

**NOT PROTECTIVELY MARKED**

**Public Board Meeting**

**September 2018**

**Item No 11**

**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 discuss this update report and the Annual Infection Prevention and Control Report 2017/18
<b>Key points</b>	<p>Hand hygiene compliance was unusually lowered in 2 Regions during both July and August. This has been addressed with improved compliance in August. Compliance with all other elements of Standard Infection Control Precautions continues to be very good. <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. Estates issues continue to be highlighted in older station premises. <b>(Pages 3 &amp; 5 - 10).</b></p> <p>Health Protection Scotland (HPS) circulated information concerning a confirmed case of Middle East Respiratory Syndrome Coronavirus (MERS CoV) in England and also circulated updated MERS algorithms. <b>(Page 4).</b></p> <p>Excellent improvement is being maintained with recording application of the Peripheral Venous Cannula (PVC) insertion bundle. <b>(Page 4).</b></p> <p>The Annual Infection Prevention and Control Report 2017/18, which has been approved by the Infection Control Committee and the Clinical Governance Committee is provided as an appendix to this report for noting <b>(Appendix 1).</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 Care</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.

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Date: 2018-09-05 Item 12 HAI Update	Version 1.0	Review Date: Sept 2018

<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

September 2018

## Standard Infection Control Precautions (SICPs) Audit:

Scottish Ambulance Service overall compliance with Standard Infection Control Precautions (SICPs) was maintained at 96% for the 3 month period June - August 2018 with Regional sub-division results in the range of 93 - 98%. Regional management is responsible for communicating compliance to station level and addressing the improvement action required. Compliance results are also posted on the headline section of @SAS.

## Hand Hygiene

Scottish Ambulance Service overall hand hygiene compliance dropped slightly below the 90% target to 89% in July, this was mainly due to an unusually lowered score in one sub-division; the issues raised were addressed by the management team and compliance in that area improved to 95% in August. North Regions compliance for August was also unusually reduced with a similar issue which was addressed by the Auditor at the time and reported to Management for ongoing reinforcement.

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

**Please note there were no Cleanliness audits conducted in East Region-South East in July as the auditor was prioritising audits in East Central.**

## 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.

The estates score which only relates to issues that impact on the ability to clean an area effectively can fall below the required 90% in some older station premises. Certain stations have been highlighted to Regional Management and the Estates Department to ensure that high risk issues are rectified.

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

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Date: 2018-09-05 Item 12 HAI Update	Version 1.0	Review Date: Sept 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 (HPS) issued information in August concerning a confirmed case of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) in England. MERS Cases continue to occur in the Middle East but the risk of importation of a case to Scotland is still assessed as low. HPS also circulated updated version of MERS Algorithms used to assess the likelihood of MERS in individuals with potential symptoms.

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

Service overall compliance with recording application of the PVC insertion bundle continues to improve against the > 90% target and was maintained around 95% for the 3 month period June to August 2018, with each Regional sub-division achieving in the range of 92.5 – 97.4% during that period.

## **Annual Infection prevention and Control Report 2017/18**

The Annual Infection Prevention and Control Report for 2017/18 is provided as an appendix for noting by the Board. This has previously been approved by the Infection Control Committee and is pending approval at the next Clinical Governance Committee meeting on 13<sup>th</sup> September, following wide circulation for consultation across the Service.

The report details year end achievement against the Annual Infection Prevention and Control Work Programme 2017/18. A summary of work achieved is provided on pages 7-17 with comprehensive details against each delivery area provided in pages 15-23.

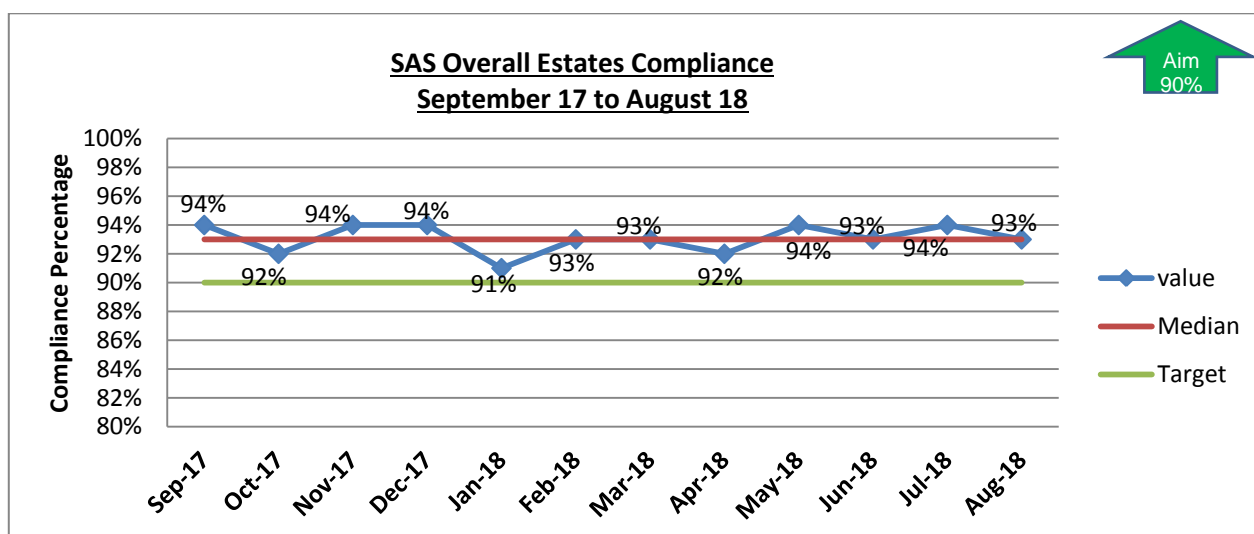
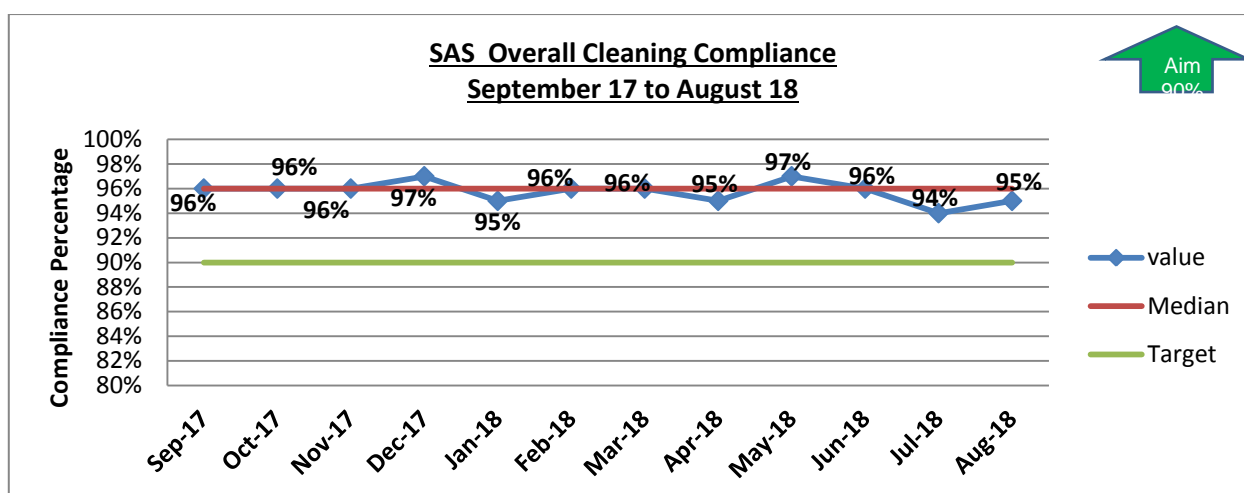
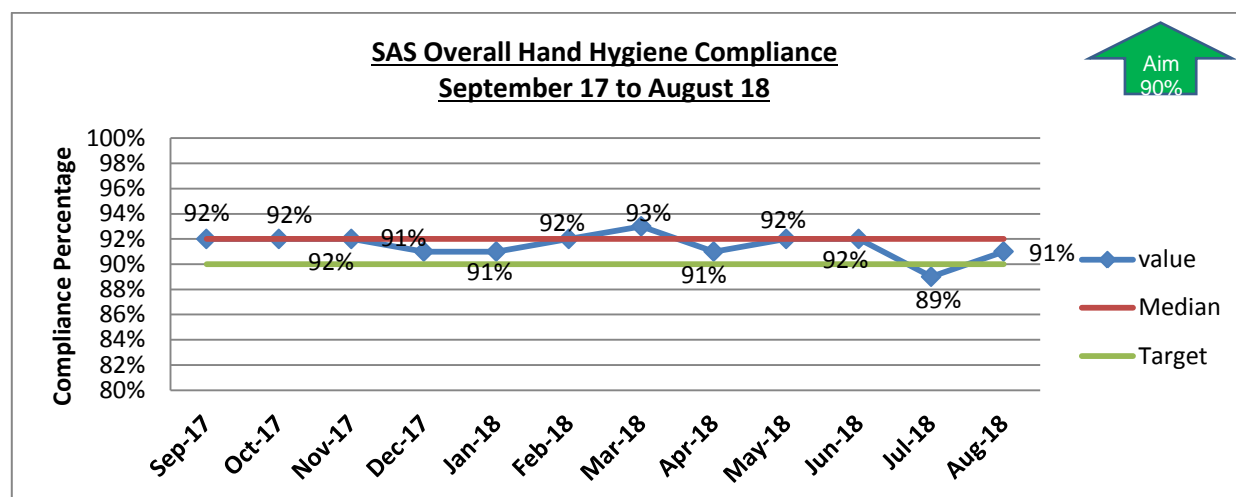
The majority of work was completed by year end (31<sup>st</sup> March 2018), with actions shown as work in progress carried forward to the 2018/19 Annual Programme.

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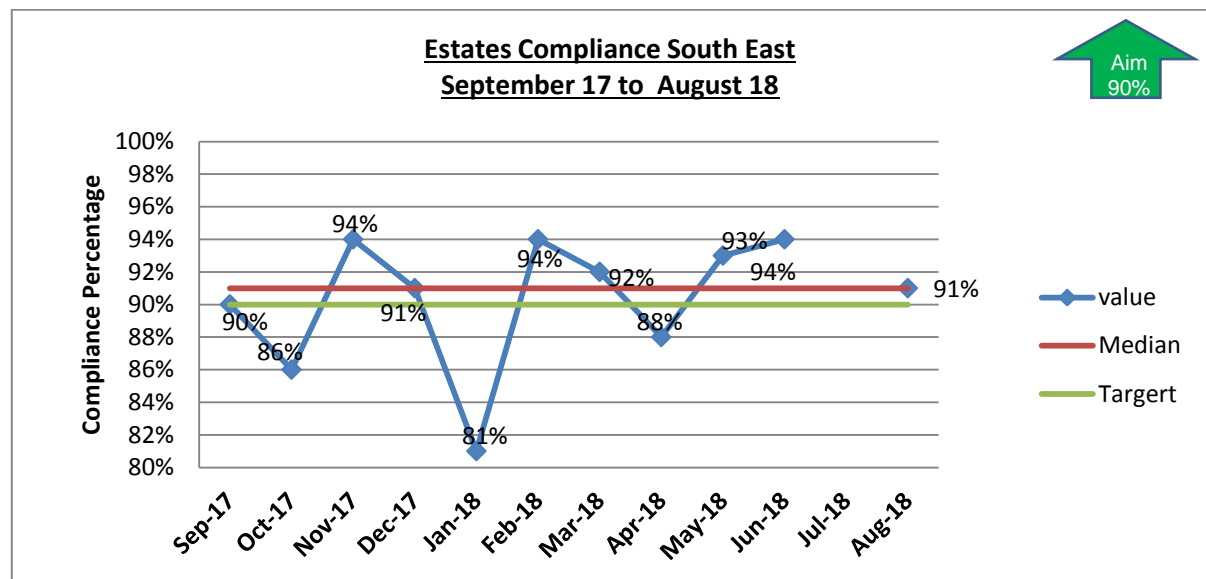
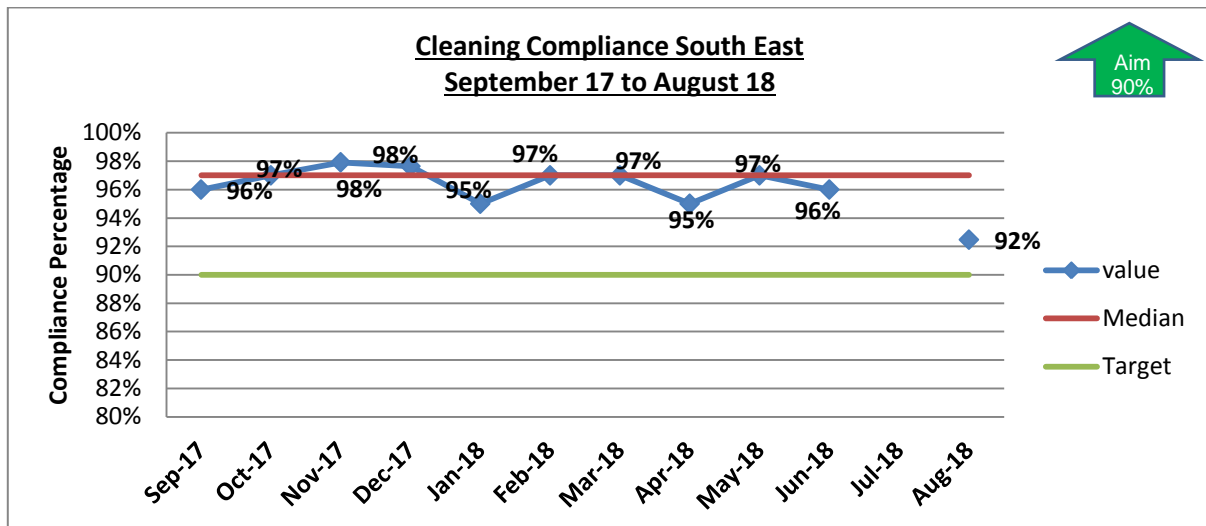
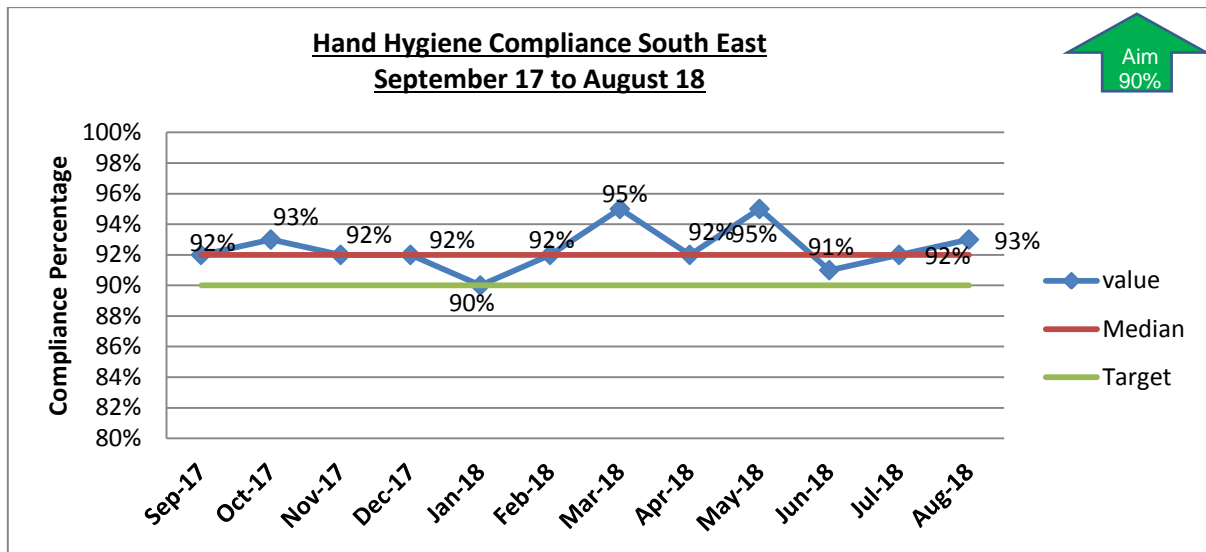
## Section 2 – Hand Hygiene and National Cleanliness Standards Compliance

