Scottish Ambulance Service
Working in Partnership with Universities

NHS SCOTLAND

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Public Board Meeting	**29 January 2025** **Item 11**

THIS PAPER IS FOR DISCUSSION

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

Lead Director **Author**	Dave Bywater, Director, Care Quality and Professional Development 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	• Vaccination uptake (page 5). • Education and Training - Low compliance with SIPCEP modules (Page 8). • Standard Infection Control Precautions (SICPS) audit – poor compliance (Page 11). • Clean and Safe Care Equipment (Page 12) highlights audit score through Evotix and NCSS monitoring tool.
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 • 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 • 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

HEALTHCARE ASSOCIATED INFECTION (HAI) UPDATE REPORT

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 anyone is at risk of developing an infection in these settings. 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.

Good 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).

HAIs can occur as a direct or indirect result of healthcare and treatment including the environment or setting where care is delivered.

This report will provide an update on Infection Prevention and Control Activity (IPC) and will include data from 1st July – 31st December 2024. This is a lengthy report covering 6 months activity due to the timings of the meetings.

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. 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).

This report will be structured to follow the standard headings within the Healthcare Improvement Scotland (HIS) Infection Prevention and Control Standards (2022).

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)

The Lead and Senior IPC Practitioner posts have been recruited to.

The Head of IPC reports directly to the Director for Care Quality and Professional development who is the HAI Executive Lead. The Lead IPC Practitioner post was successfully recruited to in September and the Senior IPC Practitioner post in December.

The IPC Team's responsibility is to develop and facilitate implementation of the programme, IPC does not rest solely within the domains of our IPC Committees and Teams.

The Head of Service IPC provides updates on IPC activity to Clinical Assurance Group (CAG), National Clinical Oversight Group (NCOG), Clinical Governance Committee (CGC) and the Board.

Infection Prevention and Control Committee (IPCC)

The IPCC met in September and were quorate for both meetings. Attendance at meetings will be monitored and repeated non-attendance will be escalated to the Clinical Governance Committee.

Risk Register

Infection Prevention and Control has 9 live risks on their risk register; 2 high, 6 medium and 1 low. The risk register is reviewed monthly by the Head of Service for IPC (informally) and quarterly by the IPCC.

Personal Development Plans (PDP)

The IPC team have an 100% compliance with PDPs being completed within the last 12 months. The IPC team are working with the organisational development team to establish more cohesiveness and team priorities.

National Directives/ Publications

During the review period the following documents have been published (newest to oldest)

1. Pandemic Ready: Safeguarding Our Future Through Preparedness The Standing Committee on Pandemic Preparedness Final Report – November 2024

This report's recommendations aim to ensure that learnings and new knowledge can be synthesised and communicated quickly and effectively when the next pandemic arrives.

SAS response: Awareness raising

2. [DL (2024) 29](#) Publication of new deliverables for the second phase of the healthcare associated infection strategy 2023-2025'.

The HCAI Strategy 2023-2025 was published in June 2023 and aims to support the recovery from the pandemic response and reduce HCAI rates. The strategy initially focused on a first phase delivery plan which included deliverables for National Boards.

New deliverables have been developed for the second phase, in addition to some rolling over from the first phase. A list of the new deliverables can be found in the annex of the document. The development of the second phase, considers the pressures the NHS faces and therefore this strategy, and its implementation, has been shaped to avoid creating additional burden where possible. The two-year strategy will run until the end of December 2025. It forms the foundations of what comes next, an intended five-year strategy which will look at infection, prevention and control (IPC) across a broader range of settings.

SAS response: Awareness raising

3. [DL (2024) 27](#) Waste Management Officer Responsibilities, Compliance and Financial Saving Opportunities (27.11.2024)

The management of hazardous waste is a highly regulated area and requires a substantial degree of technical competence. This letter has been prepared with the Chair of the National Waste Management Steering Group with input from NHS Scotland Assure.

Over the past 18 months work undertaken in conjunction with NHS Scotland Assure has identified a number of opportunities to improve efficiency, compliance and financial savings associated with the management of waste from NHSScotland sites.

Waste management within NHSScotland has a significant financial burden and opportunities exist to make financial savings and increase efficiencies. Work is underway to quantify the financial savings from waste and provide additional support to Health Boards to enable them to realise this. Initial estimates suggest savings more than £5 million across NHSScotland Boards could be achieved.

In line with existing guidance and recommendations published in NHS Scotland Waste Management Action Plans, all Health Boards should have an appropriately qualified Waste Management Officer (WMO) in post. The WMO is responsible for regulatory compliance and, is required to hold the relevant academic and/or vocational qualifications to undertake this task.

SAS response: Circulated to Head of Estates for information/action (23.12.2024). The waste management policy was reviewed and approved in September 2024.

