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Scottish Ambulance Service Board Meeting

28 May 2025

Item 13

THIS PAPER IS FOR DISCUSSION

INFECTION PREVENTION AND CONTROL ACTIVITY UPDATE INCORPORATING HEALTHCARE ASSOCIATED INFECTION

Lead Director	Emma Stirling, Director, Care Quality and Professional Development
Author	Karen Burnett, Head of Service for Infection Prevention and Control
Action required	The Board is asked to discuss and note this report.
Statement of Assurance	There are clear and effective structures and processes that achieve system wide compliance with mandatory and best practice standards in Infection Prevention & Control (IPC) and establish systems for monitoring outcomes which demonstrate improved patient safety and improved and safer working practice for staff.
Key points	Mandatory information required for Board reports (page 3) Vaccination uptake (page 4).
Associated Risk Identification	Risk 4636 – Health and wellbeing of staff Risk 4638 – Wider system changes and pressures
Associated Clinical Risk Identification	4930 – There is a risk that patients will deteriorate. 4624 - There is a risk of patient harm due to SAS responding to patients who present with increasingly complex needs.
Timing	An IPC activity update paper is presented to the Board at each meeting.
Link to Corporate Ambitions	We will <ul style="list-style-type: none">• Work collaboratively with citizens and our partners to create healthier and safer communities• Innovate to continuously improve our care and enhance the resilience and sustainability of our services.• Provide the people of Scotland with compassionate, safe and effective care when and where they need it

	<ul style="list-style-type: none"> • Be a great place to work, focusing on staff experience, health and wellbeing
Link to NHS Scotland's Quality Ambitions	The work and information referred to in this report supports the Service in its contribution 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).
Climate Change Impact Identification	This paper has identified no impacts on climate change.
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. Antimicrobial resistance and Healthcare Associated Infection 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.



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SCOTTISH AMBULANCE SERVICE BOARD

INFECTION PREVENTION AND CONTROL ACTIVITY UPDATE INCORPORATING HEALTHCARE ASSOCIATED INFECTION

KAREN BURNETT, HEAD OF INFECTION PREVENTION AND CONTROL

SECTION 1: BACKGROUND

Infection Prevention and Control (IPC) is critical to keeping people safe when they are receiving health and social care. Effective IPC can help reduce the risk of infection and ensure the safety of people receiving care, staff and visitors. IPC is integral to quality health and social care delivery because everyone in these settings faces a potential risk of infection. Factors that are known to increase this risk include extremes of age (for example being older or very young), the complexity of interventions that are part of a person's care and prolonged or inappropriate use of antimicrobials.

High quality IPC practice can help to reduce the prevalence of infections (including healthcare-associated infections - HAIs) that are associated with the delivery of care in hospitals, long-term care facilities (including care homes) and other care settings (such as ambulances, prisons, hospices and independent healthcare facilities).

SECTION 2: DISCUSSION

IPC standards are a key component in the drive to reduce the risk of infections in health and social care in Scotland. The standards support:

- organisations to quality assure their IPC practice and approaches, and
- the IPC principles set out in the National Infection Prevention and Control Manual (NIPCM).

Each Board is required to received Infection Prevention and Control Updates bi-monthly on key IPC activity ([DL \(2015\) 19](#) and [DL \(2019\) 23](#)), namely:

1. Surveillance

- Staphylococcus aureus bacteraemia (SAB)
- Surgical Site Infections (SSI)
- Escherichia coli bacteraemia (ECB)
- Clostridioides difficile infection (CDI)

Due to the unique nature of the Scottish Ambulance Service (the Service) there is no requirement for surveillance of the above organisms as this will be captured within the

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Territorial Board reports. The Service regularly insert peripheral venous cannulas (PVC), and this is audited and reported to the IPC Committee via compliance with the PVC bundle.