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

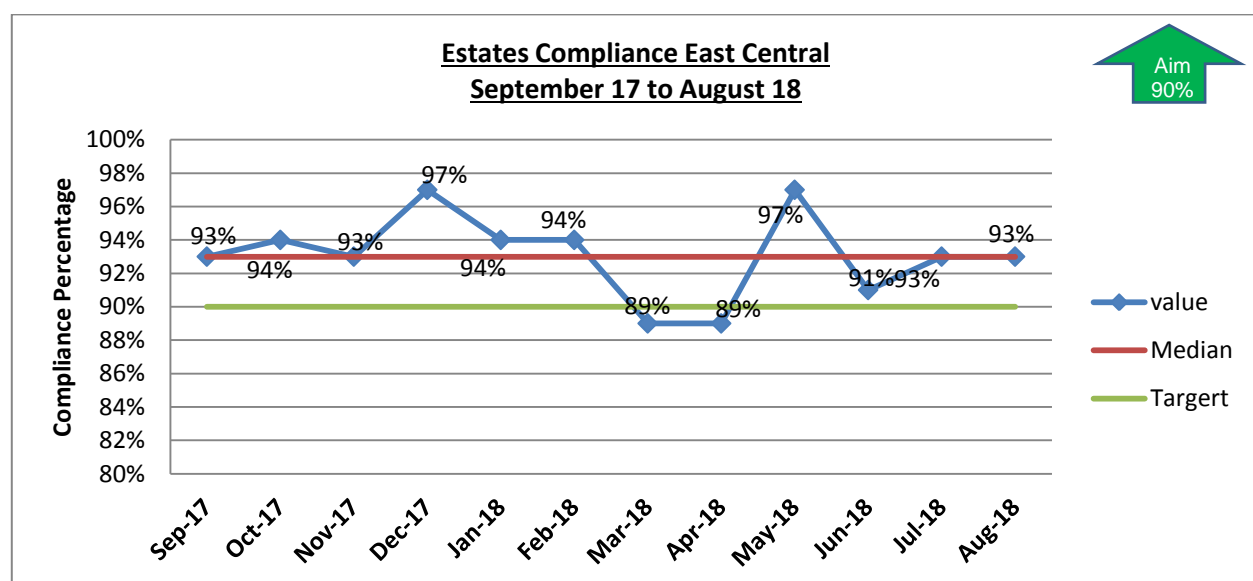
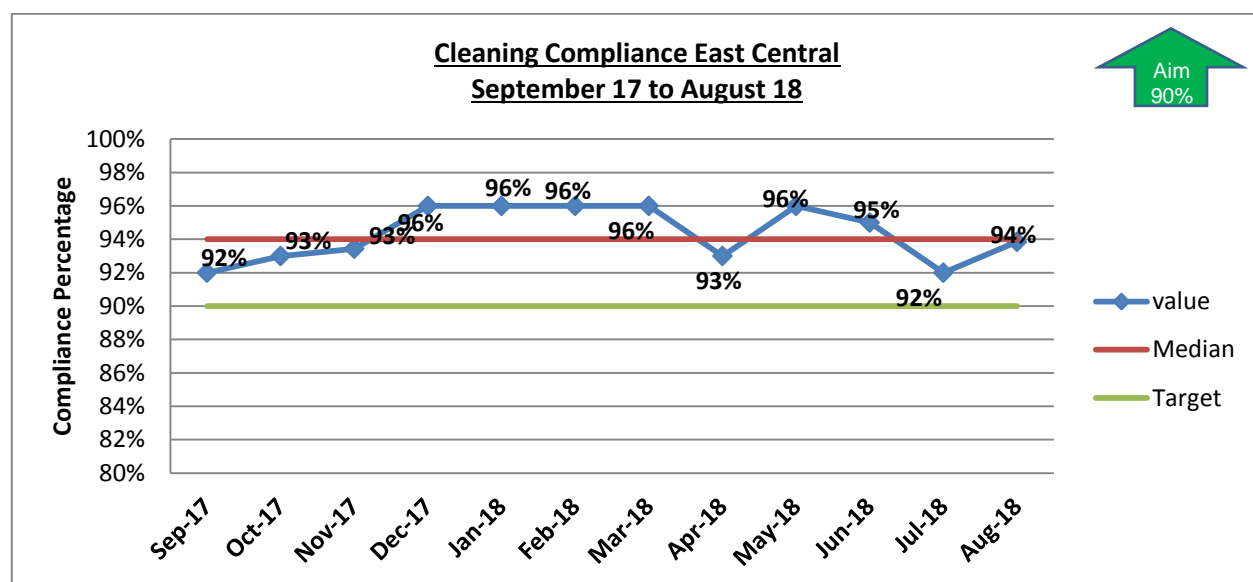
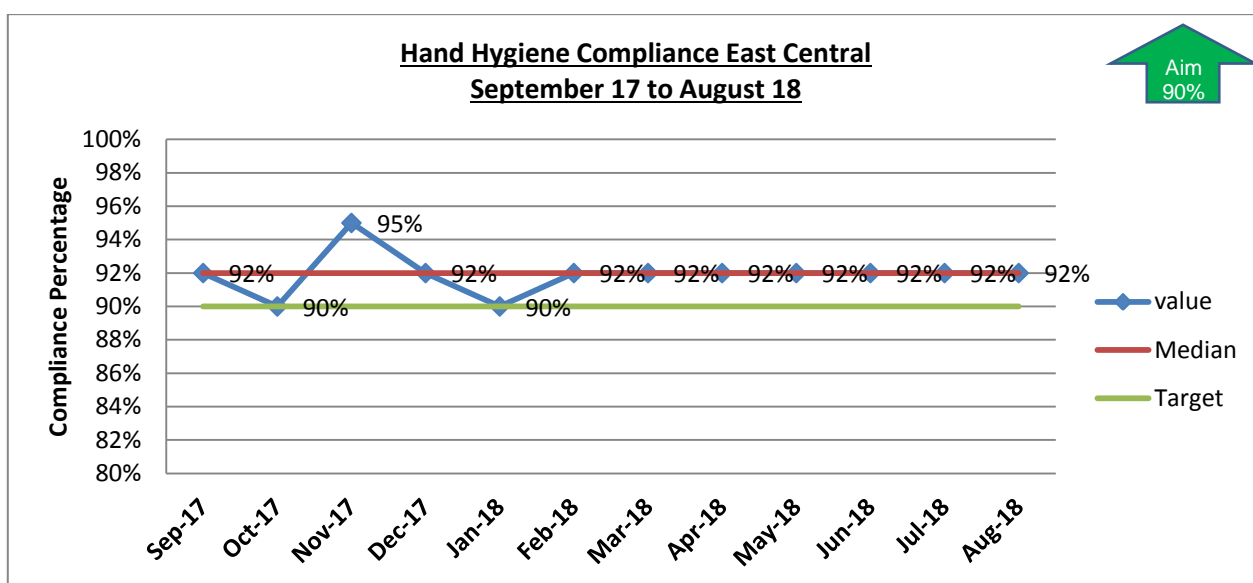
### SCOTTISH AMBULANCE SERVICE OVERALL REPORT CARD



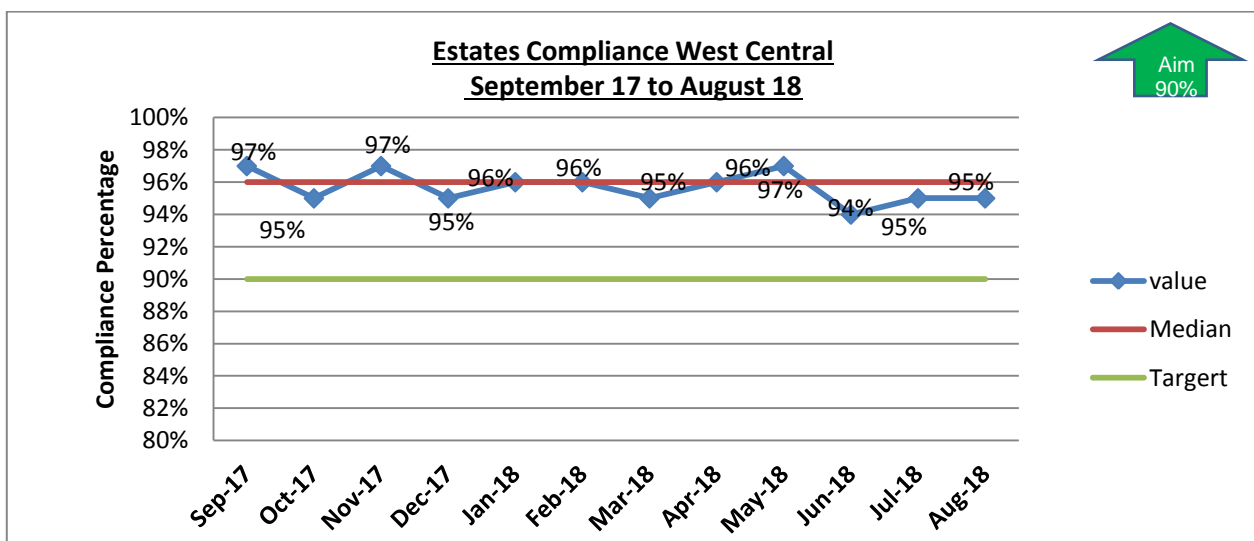
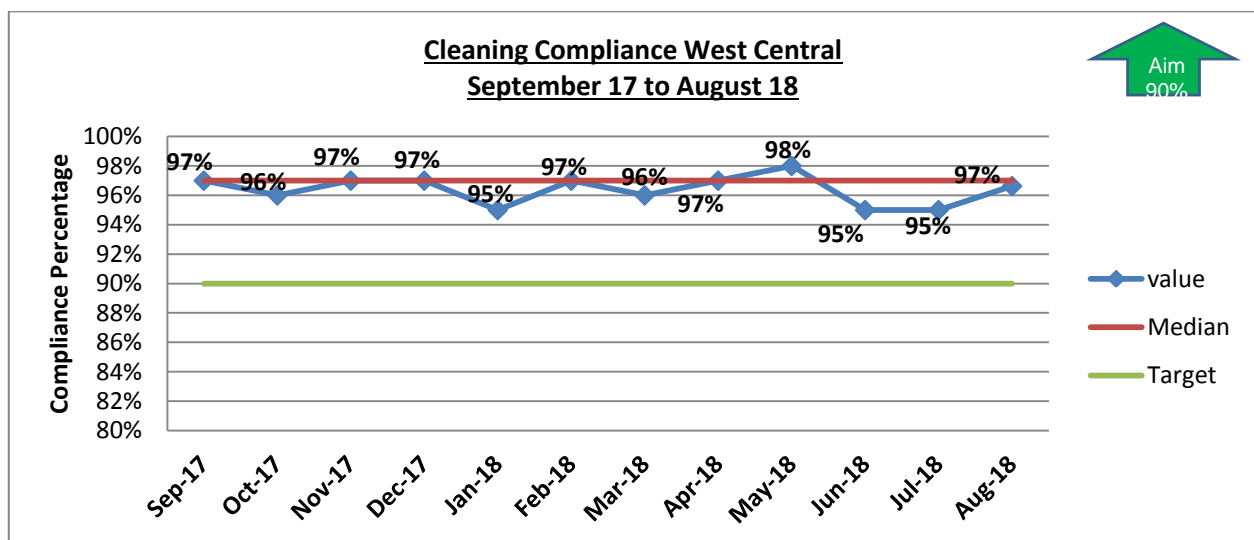
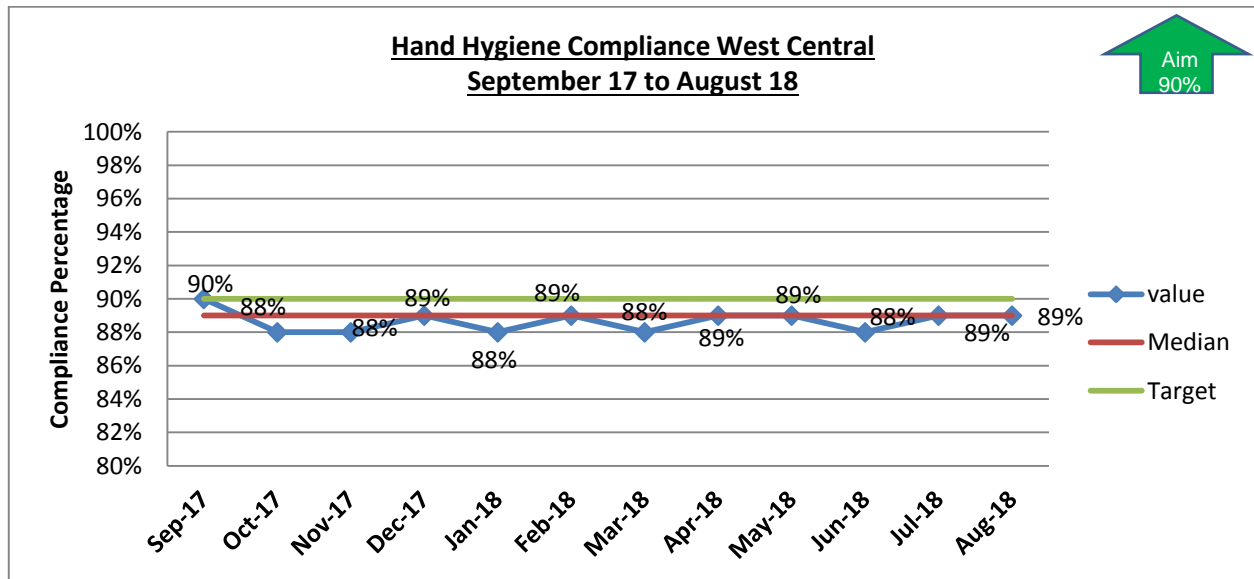
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## EAST REGION - EAST CENTRAL REPORT CARD

