits were carried out at new and shared premises since my last report. The plans are to visit Broadford and Aviemore Stations in the next few months.

Policy and Guidance

As highlighted in the previous report, the Service has undertaken a formal review of the Viral Haemorrhagic Fever guidance and action cards as an interim mitigation until the national review. The short-life working group (SLWG) was established in 2020 and is co-lead by the Head of IPC with membership comprising a range of stakeholders; this group has met to review version 1 of the guidance. The Scottish Health Prevention Network HCID (high consequences infectious diseases) group was suspended during the pandemic and held its first meeting on 23rd June 2021. The Service is well represented on the group to provide an IPC and operational perspective.

Further guidance on the cleaning and decontamination of power air-purifying respirators (PAPR) was presented and approved at the Infection Prevention and Control Committee meeting on 17th June. PAPRs provide filtered respiratory protection through complete enclosure of the wearer's head. As such, a PAPR does not require FIT testing and can be worn by individuals with facial hair. The manufacturers' guidelines alone do not provide adequate consideration of the healthcare environment or sufficient detail to ensure the safe decontamination of these items of respiratory protection. The National Infection Prevention and Control Group (UK Ambulances Services) have developed a detailed respiratory protective equipment decontamination procedure for the NHS Boards to ensure a safe decontamination process is undertaken by ICC; this is supported by detailed guidance on decontamination and an 'aide memoire' on decontamination that is available in ambulance vehicles and rapid response vehicles.

Draft guidance on the control of outbreaks has been developed and aligns with the National Infection Prevention and Control Manual and COVID-19 guidance. The next stage is for the document to be reviewed by the operational teams prior to wider dissemination.

Education and Training

The IPC team continues to support and advise Mobile Testing Units (MTUs). In addition, the team completed training for operators and supervisors in June. We have also been approached to support the crews who are filming SAS 'Paramedics on Scene' and operations in pre-hospital and hospital trauma settings. The film company's intention was to contract IPC to advise and act as an outside consultant; however, this expertise does not exist. Our primary aim is to keep our patients and staff safe; therefore, it was necessary for the IPC Team to advise the film company on their standing operating procedures. Our colleagues from the West region have also supported this with fit testing for filtering face piece 3 (FFP3) and provided training for donning and doffing of PPE.

External Partner Engagement

The IPC team has maintained and contributed 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). The HAI Infection Control Standards are being reviewed by Healthcare Improvement Scotland. These standards

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are relevant not only for healthcare as the revised scope will include care homes. The Lead IPC Advisor represents the Ambulance Service within this group.

Peripheral Venous Catheter (PVC) Insertion Bundle

The compliance with the PVC bundle remains above the target of 95% with April at 96.5% May at 96.9% and June 96.7%.

Conclusion

This report highlights the challenges with delivering the annual IPC Programme of Work due to the ongoing pandemic. The Annual Programme of Work for 2021/2022 actively supports recovery from the COVID-19 pandemic and the prevention and control of HAIs. The main components of the programme, including audit, policy and guidance, education and training, advisory and gathering and sharing knowledge support the service to prevent and reduce the risk of infection for the people we care for and our staff.

Recommendations

The Board is asked to discuss this report.

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