2. Antimicrobial Use
3. Hand Hygiene
4. National Cleanliness Standards (NCSS) Compliance

2.1 Leadership and governance

The IPC team consists of:

- Head of Service for IPC
- Lead IPC Practitioner
- Senior IPC Practitioner
- IPC auditor (x2)
- Vacant post (x1) Band 6

The vacancy within the team was previously a Clinical band 6 (30hour) IPC Practitioner. This vacancy has resulted in delays within the IPC program of work, and this has been captured in the IPC risk register and acknowledged at both the IPC Committee (24.04.2025) and Clinical Governance Committee (CGC) (12.05.2025). Outstanding actions have been carried forward to the incoming IPC Program of Work. The Head of IPC is reviewing the needs of the IPC service since coming into post in July 2024.

The IPC Annual Report 2024/2025, IPC Program of Work 2025/2026 and the reviewed Terms of Reference have been presented and approved to both the IPC Committee (24.04.2025) and CGC (12.05.2025).

2.2 Optimising antimicrobial use

The Head of Service will be a regular attendee of the Medications Management Group (MMG) where antimicrobial use will be monitored. The antimicrobial usage for the Service is minimal in comparison with territorial health boards; however, compliance with the Service PGD is high which is reassuring.

Antimicrobial usage is reported through the medicines management committee with bi-annually reporting to the IPC Committee.

Below is an extract from the Clinical Governance and Patient Safety Report that was presented to the CGC (12.05.2025).

PGD Reporting

The table provides a more detailed comparison of the current data to the last quarter. Although the number of signed PGDs has increased, we have seen a slight decrease in some of the overall percentages. This is due to another increase in the number of registered healthcare professionals, including newly qualified paramedics (NQP). The training team also provide time and support to orientate the NQPs to the JRCALC App and the need for PGD compliance.

Red below 80%	Amber 80%-94%	Green 95% and above
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PGD	Signed PGD 16/01/2025	Signed PGD 04/04/2025
Cefotaxime (CEF)	73.78% 1823 of 2471	80.97% 2080 of 2569
Midazolam (MDZ)	95.75% 2366 of 2471	94.67% 2432 of 2569
Heparin (HEP)	93.89% 2320 of 2471	92.80% 2384 of 2569
Midazolam End-of-Life Care	52.00% 1285 of 2471	56.52% 1452 of 2569

The extract above shows that there has been an increase in the number of signed PGDs for Cefotaxime (CEF) (which is a third-generation cephalosporin which are antibacterials that attach to penicillin binding proteins to interrupt cell wall biosynthesis, leading to bacterial cell lysis and death). Compliance with the PGDs will be presented bi-annually to the IPCC and areas of concern will be presented to the Board.

2.3 Standard Infection Control Precautions (SICPs) audits

Hand hygiene audits are not undertaken in silo but rather have been incorporated into the SICPs audits. 15 SICPs audits are to be undertaken by each region per quarter with quality assurance audits being carried out by the IPC Practitioners.

It was agreed that Hospital Ambulance Liaison Officers (HALOs) would undertake audits in their areas, with Regional Directors providing alternative staff if HALOs were not in post. It can be seen from the chart 1 that this is considerably lower than the agreed target.