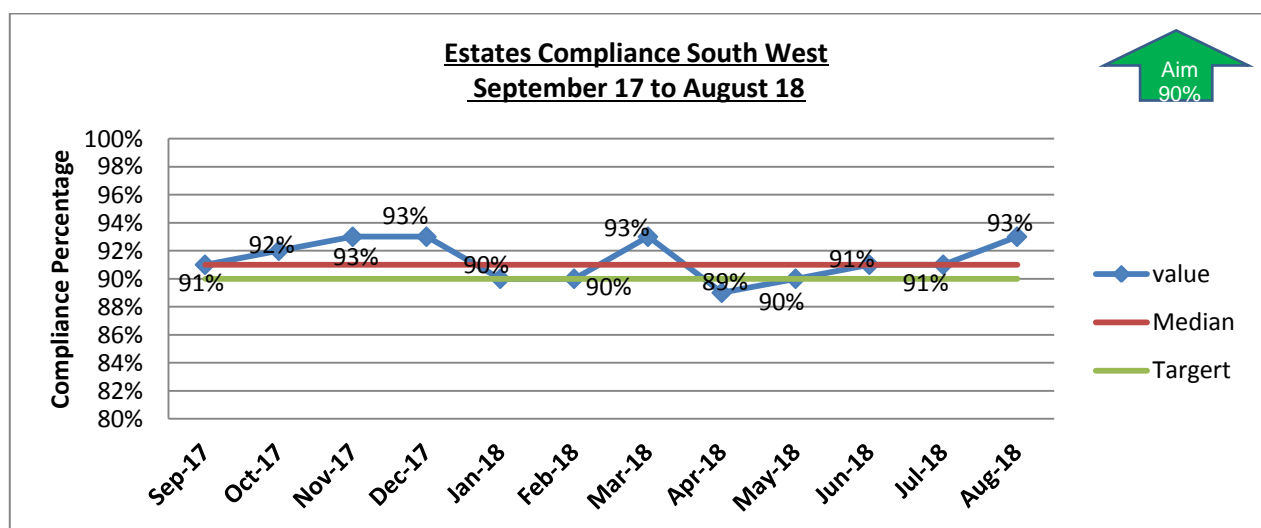
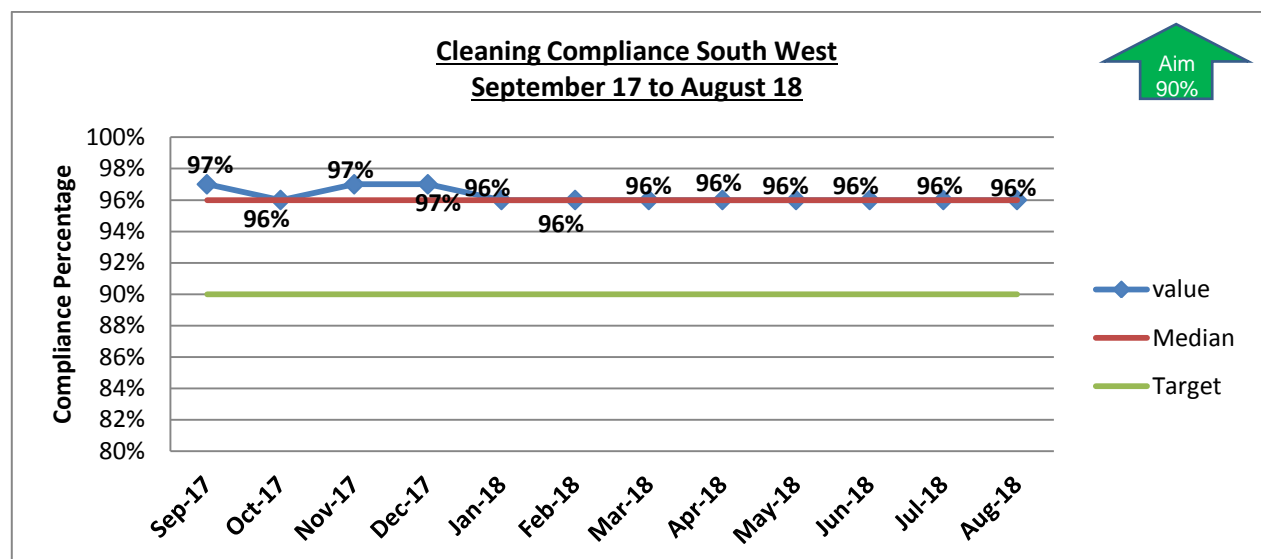
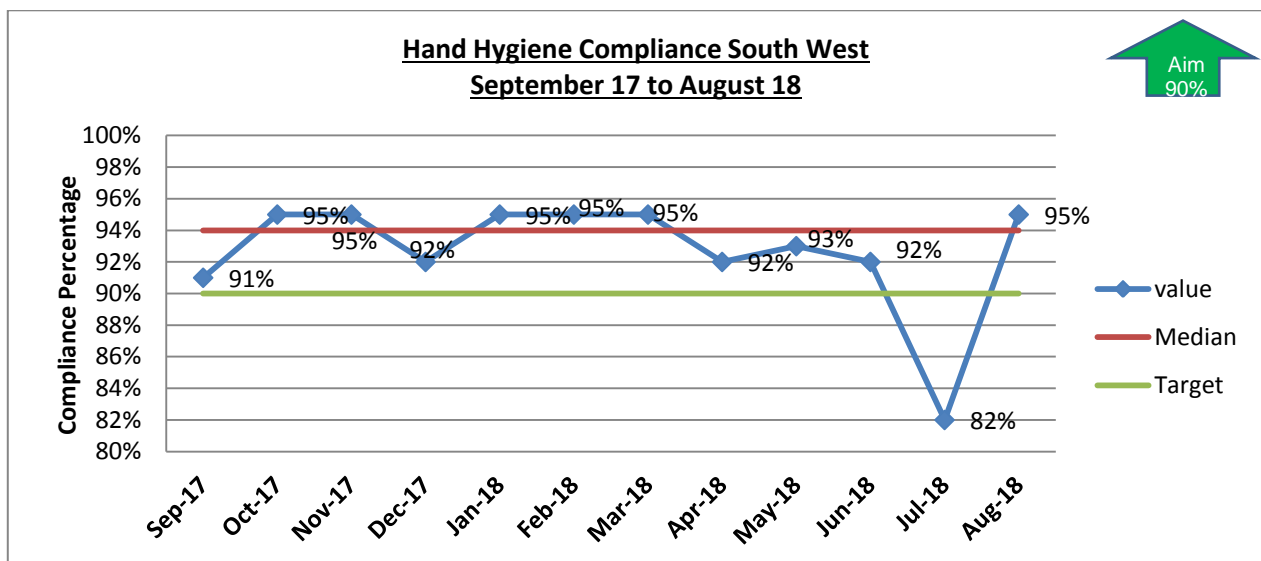


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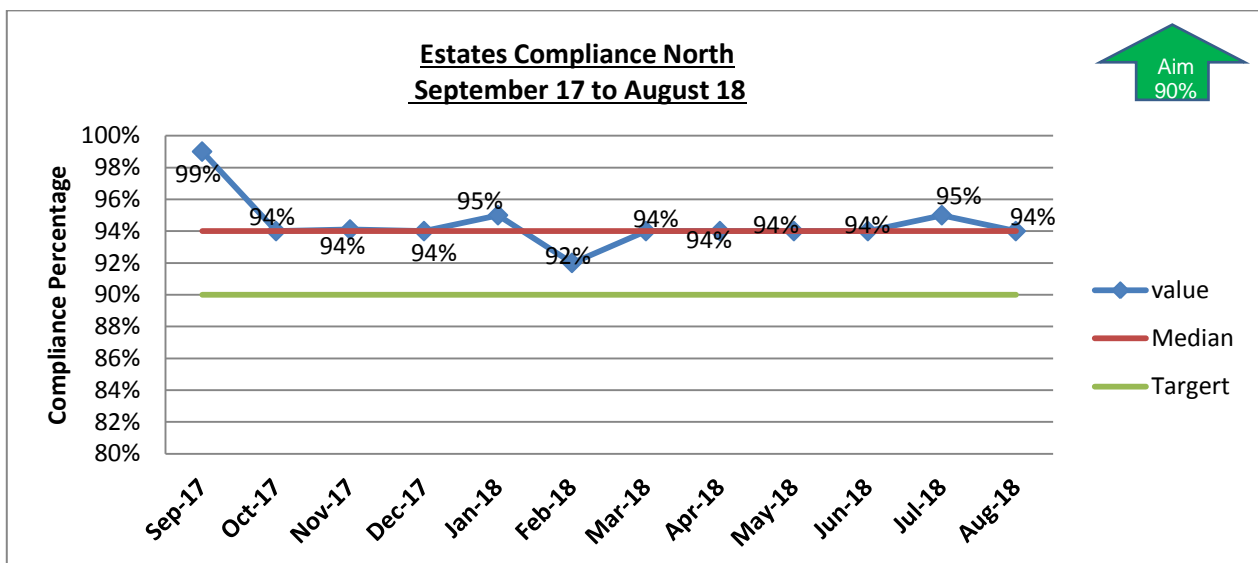
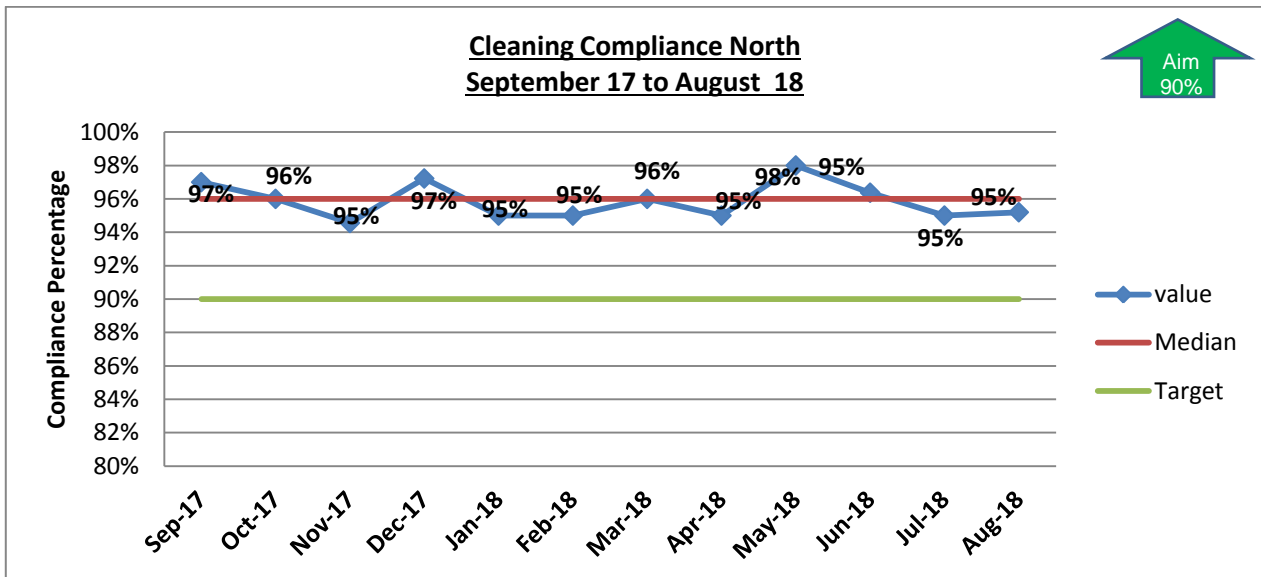
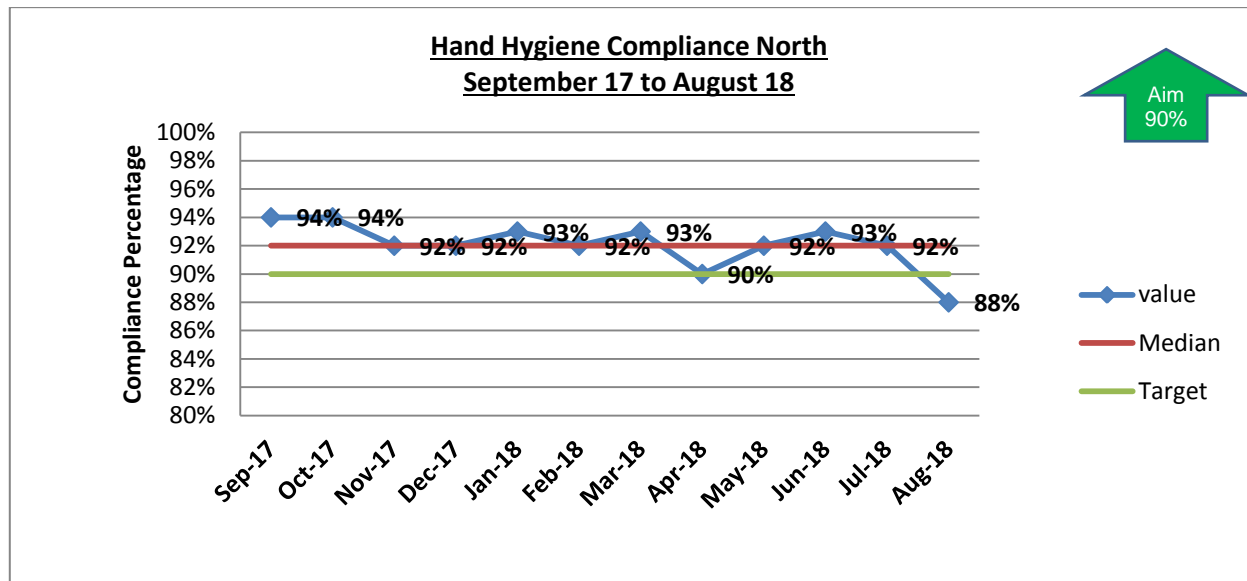




## WEST REGION - SOUTH WEST REPORT CARD



## NORTH REGION REPORT CARD





**Scottish  
Ambulance  
Service**  
*Taking Care to the Patient*

**NHS Scotland  
Scottish Ambulance Service**



## **Annual Infection Prevention & Control Report April 2017- 2018**

**Approved by Chief Executive: .....**

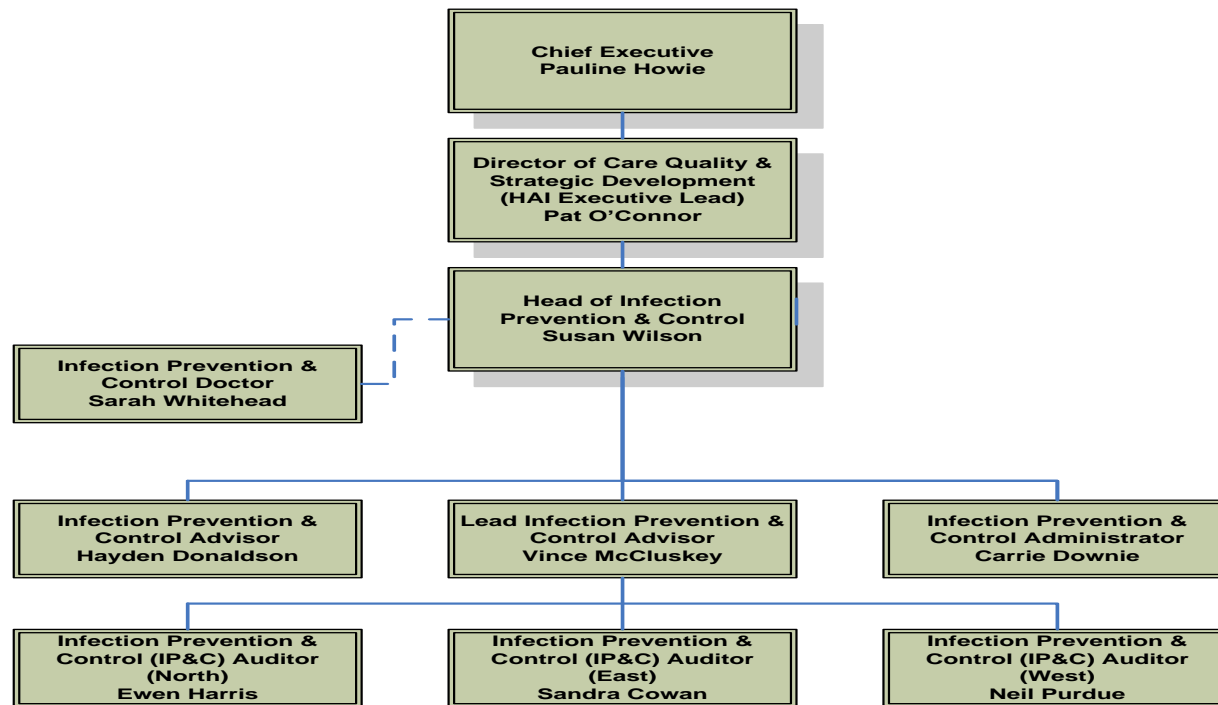
**Approved by Infection Control Committee (Chair): .....**

**Approved by Clinical Governance Committee (Chair): .....**

**May 2018**

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### Scottish Ambulance Service Infection Prevention and Control (IP&C) Organisational & Reporting Structure

- The Head of Infection Prevention & Control (IP&C) reports to Board Meetings, Clinical Governance Committee, National Infection Control Committee, National Clinical Operational Governance Group (NCOGG) and National Health & Safety Meetings.
- The National Infection Control Committee meet quarterly chaired by the HAI Executive Lead. Approved Infection Control Committee minutes go to NCOGG and Clinical Governance Committee meetings.
- The Infection Prevention & Control Team regularly attends Regional sub- division Management Team and Health & Safety meetings.
- The Infection Prevention & Control Team meet quarterly supported by monthly and as necessary teleconferences. The Head of IP&C meets monthly with the Infection Control Doctor and HAI Executive lead.
- The Regional Infection Control Auditors and Infection Prevention & Control Advisor are constantly in stations and clinical areas (hospital receiving units) auditing the care environment and practices and disseminating information to staff and Managers.

### **Infection Prevention & Control (IP&C) Organisational Roles and Responsibilities:**

The Head of Infection Prevention and Control meets monthly and as required with the executive lead for HAI, to discuss progress with the IP&C work programme and other priority issues. The HAI Executive lead chairs quarterly Infection Control Committee (ICC) meetings. ICC membership includes: senior members of the IP&C Team, a public representative and other Stakeholders representing Operational Regions and Departments across the service. The HAI Executive Lead and Head of IP&C present an infection control update to quarterly Clinical Governance Committee (CGC) meetings. The HAI Executive Lead reports directly to the Chief Executive and Board on HAI/Infection Prevention and Control matters. The Head of IP&C presents a HAI update report to bi-monthly Board meetings, the report is published as part of the Board papers on Scottish Ambulance Service public facing website.

An annual Infection Prevention and Control Programme is compiled by the Head of IP&C. This is circulated widely for consultation and approved by the Chief Executive, Infection Control and Clinical Governance Committees. Progress against this is reviewed and discussed at each ICC meeting. Issues affecting progress or implementation of the programme or changed priorities are brought to the attention of the ICC, Clinical Governance Committee (CGC), Board and Chief Executive as necessary.

An Infection Prevention and Control Annual Report is compiled at the end of each financial year. The report details year end progress against the 2017/18 annual IP&C Programme and key performance indicators, any significant occurrence/incidents and changes to the Infection Prevention and Control Team. The Annual Report undergoes the same approval process as the Annual IP&C Programme.

### **Infection Control Team – Mission**

The Infection Prevention and Control Team facilitate and contribute to the delivery of safe and effective care across the Service by ensuring there are robust policies and processes in place for the prevention and control of healthcare associated infections and communicable diseases. This is achieved through the provision of a safe, clean patient care environment and equipment, safe standards of practice, dedicated knowledgeable staff and engagement with the public and other health care providers.

### **Infection Prevention & Control (IP&C) Team - Roles & Responsibilities.**

#### **Current Infection Prevention and Control Team Establishment:**

**1 x WTE Head of Infection Prevention and Control - Mrs. Susan Wilson**

This post is designated as having overall responsibility for management processes and risk assessment relating to infection prevention & control, cleaning and decontamination to include:

- Planning, Coordination and implementation of prevention and control of infection work programmes across the Scottish Ambulance Service.
- Delivery of an approved infection control programme, supported by the Infection Prevention & Control (IP&C) Team, Infection Control Committee, Board and Executive Team, Operational Regions and other Departments across the Service.
- Ensuring clear mechanisms to access specialist infection control advice and support.
- Ensuring current National IC policies and procedures are in place and adapted as necessary in the context of the ambulance environment and that any ambulance service specific policies are developed as required, are evidence based and reviewed every 2 years.
- Ensuring relevant national HAI updates, policy or guidance is reported to Senior Management and Board meetings and the service comply with these in the context of the pre-hospital setting.
- Ensuring Scottish Ambulance Service complies with current NHS Scotland National Cleaning Service Specification (NCSS) cleanliness standards, managing the national monitoring framework and reporting process for this and providing specialist IP&C advice in regard to new or existing cleaning contracts.
- Working in collaboration with the Clinical Directorate and Procurement to ensure that all invasive medical devices are single use and that re-usable patient care equipment can be cleaned effectively.
- Working in collaboration with the Clinical Directorate to ensure antimicrobial patient group directives are developed in consultation with the IC Doctor and the Scottish Antimicrobial Prescribing Group (SAPG).
- Production of an annual report covering HAI/infection prevention and control, decontamination and cleaning.

**1 x WTE Lead Infection Prevention & Control Advisor - Mr. Vince McCluskey** (Appointed June 2017)

The Lead Infection Prevention & Control Advisor is responsible for:

- Providing specialist infection prevention and control advice and support to all Divisions, Departments and staff across the service.
- Assisting with development and implementation of IC policies, IC guidance and the annual IC work programme.
- Directly managing the Regional Infection Prevention & Control Auditors
- Providing specialist input to audits and conducting specialist and peer review audits.
- Development of infection prevention and control learning materials for various different levels of staff in collaboration with the Education and Professional Development Dept.
- Delivering specialist infection control education for all grades of staff.
- Reviewing infection control incidents reported and providing advice to Managers as required.
- Completion of infection control risk assessments.

- Completion of HAI Scribe risk assessments for all new/refurbished ambulance stations in collaboration with Estates Department and advising Fleet Dept on design of new ambulances to meet IP&C requirements.

### **1 x WTE Infection Prevention and Control Advisor – Mr. Hayden Donaldson**

This post has evolved from the previous Standard Infection Control Precautions (SICPs) Coordinator post. Over the last couple of years the post holder has successfully completed a degree level course in infection prevention and control and has been professionally developed within the team to provide a further specialist advisor role. The Post holder is currently still consolidating this role and is responsible for:

- Promoting SICPs compliance to raise staff awareness of the elements of SICPs, across the service
- Promoting zero tolerance to non-compliance with SICPs policy and procedure.
- Implementation and completion of a rolling national SICPs audit programme
- Compilation and distribution of SICPs audit reports/action plans to Divisional Managers
- Networking with IP&C Teams across other NHS boards and UK Ambulance Services
- Monitoring trends in SICPs non-compliance and communicating this with recommendations for action.
- Providing staff education around SICPs and hand hygiene compliance.
- To identify and plan quality improvement initiatives to address areas of concern/non-compliance with SICPs
- Further developing specialist infection prevention and control knowledge and skills
- Providing specialist infection control advice with support as required from senior colleagues
- Attendance at Regional and national meetings as IP&C Team representative

### **3 x WTE Regional Infection Prevention & Control Auditors (North, East and West) - Mr. Ewen Harris (North), Ms. Sandra Cowan (East), Mr. Neil Purdue (West)**

The Regional Infection Prevention & Control auditors are responsible for:

- Development and implementation of Divisional cleanliness monitoring programmes for stations in line with the NHS Scotland Facilities Monitoring Tool (FMT).
- Input of monitoring data to FMT and assigning rectifications to ASMs
- Completion of Rivo environmental infection control audits for each ambulance station 6 monthly, reporting results to Managers and inputting audit data onto Rivo system
- Liaising with ASMs to ensure rectification sign off on FMT and Rivo systems.



- Informing ASMs of monitoring results and where necessary in collaboration with the IP&C Advisor escalating this to more senior management levels when standards are not met /sustained.
- In collaboration with the IP&C Advisor providing advice and support to Divisions and private contract cleaning companies around NCSS and monitoring
- Providing basic IP&C information to staff and cleaners on stations and to refer matters requiring more specialist advice to the IP&C Advisor or Manager.

### **Infection Control Doctor (ICD):**

Specialist microbiology/ ICD support of 1 session per month is provided by Dr. Sarah Whitehead a Consultant Microbiologist and ICD in NHS Lanarkshire. The ICD meets monthly with Head of IP&C, attends Infection Control Committee meetings, advises on infection control policy and the annual infection control programme and is consulted on all aspects of infection prevention and control where specialist microbiological or antimicrobial resistance input is required. The ICD attends the Service Medicines Management Committee (MMC) as required to ensure specialist input to planning and development of antimicrobial patient group directives and more recently has provided advice concerning pre-hospital antibiotic treatment of Sepsis.

### **Executive Summary**

This Annual Report covering the period April 2017 – 31<sup>st</sup> March 2018 provides feedback on the Service's achievement against the annual Infection Control Programme for that year. Throughout the year progress against the annual programme is discussed at quarterly infection control committee (ICC) meetings and progress updates are provided in HAI reports to the Clinical Governance Committee and Board. This annual report also provides information on performance against the comprehensive programme of infection prevention and control audits, priority infection control issues, incidents/outbreaks, emerging threats and alerts from Health Protection Scotland (HPS) and other matters of significance that occurred over the year.

The past few years has seen a significant reduction in rates of healthcare associated infections (HAIs) following the implementation of robust NHS Scotland HAI Delivery Plans. However, the risk of HAI particularly in light of the increasing public health threat of antimicrobial resistance remains a significant hazard to patient safety and the national HAI agenda continues to address this in terms of reducing antimicrobial prescribing and assuring adherence with robust infection prevention and control practices. NHS Scotland's Health and Social Care Delivery Plan (2016) requires the provision of the highest standard of safe quality care, whatever the setting. The prevention of HAI remains a key priority for Scottish Ambulance Service which strives to provide: a culture of zero tolerance to non-compliance with infection prevention and control policy, appropriately educated and developed staff delivering high standards of clinical practice and a clean, well maintained ambulance (clinical) environment and equipment.

The 2017/18 annual Infection Prevention & Control Programme was aligned to the Scottish Antimicrobial Resistance and Healthcare Associated Infection (SARHAI) Delivery Plan, NHS HIS HAI Standards (2015) and the recommendations in the Vale of Leven Inquiry Report, in

the context of the ambulance setting and priority infection control issues for the Service agreed by the Infection Control Committee (ICC). The overall aim of the annual programme was to sustain and further improve the quality and safety of patient care and support the Service's duty of care to provide a safe working environment for staff.

Two of the three main quality ambitions in Scotland's Healthcare Quality Strategy are the requirement for safe and effective healthcare. Safe care requires that there will be no avoidable injury or harm to people from the healthcare they receive and that a safe and clean environment will be provided for the delivery of healthcare. NHS Boards are responsible for the quality and safety of care they provide and are required to scrutinise local data to drive improvement. Tackling healthcare associated infections and reducing antimicrobial resistance are key priorities as is ensuring the public are confident regards the quality and cleanliness of the healthcare environment. The Scottish Antimicrobial Resistance and Healthcare Associated Infection (SARHAI) Strategy Group continue to oversee and coordinate the development and implementation of national strategies and policies to address this.

Scottish Government's 5 year Strategic Framework published in October 2016, maps out the Antimicrobial Resistance/Healthcare Associated Infection (AMR/HAI) work streams to realise its 2021 vision and commitment for the safety of patients, the public and all healthcare staff. The Healthcare Environment Inspectorate (HEI) continues to operate a robust inspection process and scrutinise standards of cleanliness across NHS Scotland to help prevent infection and Scottish Ambulance Service was last inspected in November 2016.

The SAS Strategy Towards 2020- Taking Care to the Patient aims to provide care to patients where and when they need it. The Service is now managing more unscheduled cases by telephone or face to face assessment avoiding unnecessary hospital admissions. This is supported by Specialist paramedic posts with enhanced skills to treat more patients in community settings. The importance of rigorous application of infection control practices is essential to this but can be a challenge depending on the environment in which care is delivered when not in a clinical area.

2017/18 seen some changes to members, job titles and the structure of the Infection Prevention and Control Team. Vince McCluskey was appointed to the role of Lead Infection Prevention and Control Advisor in June 2017 following the retirement of the previous post holder. Hayden Donaldson's job title was changed from National SICPs Coordinator to Infection Control Advisor following completion of a BSc in Infection Prevention and Control in conjunction with supervised and supported professional development. Reporting structures were also reviewed and the 3 Regional Infection Prevention and Control Auditors now report directly to the Lead IP&C Advisor, as illustrated on page 3. The Infection Control Manager post title was also changed to Head of Infection Prevention and Control; in line with other department leads across the service.