Chart 1: The Number of Audits Completed by Each Region in Each Quarter

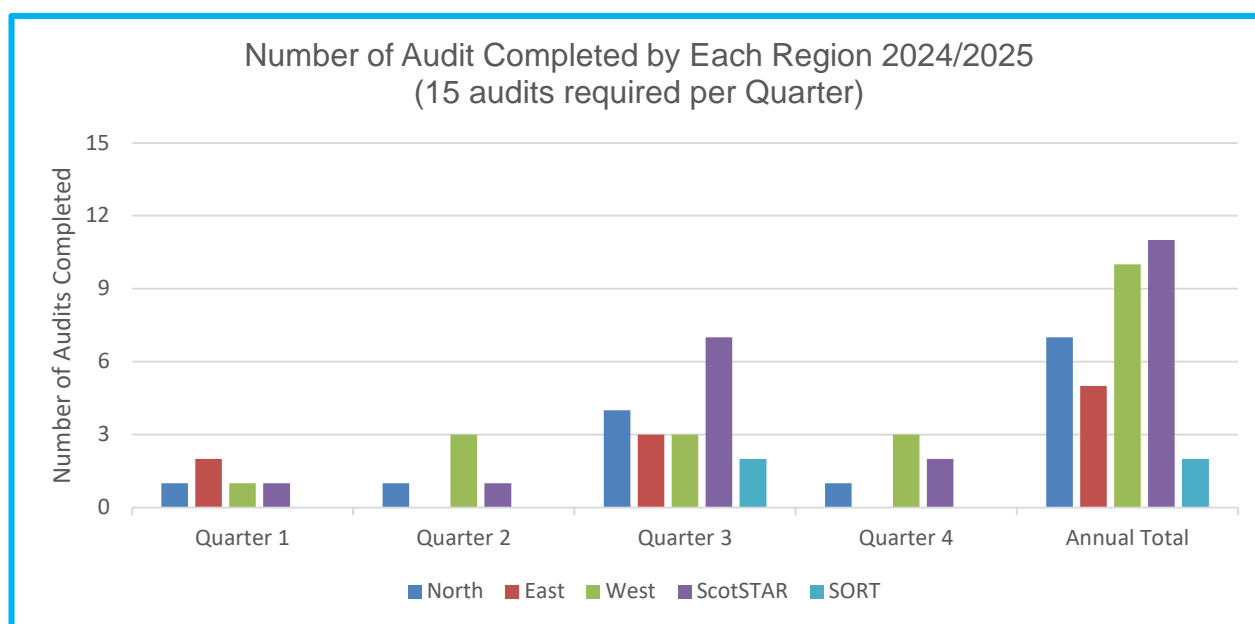
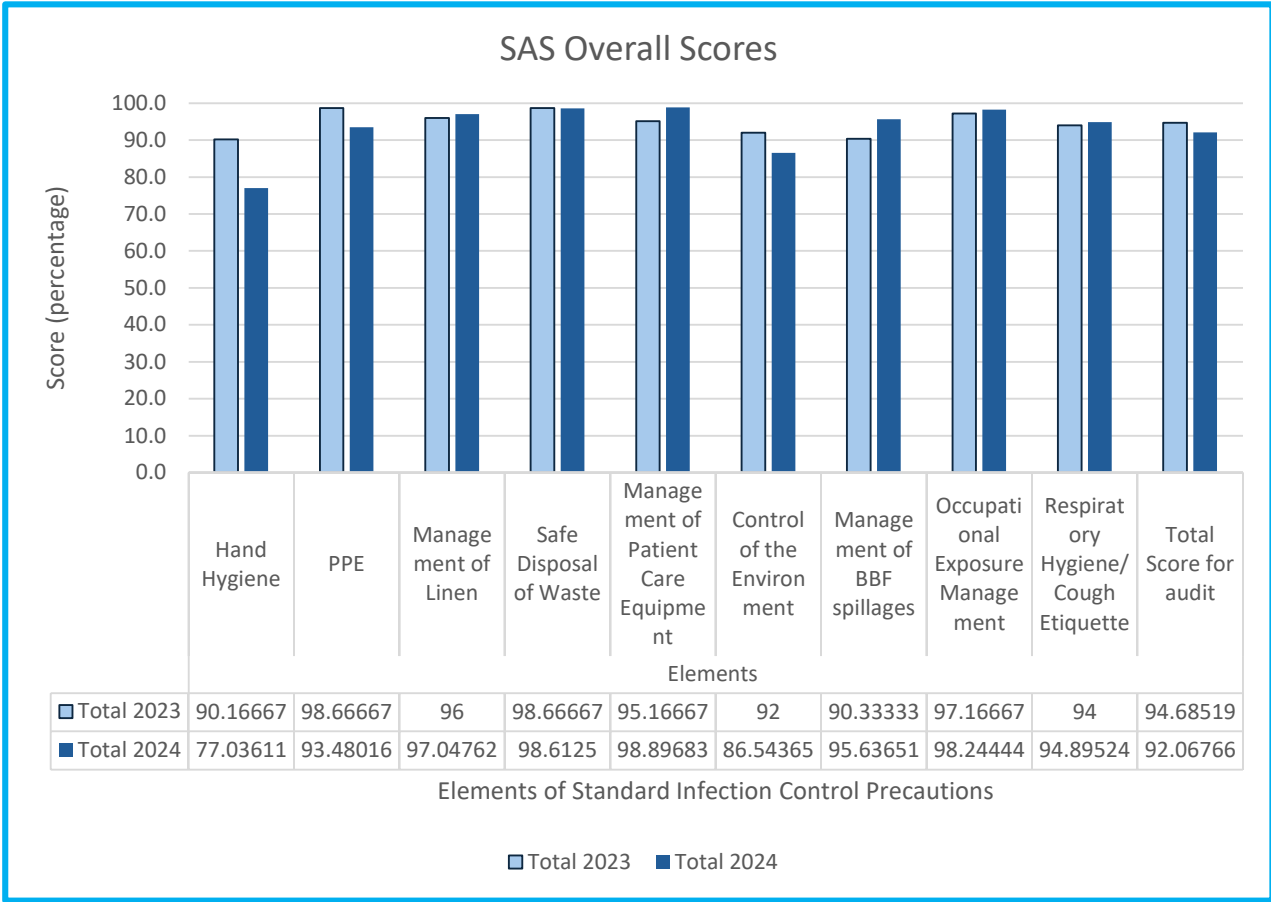