The Annual Infection Prevention and Control work Programme 2017/18 was approved by the Clinical Governance Committee on 29<sup>th</sup> May 2017. Over that year the Infection Control committee met on 4 occasions – 9<sup>th</sup> August 2017, 16<sup>th</sup> October 2017, 18<sup>th</sup> December 2017 and 14<sup>th</sup> March 2018. Approved minutes from these meetings were reported up to the Clinical Governance Committee along with a quarterly HAI update report and a HAI report was also presented to bi-monthly public Board meetings.

During this year there were further updates of NHS Scotland National Infection Prevention & Control Policy Manual published. This included publication of a new Chapter 3 – providing guidance on the management of infection incidents and outbreaks. The main implication for the Service was around exceptional infection episodes or infectious diseases of high consequence (IDHC) examples of which are Category 4 Viral Haemorrhagic Diseases e.g. Ebola and serious Category 3 Diseases to include: Middle East Respiratory Syndrome Coronavirus (MERS) and Pandemic strains of influenza. This includes a requirement for regular staff training and competency assessment in the safe use of the higher level PPE required to protect against transmission of these diseases. Previously only SORT staff have been trained in the competent use of this type of PPE but it was agreed in consultation that although SORT would continue to transport Category 4 IDHC, category 3 IDHC should be transported by appropriately trained Divisional staff going forward. Part of the higher level PPE includes the use of Respiratory protective equipment or FFP3 respirators. The face fit testing required for the safe use of this equipment has continued to make slow progress delivered on Learning in Practice sessions and after discussion with the Head of Health and Safety the Infection Control Committee were advised that a recommendation paper was to be compiled to address face fit testing and the transportation of patients with IDHC. This paper was submitted to the Operational Management Team for consultation and following minor amendment was presented to the Executive Team meeting on 13<sup>th</sup> March 2018 where the recommendations within were accepted pending a financial plan for implementation. The recommended target within the paper being that 95% of A&E staff will be face fit tested by 30<sup>th</sup> September 2019 and an alternative powered hood option to be considered when face fit testing is unsuccessful.

A regular programme of enhanced Standard Infection Control Precautions (SICPs) monitoring was conducted across the Service during 2017/18. Despite the changed operational structure from Divisions to Regions this continued on a sub-divisional basis and was reported as such. Further improvement in overall SICPs compliance was demonstrated and Service overall and individual sub-divisions compliance for the year is shown in run charts in the appendices of this report. Service hand hygiene compliance remains constant at around 92% the aim remains to achieve further improvement with this by reinforcing appropriate glove use and compliance with all 5 moments for hand hygiene. A Scottish Ambulance Service bespoke version of the WHO 5 moments for hand hygiene poster and pocket cards was designed and launched in an effort to address this. Staff were also informed that as part of their annual learning in practice updates they should complete the hand hygiene module that forms part of the foundation modules of the Standard Infection Prevention and Control Education Pathway (SIPCEP) launched by NHS Education Scotland in June 2017 and available to staff via Learnpro. A Hand hygiene Awareness event is currently being planned to coincide with WHO Global Hand hygiene Day on 5<sup>th</sup> May 2018. As was the case last year this will once again be focused in West Central sub-division as hand hygiene compliance results remain below the Service average in that area. This event aims to engage with staff and will be supported by Local Management who are also considering other initiatives to achieve further improvement.

### **HAI Incident/Outbreak Management and Management of Alert Organisms/Conditions:**

Weekly data received from HPS on Norovirus activity in relation to hospital ward closures across NHS Scotland continue to be sent to Ambulance Control Centres (ACCs) for information. Norovirus activity was generally less of an issue over this winter period. However, an increased incidence of respiratory infections did create extra demand on healthcare services and in response to this in an effort to raise awareness with staff, information on the required transmission based infection prevention and control precautions was posted on the main news section of @SAS.

In autumn 2017 Health Protection Scotland issued a briefing note concerning an outbreak of Plague in Madagascar. This included details of the outbreak and the risk assessments. Although the outbreak was considered significant, the probability of an imported case to the UK was determined as low.

An updated version of NHS Scotland's National Infection Prevention and Control Policy Manual produced in February 2018 included changes to the transmission based precautions section. The main change was a requirement to wear FFP3 respiratory protection when in contact with Measles, Chickenpox and Tuberculosis infections; previously this level of protection had only been required for these infections when aerosol generating procedures were undertaken. Further to this fluid resistant surgical face masks are now recommended for contact with other infections spread via the droplet/airborne routes. This change was communicated to staff in a National bulletin and the issue raised at the Infection Control Committee and in the Board HAI update to ensure the impact of this was acknowledged in terms of the need to improve the face fit testing process.

Further infection control incidents included 3 incidents of crew being followed up by Public Health following the transfer of patients with undiagnosed Meningococcal infection; in one incident staff required antibiotic prophylaxis. Transfer of a suspected Middle East Respiratory Syndrome Coronavirus (MERS CoV) case with potential for staff exposure however, MERS was never confirmed.

The successful implementation of an annual Infection Prevention & Control Programme requires an active organisation wide approach with the commitment of all Departments and staff. The majority of actions to achieve the key results areas in the 2017/18 annual IP&C programme were completed in full. The few that remain work in progress have been carried forward to the 2018/19 annual programme. A full RAGs report indicating completion against the 2016/17 programme is provided in **appendix 1**.

The Infection Control Programme is part of the quality assurance framework which is linked to other local and National strategies and NHS organisations to include:

- SAS Strategy 'Towards 2020-Taking Care to the Patient'
- SAS Annual Delivery Plan
- SAS Strategic Workforce Plan
- Clinical Governance, Quality and Patient Safety
- Health, Safety & Wellbeing
- Risk and Resilience
- Estates and Planning
- Fleet
- Procurement
- Healthcare Improvement Scotland (HIS)
- Healthcare Environment Inspectorate (HEI)
- NHS Education Scotland (NES)
- Health Facilities Scotland (HFS)
- Health Protection Scotland (HPS)
- SGHD AMR/HAI 5 year Strategy and Annual Delivery Plan
- Scottish Patient Safety Programme
- NHS Scotland Quality Strategy
- NHS Health and Social Care Delivery Plan 2016

## **Overview Summary 2017/18 Infection Prevention & Control Annual Programme:**

### **Delivery Area 1- Antimicrobial prescribing and resistance:**

The Medicines Management Group continue to progress work to implement pre hospital administration of Intravenous antibiotics for suspected Sepsis cases when time to hospital exceeds 1 hour this has been agreed and endorsed by the Scottish Antimicrobial Prescribing Group (SAPG).

Specialist Paramedic Practitioners working in out of hours clinics/GP practices also prescribe and administer antimicrobials through patient group directives (PGDs) which are agreed and reviewed by the Medicines Management Group (MMG). The Infection Control Doctor attends these meetings as required to provide specialist microbiology advice. The PGDs are also approved by SAPG

To date work to audit the volume of antimicrobials administered and compliance with the PGDs indicates small numbers prescribed and administered. Any deviation from the guidance is followed up with the clinician and feedback is provided to the MMG. This work will continue to be reviewed over the next years work plan as the number of Specialist Paramedics will increase.

**Delivery Area 2- Cleaning, Decontamination and the Built Environment:**

The majority of actions under this delivery area were achieved in full. The work to ensure appropriate storage of blankets and medical devices/patient care equipment on stations continues. Most recently sub divisional reports were sent out to Regional Directors and nominated Leads detailing outstanding issues by station for rectification, feedback is still awaited to confirm full compliance. A new body fluid spill kit was introduced this decision was based on ease of use and a less complex kit to ensure staff can comply with correct procedures. Work continues in collaboration with the IC&T Department to consider the possibility of recording ambulance vehicle cleaning on the terrafix tablets; in a format where recording data can be retrieved for checking, audit, inspection and quality assurance. A meeting was held with a representative from the IC&T department who has a detailed note of the requirement and is currently communicating with Terrafix regarding the cost and a timescale for this. The lack of an effective electronic recording feature continues to affect appropriate recording of vehicle cleans.

Further work is underway supported by IC&T and in collaboration with Health Facilities Scotland (HFS) to move to iOS technology for inputting Cleanliness audit results onto the NCSS Facilities Monitoring Tool (FMT) system. New Ipads have been purchased and work is ongoing to ensure WiFi can be accessed securely on the Ipads. Completion of this work will reduce the amount of time the Infection Prevention and Control Auditors take to input and upload data onto the FMT system.

**Delivery Area 3- Infection Prevention and Control Policy Guidance and Practice:**

Further work continues with the IC&T Department to host the ambulance specific SICPs interactive PDF learning resource; developed with NHS Education Scotland on Terrafix. This has been carried forward to next year as part of the project on vehicle cleaning records.

Health Protection Scotland established a consensus group with representatives from all health boards to consider and plan the development of a national Infection and Control monitoring tool. Following a gap analysis of boards current audit programmes SGHD changed the deliverable from development of a national monitoring tool to a National Monitoring Framework, as although all Boards had a consistent approach in terms of IP&C data fields there was variation in methodology in terms of scoring, weighting of audit scores, re-audit, governance, feedback and a quality improvement approach. A first draft has just been produced and is currently out for consultation a meeting was arranged with the national project lead to ensure the challenges and variation around auditing in the pre-hospital setting is addressed in this Framework.

Work to design a bespoke ambulance version of WHO 5 moments for hand hygiene poster was completed and these along with pocket card reminders were distributed across the Service. The launch of the new posters in October 2017 was highlighted on the front page of @SAS to inform staff at the time.

As previously noted a recommendation paper compiled by the Head of H&S and Head of Infection Prevention and Control to progress FFP3 face fit testing across the Service was approved by the Operational Management Team and accepted by The Executive Team, pending a financial plan in March 2018. This paper also addressed recommendations to ensure staff are trained in the use of higher level Personal protective equipment required when transferring patients with Infectious Diseases of High consequence e.g. Mers CoV, Pandemic influenza

This was required to ensure staff can comply with NHS Scotland Infection Prevention and Control Policy Manual Chapters 2 and 3 – Transmission Based Precautions and Infection Control Incident Management.

#### **Delivery Area 4 – Organisational Structures:**

Bimonthly HAI update reports were submitted to Board meetings and published with the papers on Scottish Ambulance Service public facing website. The annual IP&C Report 2016/17 was approved by the Infection Control Committee then the Clinical Governance Committee in July 2017. The annual IP&C Programme for 2018/19 was widely circulated for consultation, approved by the Infection Control Committee in March and submitted to the Clinical Governance Committee meeting in May 2018 for approval. Infection Control Committee meetings were held four times over the year as detailed on page 9.

The Infection Prevention and Control reporting structures and job titles were reviewed and amended as detailed on pages 3 and 8. Membership of the Infection Control Committee was also reviewed and further members appointed to represent Scotstar/Air ambulance, East Central and North Regions. This ensures that all areas of the Service are represented.

#### **Delivery Area 5 – Staff and Leadership:**

The IP&C team met regularly with the EPDD over the year, this ensures specialist input to the HAI education component of all courses. The Infection Control induction session for the VQ and Ambulance Care Assistant course are delivered by the Education Department staff with materials developed by the IP&C Team and further to this quality assurance assessments were conducted by the IP&C Team at two VQ sessions over this period.

In June/July 2017 NHS Education Scotland launched the Foundation modules of the new Scottish Infection Prevention and Control Education Pathway (SIPCEP) that cover Standard Infection Control Precautions (SICPs) and the chain of infection. A staff bulletin was circulated to provide information on accessing these modules via Learnpro and to confirm which groups of staff must complete the foundation modules as mandatory and that the hand hygiene module was mandatory for completion by all staff over the year August 2017-2018. Information on completion of SIPCEP foundation modules programme is available on Data Warehouse. Further work is required to assess whether this information can be provided for individual SIPCEP modules.

#### **Delivery Area 6 – Quality Improvement:**

The target for the Infection Control quality indicator pertaining to recording adherence with the Peripheral Vascular Cannula (PVC) insertion bundle was increased from 78% to 85% during 2017. Over the year monthly data continued to demonstrate ongoing improvement and significantly improved between November 2017 and March 2018 from 88.6% to 95.9%, this was attributed to improved reporting related to the epacer upgrade and the target has recently been further reviewed and increased to >90%. This equates to an overall average compliance for the year of 88.5% and 92% for the 6 months between October 2017 and March 2018.

A small improvement project undertaken in collaboration with the Patient Safety Manager and a Paramedic Team Leader in South West sub-Division to assess the impact of a sterile PVC insertion pack has continued over the past year. The trial started in Dumfries and was then rolled

out to another four stations in the surrounding area. Feedback to date has been positive and it is the intention to complete a final review of the potential positive impact of this and if appropriate recommend its roll out across the Service.

### **Delivery Area 7 – Surveillance:**

A comprehensive infection prevention and control audit programme that monitors the cleanliness and fabric of the healthcare environment (ambulance vehicles and stations) and infection prevention and control knowledge and practice in relation to compliance with guidance in NHS Scotland's National Infection Prevention and Control Policy Manual continues across Scottish Ambulance Service. Data and trends from these audits is reported at Board level as part of the bimonthly HAI report, to the Infection Control and Clinical Governance Committees and to Divisional Management Teams. Over the last year good compliance with all elements of SICPs continued to be demonstrated, however there remains a need to achieve further improvement in hand hygiene compliance as results have remained consistent with a median of around 92% for some time. Work to improve staff knowledge and awareness around this has continued and the launch of the Scottish Ambulance Service bespoke version of the 5 moments for hand hygiene poster and pocket cards, the requirement for mandatory completion of the SIPCEP hand hygiene module and consistent reporting on this to sub-divisional level was all undertaken in an effort to achieve further improvement.

Whilst audit findings and discussion with operational staff indicate that overall knowledge around the requirements of the 5 moments for hand hygiene is very good. It is acknowledged that the pre-hospital environment and inconsistent provision of adequately positioned facilities at some hospital receiving units can sometimes impact on compliance with all 5 moments. Overall each sub-division is consistently above 90% compliance; the exception being West Central who remain around 88-89%. Targeted increased audits were conducted in this area and a Hand Hygiene Awareness Campaign to mark Global Hand Hygiene Day in May 2018 was conducted in this sub-division for a second year. Management have also continually raised the issue with staff at Management team and Health and Safety meetings, as well as a specific Team Leaders meeting held quarterly to highlight issues in relation to Infection prevention and control.

Overall good compliance continues to be achieved against NHS Scotland national cleaning standard relating to the cleanliness of ambulances and station environment. The required targets were met over the year with one exception for South East sub-division in the 4<sup>th</sup> quarter (January to March 2018) when the estates score dropped to just below 90% at 89.6%. A response was provided to Health Facilities Scotland for publication in the Quarterly Cleanliness Compliance Report stating the reason for the amber score and what rectifications would be addressed to achieve improvement; that report will be published in May 2018. The score was mainly affected by one station undergoing some refurbishment but the results were also affected by an issue with the new trolley cot mattresses bursting on a seam, this has been escalated to the Fleet and Procurement Depts and notified to the manufacturer who is replacing damaged mattresses as they are reported.

Further progress is still required with the Infection Control environmental audit programme (Rivo). It was hoped that an increased number of new ambulances would have a positive impact on these results however in the later part of the year the mattress issue noted above impacted on vehicle Rivo audit scores. It is anticipated that this will be a short term issue that will soon be resolved. However, the main reasons affecting these audit scores is a lack of adequate checks of equipment and provisions on ambulances as the main areas of non-compliance continue to



be: repair/cleanliness of Equipment, repair of furniture, fixtures and fittings, poor completion of paper vehicle cleaning records, lack of required supplies, non-intact/out of date consumables and inadequate assembly/labelling of sharps bins. The lack of appropriate shelving/facilities for storage of medical devices/equipment and blankets also remains outstanding in some stations. Work to improve this has been ongoing since the HEI inspection in November 2016 and improvement has been seen across Regions but some stations still require to address this. Notification of the outstanding improvements required by station was sent out to Sub-divisions and Regional Directors in February with feedback on further progress still to be obtained. Work to address this will continue as part of the 2018/19 programme.

**Appendix 1** below details the overall achievement against the key results areas in the 2017/18 Annual Infection Control Programme. Work in progress has been carried forward and given priority within the 2018/19 Programme or reviewed in terms of appropriateness going forward

**Appendix 1.**

**Annual Work Programme 2017/18 – Update to 31<sup>st</sup> March 2018**

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

Key Result Area	Action	Lead	Timescale	Progress	R.A.G.
<b>1.</b> To ensure compliance with HAI standard 5- ‘Antimicrobial stewardship’ and National Antimicrobial Prescribing Stewardship Programme in the context of the ambulance care setting  To provide assurance around the safe management and use of antibiotics and that use is in accordance with published guidelines.	<b>1.1</b> To be aware of any clinical work programmes/trials that may increase antimicrobial prescribing e.g. sepsis 6 and provide specialist microbiological advice as necessary	IC Doctor/IC Manager/ Medical Director/ Chair MMC	March 2018	<b>March 2018</b> – pre hospital administration of IV ABs for Sepsis cases when time to hospital exceeds 1 hour is agreed and endorsed with SAPG.	
	<b>1.2</b> Medicines Management Committee (MMC) has developed a system for surveillance and reporting of medicine (including antimicrobials) use with feedback provided at MMC meetings	MMC	Quarterly	To date information indicates small supply/administration of antibiotics and majority compliant with clinical guidance. Any deviation from the guidance - followed up with the clinician for reasons.	
	<b>1.3</b> IC Doctor attends MMC meetings when antimicrobial therapy is discussed and provides feedback to Infection Prevention & Control Committee (IP&CC)	IC Doctor	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.
<b>2.1</b> The patient care environment is clean, maintained and safe for use.	<b>2.1.1</b> To provide regular advice and specialist input to Procurement Dept. on NCSS Cleanliness standard and Monitoring framework when cleaning contract reviews are undertaken and participate in tendering exercises.	IP&C Team, Procurement dept.	March 2018	Oct 2017- Procurement dept looking at further tendering exercises	
	<b>2.1.2</b> To consider provision of an alternative suitable product to deal with blood/body fluid spills to replace existing spill kits as no longer available.	IP&C Team/ Procurement Dept	June 2017	<b>Dec 2017</b> – Complete. Alternative product sourced and trialled. Now available to order on Pecos. Staff bulleting distributed with the ordering information	
	<b>2.1.3</b> Engage with I&CT Dept. To address the possibility of ambulance terrafix tablet soft ware allowing improved recording of vehicle daily and weekly cleans, to replace paper records.	IP&C Team	July 2017	<b>March 2018</b> - Meeting held with IT dept. to confirm what is required. They will prioritise this work in next financial year.	
	<b>2.1.4</b> Investigate possibility of moving to iOS technology for NCSS FMT monitoring system working in collaboration with Health Facilities Scotland (HFS) and IT Dept.	IP&C Team/ Information Technology Dept/HFS	Sept 2017	<b>March 2018</b> : IT working with HFS to ensure FMT system can be accessed via wifi. New I pads purchased. Licence to be purchased and IT to set up.	

	<b>2.1.5</b> Review priority HAI estates maintenance issues identified during NCSS audits and refer to Estates Dept and Divisional management. Refer priority issues in ambulances to Fleet Dept.	IP&C Team/Div Management/E states Dept/Fleet Dept	Quarterly	<b>March 2018:</b> IP&C Auditors will monitor priority estates issues to ensure these are rectified. Most high risk issues are in ambulances and therefore Fleet Dept	
	<b>2.1.6</b> Conduct random cleanliness audits of Divisional PT vehicles to ensure compliance with weekly cleaning schedules	IP&C Team/ Divisional Management	Dec 2017	<b>March 2018:</b> IP&C Auditors conducted 1 month period of checking PTS vehicles on stations for standard of cleanliness, environment and supplies.	
<b>2.2</b> Patient care equipment/ medical devices are clean, maintained and safe for use.	<b>2.2.1</b> Complete the provision of appropriate storage of patient care equipment, medical devices and blankets on all stations.	IP&C Team, Divisional Managers	June 2017	<b>March 2018:</b> Some stations still need to do further work around this. Up to date list of further work required sent out to Regional Directors for action.	
	<b>2.2.2</b> Provide specialist advice to Clinical Directorate and Procurement dept when new equipment is being considered for purchase or trial and participate in tendering exercises	IP&C Team/ Clinical Directorate/Procurement	March 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> Complete HAI Scribe risk assessments for all new build/upgrade ambulance stations/air ambulance premises	IP&C Team/ Estates Dept	Quarterly	<b>Dec 2017-</b> Stage 2 for completion on shared accommodations in Skye, Orkney, Shetland, Stirling and Aviemore. Planning meetings attended at present	
	<b>2.3.2</b> Risk assess new shared accommodation plans to ensure they meet required Infection control specification depending on operations at individual sites.	IC Manager/ Divisional Manager/Estate Dept.	Quarterly	<b>Dec 2017:</b> as above	
	<b>2.3.3</b> Review maintenance of fabric in new premises and report any concerns to Estates Dept. and Station Managers	IP&C Team/Estates/ Divisional Managers	Quarterly		
	<b>2.3.4</b> Ensure remedial IC specification work in Glasgow Air ambulance/ Scotstar premises has been completed.	Head of Air Ambulance & Scotstar/IP&C Team/ Gama Aviation	June 2017	Aug 2017- work complete	
<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> IP&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.	Fleet Manager/ IP&C Team	March 2018	<b>Aug 2017-</b> some issues re tracking covers and seat bolt covers not in place and no hand rub dispenser on new vehicles reported to Fleet. <b>Oct 2017</b> – Issues discussed and agreed with Fleet dept.	

### 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> Staff to comply with NHS Scotland national IC policy manual. Ensure most recent version is available on @SAS with SAS specific appendices as necessary. Ensure content of policy is accurately described on @SAS for staff information.	IP&C Team/HPS	Quarterly	<b>March 2018</b> - Latest version NIPCM published on @SAS	
	<b>3.1.2</b> Ensure Scotstar staff have direct access to SAS IC Policies/procedures and regular meetings are held with lead Nurse/Manager	IP&C Team	Sept 2017	<b>Dec 2017</b> - Contact made with Neonatal service and Scotstar representative now on the ICC membership	
	<b>3.1.3</b> To provide IC update sessions for new Clinical advisors in ACCs covering TBP policy/Procedures in Chapter 2 National Infection Prevention & Control Policy manual	IP&C Team/ACC Manager	March 2018	<b>March 2018</b> – No requests to date this year. Contacted lead in ACC to ensure no sessions required at present	
	<b>3.1.4</b> To provide awareness training sessions for SORT staff	IP&C Team/Sort Managers	Jan 2018	<b>March 2018</b> – Training session being arranged	
	<b>3.1.5</b> Adapt appropriate agreed sections of Chapter 3 of the National Infection Prevention & Control policy Manual (e.g. Appendices, Competency Framework for PPE) to address the needs of the ambulance environment	IP&C Team/HPS	July 2017	<b>Aug 2017</b> - Appendices amended for updated version. Further updates are expected	
<b>3.2</b> To improve and sustain compliance with Standard Infection Control Precautions (SICPs)	<b>3.2.1</b> Continue to work on improving compliance with hand hygiene in line with all WHO 5 moments. Concentrate efforts on appropriate use and removal of gloves	IP&C Team/Divisional managers and Staff	Quarterly	<b>March 2018</b> - National bulletin distributed informing that hand hygiene module is mandatory. New 5 moments posters and pocket card distributed. WC Div planning joint hand hygiene awareness campaign with GG&C. This was delayed due to operational demand over last few months	
	<b>3.2.2</b> Investigate whether the national SICPs monitoring tool being developed will be appropriate/able to adapted for the ambulance setting.	IC Manager/HPS	Dec 2017	<b>March 2018</b> - National consensus work group no plan for a national tool at present but looking at national framework for Audit Specification which will support a consistent approach to IPC audit across Scotland. Potentially considering whether the FMT electronic platform could be used but the specification work is first.	
	<b>3.2.3</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.	Sept 2017	<b>March 2018</b> –Meeting with IT- they will also look at this when they look at the vehicle cleaning record	
	<b>3.2.4</b> Finalise ambulance specific version of WHO 5 moments of hand hygiene poster	IP&C Team/Paramedic SE Div	May 2017	<b>Aug 2017</b> - costing being requested from print company <b>Oct 2017</b> – Posters printed for distribution	

Key Result Area	Action	Lead	Timescale	Progress	R.A.G.
	<b>3.2.5</b> Review the ongoing need for existing SAS SICPs supplementary policy	IP&C Team	Oct 2017	<b>March 2018</b> – This policy is to be removed as SICPs Pdf resource provides this information. Some of the contents will be incorporated into other documents	
	<b>3.2.6</b> Review SICPs audit programme to target specific non-compliances and to allow more time for awareness raising work	IP&C Team	Aug 2017	<b>March 2018</b> - Number of SICPs audits in each Divisional locality reduced except WC due to hand hygiene results. Further review as necessary	
<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/ IC Manager/ HAI Exec Lead/ EPDD	Sept 2017	<b>March 2018</b> - Recommendation paper completed and submitted to OMT in February 2018 and accepted by Executive Team pending a financial plan in March 2018.	
3.4 To ensure appropriate staff are competent in the use of higher level PPE required when dealing with infectious diseases of high consequence other than VHF e.g. MES CoV, Avian Influenza	<b>3.4.1</b> ICC & H&S Dept. to consider and agree transport arrangements for Diseases of high consequence and how the transport staff will be trained and assessed as competent in the use of the higher level PPE.	ICC/ IP&C Team/ HAI Exec Lead	July 2017	<b>March 2018</b> - This is covered in the recommendation paper noted above. It is proposed that SORT conduct these transfers until sufficient numbers of staff are face fit tested in each Division.	
<b>3.5</b> There is effective communication systems and processes in place	<b>3.5.1</b> Produce infection prevention & control articles for Response magazine- twice a year	IP&C Team/ Comms Dept	June & Dec 2017	<b>Dec 2017</b> – No space in Response winter magazine. Aim to highlight issues on @SAS news page. <b>March 2018</b> - Article published on news section of @SAS in January reminding staff on good practice to prevent transmission of respiratory infections	
	<b>3.5.2</b> To ensure SICPs and other IP&C audit results are communicated as widely as possible across the Service.	IP&C Team	April 2017	All audit results sent to Managers at the time of audit for cascading. SICPs reports sent to GMs and HOS. Divisions encouraged to send out to individual members of staff. SICPs highlights posted on latest news section of @SAS	

#### 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	IC Manager	Bi-monthly	<b>March 2018-</b> last report submitted to Jan 18. Board meeting	
	4.1.2 IC Programme 2017/18 approved by Infection Control and Clinical Governance committees	IC Manager/HAI Exec Lead	May 2017	Aug 2017- Approved at IP&C Committee meeting <b>Oct 2017-</b> Approved by both Committees	
	4.1.3 IC programme quarterly progress reports to IC Committee meetings.	IC Manager	Quarterly		
	4.1.4 Compile annual IC report for 2016/17	IC Manager	June 2017	Aug 2017 – Annual Report awaiting approval	
	4.1.5 Annual report 2016/17 approved by infection Control & Clinical Governance Committees	IC Manager	July 2017	<b>Oct 2017-</b> Approved by ICC and Clin Gov Committees	
	4.1.6 Compile annual IC Programme for 2018/19	IC Manager	March 2018	<b>March 2018</b> – New programme almost complete	

#### 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 Work with EPDD Quality Team to compile an HAI Education Delivery Framework.	IC Manager/ HAI Education Lead/ / HAI Exec Lead	July 2017	<b>Aug 2017-</b> Need to clarify what details go into this with EPDD. These courses now delivered at 3 main sites. Agreed no need for delivery framework	

Key Result Area	Action	Lead	Timescale	Progress	R.A.G
	<b>5.1.2</b> Review Scotstar staff IC training needs/development. In collaboration with HOS/Senior Nurse	IP&C Team/ Scotstar	Aug 2017	<b>Aug 2017-</b> IP&C Advisor working with Scotstar staff will include assessment of education needs. <b>March 2018</b> – meeting with senior nurse to agree education in line with national bulletin sent out re SIPCEPs	
	<b>5.1.3</b> Develop and complete programme of QA assessments for delivery of Infection Control Induction education for clinical staff	IC Manager/ HAI Education Lead/ / HAI Exec Lead	Oct 2017	<b>Aug 2017-</b> QA visits to IP&C sessions delivered on VQ course being arranged. <b>Oct 2017-</b> Next VQ course is November <b>Dec 2017-</b> IP&C Advisors sat in on session in Nov	
	<b>5.1.4</b> Work with EPDD and Learnpro Manager to ensure NES Scottish Infection Prevention and Control Education Pathway (SIPCEP) foundation modules are located appropriately on Learnpro	HAI Education Lead/ IP&C Team/	Aug 2017	<b>Aug 2017-</b> Work underway at present- staff bulletin will be circulated once completed. <b>Dec 2017</b> – staff bulletin distributed	
	<b>5.1.5</b> IP&C Team to obtain access to Training summary reports available in Data Warehouse.	HAI Education Lead/ EPDD/IP&C Team	July 2017	<b>Aug 2017-</b> IP&C manager has access but data recording needs reset to show SIPCEP modules <b>Dec2017-</b> Work under way to confirm with EPDD that individual SIPCEP modules are on Data warehouse for reporting	
	<b>5.1.6</b> Review student evaluation of IP&C session on VQ3 Induction courses	IP&C Team/ EPDD	October 2017	<b>Oct 2017</b> IP&C Team to QA session in November <b>Dec 2017</b> – QA assessment completed	
	<b>5.1.7</b> Ensure Team Leaders who have not yet completed the Cleanliness Champions Programme complete foundation level of SIPCEP	Div Management/I P&C Team	October 2017	<b>Aug 2017-</b> This information will go out in the staff bulletin noted in 5.1.5 above. <b>Dec 2017</b> – Bulletin distributed in Nov	
	<b>5.1.8</b> In collaboration with EPDD ensure HAI/IP&C update is included on annual LIP training	IP&C Team/ EPDD	July 2017	<b>Dec 2017-</b> SIPCEP hand hygiene module mandatory for 2017/18	
	<b>5.1.9</b> Ensure Paramedic course/CPD includes completion of appropriate aseptic technique modules on Learnpro: to include cannulation	EPDD/IP&C Team	Sept 2017	<b>Aug 2017-</b> This has been confirmed with EPDD	
<b>5.2 Support and development of IPC Team to ensure IPC competency requirements are met.</b>	<b>5.2.1</b> Ensure all members of the IP&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	IP&C Manager/ IP&C Team	March 2018	<b>March 2018-</b> PDPs in place for all staff including new staff members	
	<b>5.2.2</b> Provide opportunity for completion of professional portfolio to meet revalidation requirements of NMC for registered nurse specialists in the team.	IC Manager/ HAI Exec lead	March 2018	<b>March 2018-</b> Completed	