Chart 1 presents the SICPS audits submitted from each of the Regions within each quarter. This falls short of the agreed number of 15 audits per region per quarter. This information has been discussed at the IPC Committee, Regional Partnership Groups and both Regional and National Health and Safety Committees. Regional Directors have been contacted by the Head of IPC seeking personnel to complete the audits.

To gain assurance with SICPs compliance Senior members of the IPC team conducted audits at 18 A&E departments across the three regions. These audits reflect the practice of SAS staff from when they arrive at the hospital with the patient until they have handover the patient and are ready to resume to another call. The national average was compared to that of previous year **(Chart 2)**.

Chart 2: SICPS Quality Assurance Audits undertaken by the Senior IPC Team 2024/2025



The results were comparative to the previous year with the overall compliance against 9 elements of SICPS is above 90%; however, 2 of the individual elements were lower than the agreed compliance rate of 90%. The areas identified were hand hygiene and control of the environment. This was predominately attributed to:

- non-adherence to ‘bare below the elbows’ e.g. wearing watches/wrist jewellery
- missed key moments of hand hygiene
- inappropriate glove use
- lack of awareness of procedures for cleaning and disinfection following blood or body fluid contamination

The wearing of watches has been discussed at IPC Committee, Regional Partnership Groups and both Regional and National Health and Safety Committees. In addition, it generated a lengthy debate at the CGC (12.05.2025). The Senior IPC Practitioner is undertaking a quality improvement exercise as their MSc Dissertation project to raise awareness of glove use and in improved compliance with hand hygiene.

2.4 National Cleanliness Standards (NCSS) Compliance

Adherence to the National Cleaning Services Specification (NCSS) is mandatory, and IPC audits of stations and vehicles against the standards remain a priority, as reflected in the Programme of Work for 2025/2026.

The revised NCSS standards are in the final stages of consultation, with planned publication in Summer 2025.

The IPC team will review the standards when published and make changes to audits/policies as required.

Monitoring through the NCSS is a fundamental element and priority of the IPC work programme, and the Service continues to maintain an overall national target of 90%.

As previously reported in previous Board reports, there remains a significant number of outstanding Domestic and Estates Rectifications. The Head of IPC is working with Estates to agree an action plan to reduce the Estates Rectifications. Domestic rectification are managed at a local level.