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

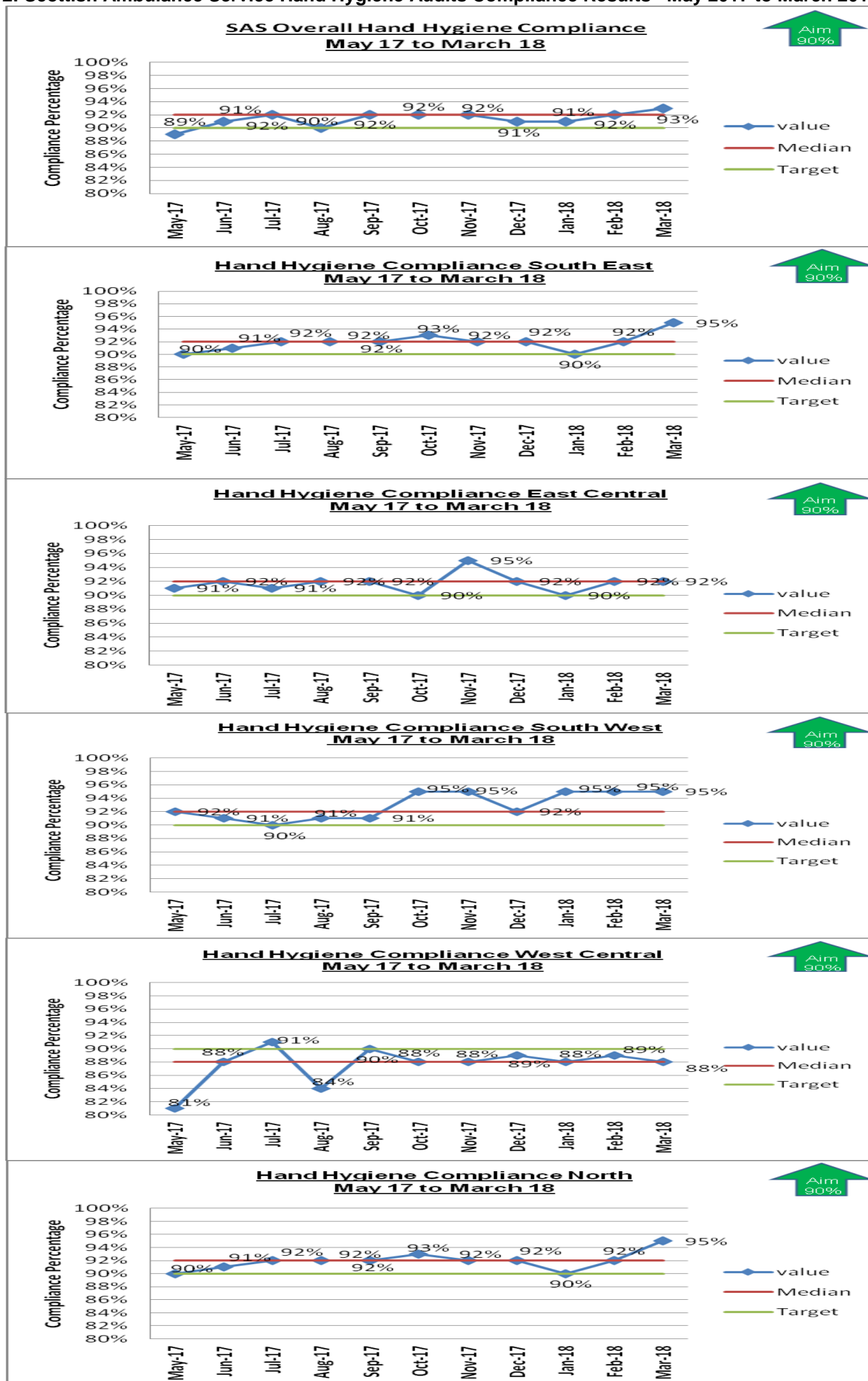
Key Result Area	Action	Lead	Timescale	Progress	R.A.G
<b>6.1</b> Quality Improvement Tools ( care bundles/SOPs) are applied for invasive procedures with increased risk of HAI	<b>6.1.1</b> IP&C Team to collaborate with Patient Safety Manager & Clinical Directorate to help drive further improvement in PVC insertion. This includes trial of PVC insertion pack and review of other equipment used for cannulation and IV therapy.	IP&C Team/Patient Safety Manager/Clinical Directorate	Sept 2017	<b>Dec 2017-</b> Trial of insertion pack continues in a few stations in SW Div. Rolled out by Paramedic TL to include: Dumfries, Langholm, Lockerbie, Castle Douglas and Annan.	
<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 facilitate improvement work programmes with Divisions, to address main non-compliances from SICPs and other IC audits.	IP&C Team/ Patient Safety Manager	March 2018	<b>Dec 2017-</b> Improvement action plan for hand hygiene in WC location	
	<b>6.2.2</b> To support Divisions to achieve further sustained improvement in hand hygiene compliance. In particular moments 4&5 of the WHO 5 moments	IP&C Team/ Divisional Managers	Oct 2017	<b>Dec 2017</b> –SAS adapted 5 moments poster and pocket cards distributed	
	<b>6.2.3</b> To improve dynamic risk assessment around use of gloves to avoid wearing gloves inappropriately as this can impact on hand hygiene compliance.	IP&C Team/ Divisional Managers /EPDD	Nov 2017	<b>Dec 2017-</b> Included on Technician training and bullet points re appropriate glove used added to 5 moments poster	
	<b>6.2.4</b> To support Divisions to achieve further improvement in Rivo Environmental IC audits- prioritising ambulance audit results	IP&C Team/ Divisional Management	Quarterly	<b>Oct 2017-</b> Auditors continue to provide advice and support around this	
<b>6.3</b> To develop and implement improvement action plans to address requirements and recommendations from HEI Inspections.	<b>6.3.1</b> To meet HEI time-scales following inspection for submission of an agreed improvement action plan and provide progress reports as requested	IC Manager/ HAI Executive Lead	March 2018	<b>Aug 2017-</b> 16 week update post inspection submitted as requested	
	<b>6.3.2</b> Complete and submit updated HEI self assessments with supporting evidence to HEI annually and as required.	IC Manager/ HAI Executive Lead	May 2018	<b>Oct 2017-</b> None requested to date <b>Dec 2017</b> – Information provided as requested re urinary catheter insertion and management	
<b>6.4</b> To comply with actions in the Vale of Leven report relevant to the ambulance setting.	<b>6.4.1</b> Review and update progress against outstanding Vale of Leven Inquiry Report recommendations relevant to SAS. Report progress to SG as required.	IC Manager/ HAI Exec Lead/IC Doctor/IC Committee	Oct 2017	<b>Aug 2017-</b> No further update requested around this to date this year	



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

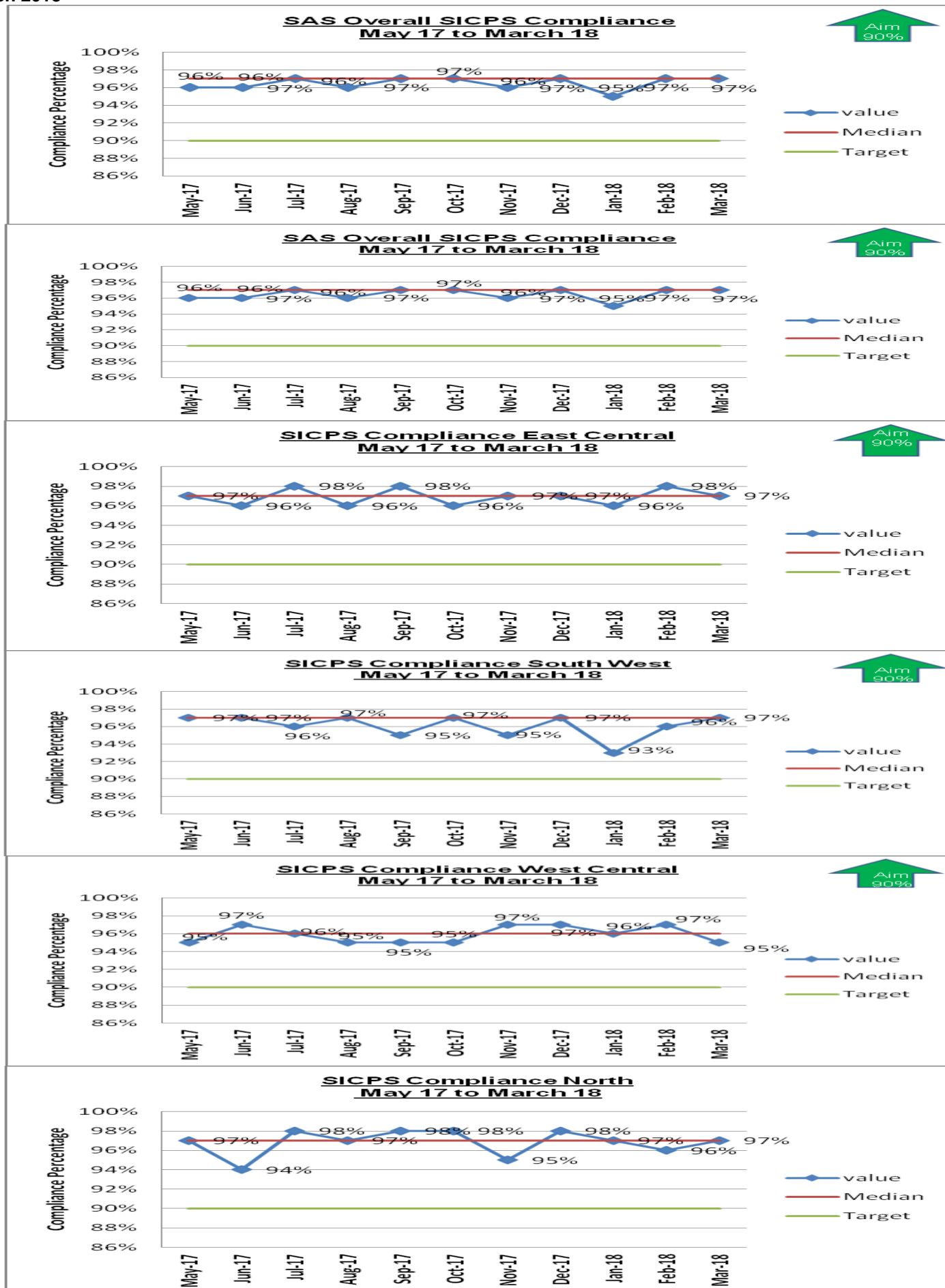
Key Result Area	Action	Lead	Timescale	Progress	R.A.G
<b>7.1</b> A comprehensive audit system is in place to assess and report compliance with effective SICPs & hand hygiene practices and ensure a quick response to areas of concern.	<b>7.1.1</b> Conduct regular SICPs compliance monitoring across the Service, where necessary conduct targeted surveillance to improve compliance.	IP&C Team	Monthly	<b>Aug 2017</b> - work ongoing will be re-organised once regional structures are clear	
	<b>7.1.2</b> Compile and distribute regular Divisional reports to provide feedback to staff and Managers on SICPs compliance and the required improvement actions.	SICPs Coordinator	Monthly	<b>Aug 2017</b> - As above	
<b>7.2 To provide assurance re cleanliness and maintenance of the healthcare environment.</b>	<b>7.2.1</b> Conduct mandatory NCSS Cleanliness monitoring of all ambulance stations quarterly and input data to NHS Scotland national Facilities Monitoring Tool (FMT)	IP&C Team	Quarterly	<b>Aug 2017</b> - Work ongoing	
	<b>7.2.2</b> IP &C Specialists to conduct peer review NCSS audits	IP&C Team	March 2018	<b>March 2018</b> - Peer review audits conducted	
	<b>7.2.3</b> Patient/public representative participation in NCSS audit programme - 1 per year per Division	IP&C Team	March 2018	<b>March 2018</b> - Public participation Peer review audits conducted	
<b>7.3 Appropriate facilities and equipment are available to reduce the risk of HAI</b>	<b>7.3.1</b> Compliance against Rivo IC environmental audits reported monthly to GMs.	IC Manager/ Head of H&S/GMs	Monthly	<b>Oct 2017</b> - Work ongoing	
	<b>7.3.2</b> 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.	IP&C Team/ Div Managers/	March 2018	<b>Oct 2017</b> - Work Ongoing	

## Appendix 2: Scottish Ambulance Service Hand Hygiene Audits Compliance Results - May 2017 to March 2018



NB: No hand hygiene or SICPs audits for April 2018 due to Infection Prevention & Control Team resources related to staff recruitment

**Appendix 3: Scottish Ambulance Service Standard Infection Control Precautions (SICPs) Compliance - May 2017 to March 2018**



**Appendix 4: Scottish Ambulance Service SICPS Overall % Compliance for each element and each Region/Sub Division per month - May 2017 to April 2018**

<b>North Region SICPs Compliance May 17 – April 18</b>	<b>May 17</b>	<b>Jun 17</b>	<b>Jul 17</b>	<b>Aug 17</b>	<b>Sep 17</b>	<b>Oct 17</b>	<b>Nov 17</b>	<b>Dec 17</b>	<b>Jan 18</b>	<b>Feb 18</b>	<b>Mar 18</b>
Hand Hygiene	92	92	94	92	94	94	92	92	93	92	93
PPE	99	97	98	100	99	100	97	100	100	100	100
Management of linen	100	93	97	93	97	100	100	93	100	93	100
Safe Disposal of waste	98	95	100	95	100	98	95	100	95	95	95
Management of patient care equipment	100	100	100	100	100	100	100	100	98	100	100
Control of the environment	90	93	94	93	100	100	100	100	100	100	100
Management of Blood/Body fluid spillages	100	100	100	100	95	100	100	100	100	100	100
Occupational Exposure Management	100	100	100	100	100	100	100	100	100	100	100
Respiratory Hygiene	95	80	100	100	100	100	75	100	85	80	85
<b>TOTAL</b>	97	94	98	97	98	98	95	98	97	96	97

<b>East Region- (East Central) SICPs May 17 – April 18</b>	<b>May 17</b>	<b>Jun 17</b>	<b>Jul 17</b>	<b>Aug 17</b>	<b>Sep 17</b>	<b>Oct 17</b>	<b>Nov 17</b>	<b>Dec 17</b>	<b>Jan 18</b>	<b>Feb 18</b>	<b>Mar 18</b>
Hand Hygiene	91	92	91	92	92	90	95	92	90	92	92
PPE	98	100	100	100	94	100	100	100	100	100	100
Management of linen	92	87	97	97	93	93	87	93	83	93	80
Safe Disposal of waste	100	100	100	98	100	100	100	100	94	95	100
Management of patient care equipment	100	100	100	100	100	100	100	100	100	100	100
Control of the environment	96	94	97	93	100	100	100	93	100	100	100
Management of Blood/Body fluid spillages	100	92	100	95	100	90	100	100	100	100	100
Occupational Exposure Management	100	100	100	100	100	100	100	100	100	100	100
Respiratory Hygiene	94	95	95	90	100	92	90	100	100	100	100
<b>TOTAL</b>	97	96	98	96	98	96	97	97	96	98	97

<b>East Region (South East) SICPs May 17 – April 18</b>	<b>May 17</b>	<b>Jun 17</b>	<b>Jul 17</b>	<b>Aug 17</b>	<b>Sep 17</b>	<b>Oct 17</b>	<b>Nov 17</b>	<b>Dec 17</b>	<b>Jan 18</b>	<b>Feb 18</b>	<b>Mar 18</b>
Hand Hygiene	90	91	92	92	92	93	92	92	90	92	95
PPE	97	100	100	100	100	100	97	100	100	100	100
Management of linen	92	97	91	97	100	92	87	100	87	100	87
Safe Disposal of waste	95	95	100	95	95	100	100	95	95	100	100
Management of patient care equipment	100	100	96	100	100	100	100	100	100	100	100
Control of the environment	96	100	92	97	93	100	100	93	87	100	100
Management of Blood/Body fluid spillages	100	92	100	95	100	100	100	100	100	100	100
Occupational Exposure Management	100	100	100	100	100	100	100	100	100	100	100
Respiratory Hygiene	89	95	92	91	100	92	90	92	100	90	100
<b>TOTAL</b>	95	97	96	96	97	97	96	97	95	97	98

<b>West Region ( West Central) SICPs May 17 – April 18</b>	<b>May 17</b>	<b>Jun 17</b>	<b>Jul 17</b>	<b>Aug 17</b>	<b>Sep 17</b>	<b>Oct 17</b>	<b>Nov 17</b>	<b>Dec 17</b>	<b>Jan 18</b>	<b>Feb 18</b>	<b>Mar 18</b>
Hand Hygiene	81	88	91	84	90	88	88	89	88	89	88
PPE	99	99	100	99	100	99	99	100	99	96	94
Management of linen	94	97	97	93	94	84	97	94	97	97	100
Safe Disposal of waste	95	98	90	95	98	88	98	98	90	93	95
Management of patient care equipment	95	100	100	98	98	100	100	98	100	100	95
Control of the environment	93	100	97	94	85	97	100	97	100	100	93
Management of Blood/Body fluid spillages	100	100	100	95	92	100	100	100	100	100	100
Occupational Exposure Management	100	100	100	100	100	100	97	100	100	100	100
Respiratory Hygiene	95	100	100	95	95	95	100	100	93	95	90
TOTAL	95	97	96	95	95	95	97	97	96	97	95

<b>West Region ( South West) SICPs May 17 – April 18</b>	<b>May 17</b>	<b>Jun 17</b>	<b>Jul 17</b>	<b>Aug 17</b>	<b>Sep 17</b>	<b>Oct 17</b>	<b>Nov 17</b>	<b>Dec 17</b>	<b>Jan 18</b>	<b>Feb 18</b>	<b>Mar 18</b>
Hand Hygiene	92	91	90	91	91	95	95	92	95	95	95
PPE	100	100	100	99	100	97	97	97	97	97	100
Management of linen	96	97	93	97	92	93	87	100	87	93	93
Safe Disposal of waste	97	94	100	97	100	95	100	100	85	95	95
Management of patient care equipment	100	100	100	100	100	100	95	100	100	95	100
Control of the environment	97	97	93	100	100	100	87	100	93	93	100
Management of Blood/Body fluid spillages	100	100	100	100	100	100	100	100	100	100	93
Occupational Exposure Management	100	100	100	100	92	100	100	100	100	100	100
Respiratory Hygiene	88	95	85	95	84	90	90	90	80	100	100
TOTAL	97	97	96	97	95	97	95	97	93	96	97

<b>SAS Overall SICPs Compliance May 17 – April 18</b>	<b>May 17</b>	<b>Jun 17</b>	<b>Jul 17</b>	<b>Aug 17</b>	<b>Sep 17</b>	<b>Oct 17</b>	<b>Nov 17</b>	<b>Dec 17</b>	<b>Jan 18</b>	<b>Feb 18</b>	<b>Mar 18</b>
Hand Hygiene	89	91	92	90	92	92	92	91	91	92	93
PPE	97	99	100	100	99	99	98	99	99	99	99
Management of linen	95	94	95	95	95	92	92	96	91	95	92
Safe Disposal of waste	97	96	98	96	99	96	99	99	92	96	97
Management of patient care equipment	99	100	99	100	100	100	99	100	100	99	99
Control of the environment	94	97	95	95	96	99	97	97	96	99	99
Management of Blood/Body fluid spillages	100	97	100	97	97	98	100	100	100	100	99
Occupational Exposure Management	100	100	100	100	98	100	99	100	100	100	100
Respiratory Hygiene	92	93	94	94	96	94	89	96	92	93	95
TOTAL	96	96	97	96	97	97	96	97	95	97	97

# Appendix 5: NCSS Cleaning and Estates Monitoring Results by Region/Sub Division April 2017 to March 2018

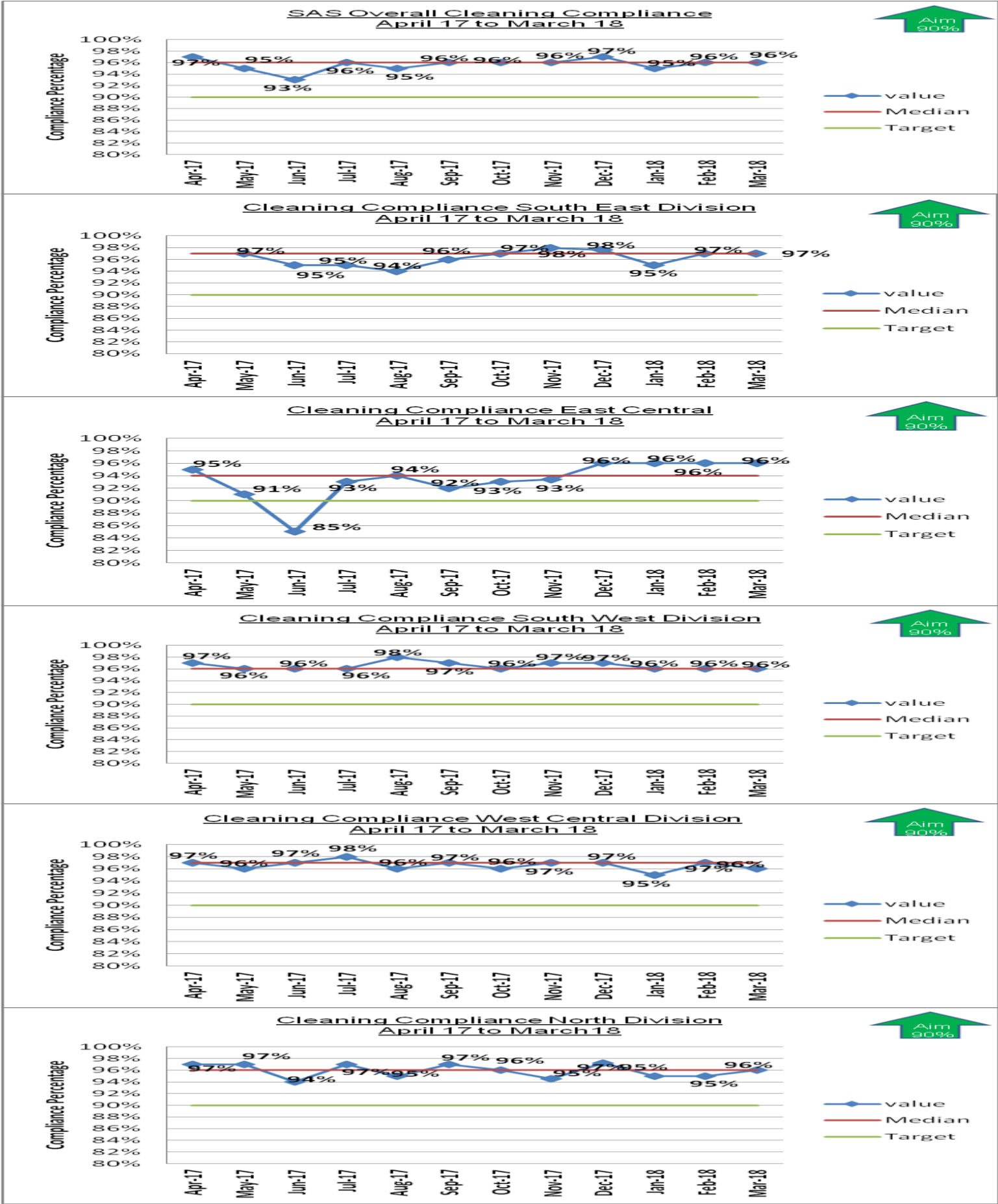
NORTH				WEST CENTRAL				SOUTH EAST			
MONTH	DOMESTIC	ESTATES		MONTH	DOMESTIC	ESTATES		MONTH	DOMESTIC	ESTATES	
April 2017	96.86%	94.58%		April 2017	96.86%	96.70%		April 2017			
May	96.55%	93.59%		May	96.35%	97.79%		May	96.96%	96.46%	
June	94.12%	94.01%		June	96.60%	95.98%		June	94.77%	90.17%	
July	96.67%	93.48%		July	98.05%	99.48%		July	95.24%	91.58%	
August	95.01%	94.38%		August	95.73%	96.66%		August	93.60%	94.30%	
September	96.88%	99.33%		September	96.71%	96.43%		September	96.44%	90.26%	
October	96.25%	94.10%		October	96.47%	95.08%		October	97.22%	85.84%	
November	94.56%	94.10%		November	97.07%	96.71%		November	97.92%	93.68%	
December	97.22%	93.64%		December	96.51%	95.47%		December	97.64%	90.63%	
January 2018	95.39%	94.67%		January 2018	94.65%	95.96%		January 2018	94.86%	80.54%	
Feb 2018	94.74%	91.97%		Feb 2018	97.04%	95.80%		Feb 2018	97.30%	93.66%	
March 2018	96%	94%		March 2018	96%	95%		March 2018	97%	92%	
	Month	DOMESTIC	ESTATES		Month	DOMESTIC	ESTATES		Month	DOMESTIC	ESTATES
Quarter 1	Apr-Jun 17	96.14%	94.01%	Quarter 1	Apr-Jun 17	96.61%	96.64%	Quarter 1	Apr-Jun 17	95.11%	91.14%
Quarter 2	Jul-Sep 17	96.00%	94.34%	Quarter 2	Jul-Sep 17	96.59%	97.07%	Quarter 2	Jul-Sep 17	95.64%	91.28%
Quarter 3	Oct-Dec 17	95.88%	94.01%	Quarter 3	Oct-Dec 17	96.64%	95.69%	Quarter 3	Oct-Dec 17	97.65%	90.70%
Quarter 4	Jan-Mar 18	95.4%	93.5%	Quarter 4	Jan-Mar 18	96.8%	96.1%	Quarter 4	Jan-Mar 18	96.7%	89.7%

EAST CENTRAL				SOUTH WEST				SERVICE OVERALL			
MONTH	DOMESTIC	ESTATES		MONTH	DOMESTIC	ESTATES		MONTH	DOMESTIC	ESTATES	
April 2017	95.13%	91.95%		April 2017	97.23%	93.01%		April 2017	96.52%	94.06%	
May	90.86%	89.92%		May	96.30%	91.61%		May	95.40%	93.87%	
June	84.53%	100.00%		June	96.48%	93.12%		June	93.30%	94.66%	
July	92.83%	96.33%		July	95.96%	90.24%		July	95.75%	94.22%	
August	94.19%	94.71%		August	97.59%	93.13%		August	95.22%	94.64%	
September	92.25%	92.54%		September	96.80%	90.89%		September	95.82%	93.89%	
October	92.83%	93.65%		October	96.28%	92.49%		October	95.81%	92.23%	
November	93.44%	92.58%		November	96.68%	93.20%		November	95.93%	94.05%	
December	95.77%	96.94%		December	96.52%	92.66%		December	96.73%	93.87%	
January 2018	95.54%	93.95%		January 2018	96.15%	89.25%		January 2018	95.32%	90.87%	
Feb 2018	96.45%	93.73%		Feb 2018	95.97%	90.16%		Feb 2018	96.30%	93.06%	
March 2018	95%	89%		March 2018	96%	93%		March 2018	96.4%	93.6%	
	Month	DOMESTIC	ESTATES		Month	DOMESTIC	ESTATES		Month	DOMESTIC	ESTATES
Quarter 1	Apr-Jun 17	93.85%	91.87%	Quarter 1	Apr-Jun 17	96.61%	92.53%	Quarter 1	Apr-Jun 17	95.86%	93.49%
Quarter 2	Jul-Sep 17	93.08%	95.14%	Quarter 2	Jul-Sep 17	96.79%	91.26%	Quarter 2	Jul-Sep 17	95.69%	93.91%
Quarter 3	Oct-Dec 17	93.65%	93.96%	Quarter 3	Oct-Dec 17	96.53%	92.84%	Quarter 3	Oct-Dec 17	95.91%	93.79%
Quarter 4	Jan-Mar 18	95.8%	92.6%	Quarter 4	Jan-Mar 18	96.3%	91.6%	Quarter 4	Jan-Mar 18	96.1%	92.9%

N.B – No audits completed in SE sub Division in April 2017 due to a new cleaning contract being set up

Appendix 6: NCSS Cleaning Results by Region/Sub Division April 2017 to March 2018





Appendix 7: NCSS Estates Monitoring Results by Region/Sub Division April 2017 to March 2018