Table 1: Overall Compliance with the NCSS audits

Overall Compliance 1st October 2024 – 31st March 2025		
	October - December	January – March 2025
Domestic (overall %)	96.42 %	96.06%
• Number of Rectifications	282	250
Estates (overall %)	93.72 %	93.21%
• Number of Rectifications	461	406
User issues	292	206

“User issues” are those that are caused by the users of that area that impede the effective cleaning of the area. Most user issues can be addressed through good housekeeping. Domestic and Estates Issues, when reported, change the resulting score of the audit, whereas the User Issues are non-scoring.

The NCSS Compliance audits for domestic and estates will continue to be reported to and monitored by the IPC Committee.

2.5 Vaccinations

Vaccination information will not be presented in further reports as the Autumn/Winter vaccination program finished in March 2025.

The statistics on SAS employee vaccinations, obtained from Public Health Scotland (PHS) are shown in Chart 3.

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Chart 3: Cumulative SAS Employee Autum/Winter Vaccination Uptake 2024/25

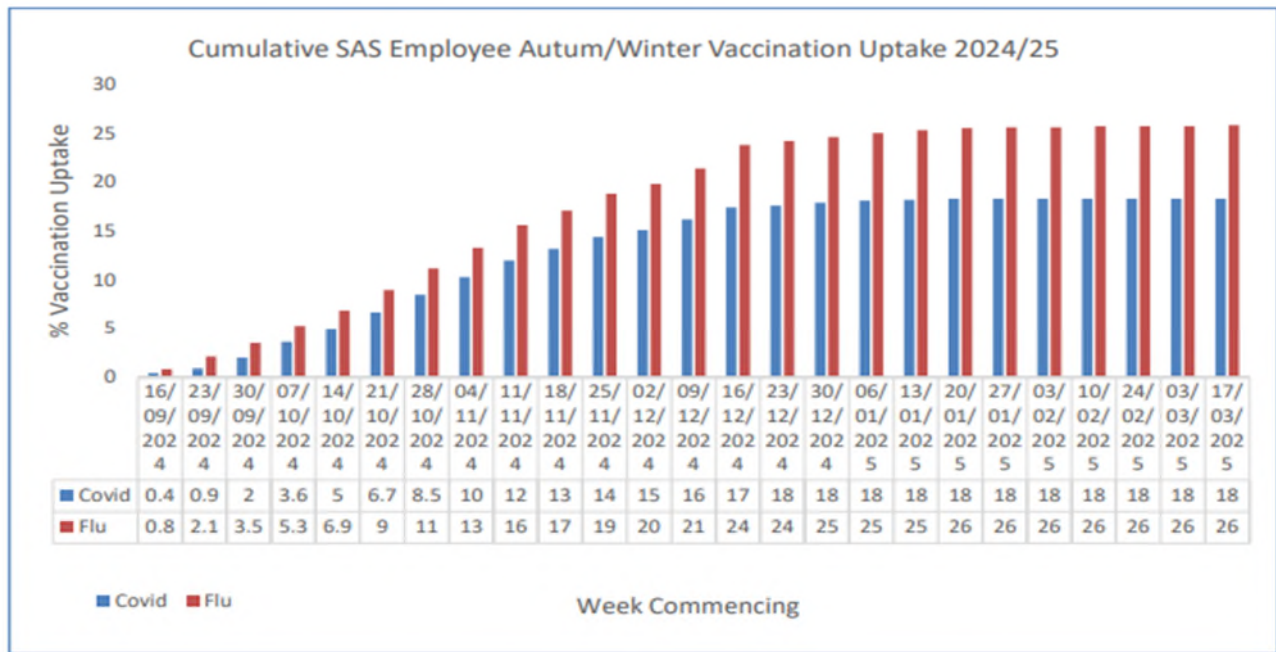


Chart 3 identifies that more staff availed themselves of the Flu vaccination in comparison to the Covid vaccination which is similar across Scotland.

This information has been obtained from PHS Covid Analytics department who have taken data from National Clinical Data Set (NCDS) and Scottish Workforce Information Standard System (SWISS). The organisation has no control of this information to analysis this data or gain additional information.

SECTION 3: RECOMMENDATION

The Board is invited to note the content of this report.