4. [SGHD CMO 2024 19](#) Winter Programme 2024 – Seasonal Flu and Covid-19 Vaccination (18.11.2024)

Encourage for frontline HSCWs to avail themselves of both Covid19 and Flu Vaccinations and for NHS Boards to make this easier and more accessible, such as through peer-to-peer vaccination in the workplace. This was re-iterated in an email from Scottish Government 27 December 2024 following a significant rise in Influenza A cases and the pressure and demand across health and social care systems.

SAS response: SAS does not support/facilitate peer to peer vaccinations in the workplace but has directed staff to the national vaccination centres.

Update on previous information outlining winter vaccine programme timings

The statistics on SAS employee vaccinations, obtained from Public Health Scotland (PHS) are shown below

Table 1: Cumulative Vaccinations (%) for Covid Booster and Flu Vaccination

Cumulative SAS Employee Vaccinations (week commencing)			
	11.12.2023	**16.12.2024**	**06.01.2025**
Covid-Booster (%)	28.7	16.1	18.1
Flu Vaccination (%)	33.4	21.4	25

When reading this data, it should be noted that the cohort of staff may differ between 2023 and 2024. However, what is clear is the percentage of staff vaccinations to date which remains low. The Flu vaccination is much lower than the national average 38.9%. The opportunity to receive the Covid -booster will end in January 2025. 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.

Table 2: The numerical vaccinations administered.

Week beginning	Covid (n)	Flu (N)
16/12/2024	71	140
23/12/2024	12	20
30/12/2024	14	27
06/01/2025	11	22
Total vaccinations administered	**108**	**209**

5. [DL (2024) 24](#) ARHAI (Antimicrobial Resistance and Healthcare Associated Infections) Scotland and Healthcare Associated Infection (HCAI) Related Incidents, Outbreaks and Data Exceedance: Reporting and Communication Requirements (24.10.2024)

Reiterates expectations on HCAI reporting as per the National Infection Prevention and Control Manual (NIPCM) and Boards work with national infection prevention and control (IPC) experts, ARHAI Scotland. NHS Boards are required to provide information on infection incidents, outbreaks, and data exceedances directly to ARHAI Scotland, as set out within the NIPCM, to ensure comprehensive national-level infection incident data is available.

Scottish Government expects all NHS Boards to adopt the NIPCM. NHS Boards will maintain local assurance of compliance with, and implementation of, the guidance through continuous monitoring in all healthcare settings. Local compliance and assurance processes should be supported by robust governance arrangements.

6. ARHAI Scotland - Winter 2024: Transmission Based Precautions (TBPs) Position statement (09.10.2024)

In August 2024, ARHAI Scotland published an update to the transmission-based precautions (TBPs) systematic literature review. The COVID-19 pandemic highlighted that the way in which respiratory transmission is currently described, droplet and airborne transmission, may not reflect what is happening in reality. The review included new questions and search terms to help determine whether there is a better way to describe transmission and whether this could lead to any improvements in infection, prevention and

control (IPC) practice within health and care settings. In recognition of this and whilst work to produce this guidance is underway, stakeholders should continue to promote the application of standard infection control precautions (SICPs) and transmission-based precautions (TBPs) as laid out in chapters 1 and 2 of the NIPCM.

SAS response: Awareness raising through Chief Executive Bulletin on appropriate use of PPE (December 2024).

<u>Outstanding</u>

1. DL(2024)17- *Launch of the new 'water' section in chapter 4 of the National Infection Prevention and Control Manual* (05.08.2024)

This chapter's new content is intended to support the prevention and management of infection related incidents and outbreaks associated with water systems in healthcare premises. NHS Boards are also expected to implement the new water section in chapter 4 in full by 1 January 2025.

SAS response: **Non-compliant**
This has been passed to the Facilities Department to implement. No feedback has been provided to the Infection Control Committee to date.

2.   Education and Training

IPC serves as a cornerstone in ensuring the quality of healthcare delivery across all regions and departments with IPC education providing the foundation for practice.

The IPC team are 100% compliant with mandatory training and are actively involved in professional development.

SAS: IPC pages on TURAS Learn contains e-learning modules and other IPC resources that have been selected for SAS staff. A review of these pages has been undertaken by members of if the IPC team.

The HAI training strategy was presented at the IPCC in January. Verbal confirmation of approval will be communicated at this meeting.

The IPC team reviewed the vocational qualification (VQ) (November 2024) to ensure that students have the required knowledge pertaining to IPC practice.

The IPC team are working alongside the team responsible for the Community First Responders to ensure that they receive infection prevention and control training commensurate with their duties.

<u>Standard Infection Prevention and Control Education Pathway (SIPCEP)</u>

The aim of the pathway is to enable all staff to continuously improve their knowledge and skills around infection prevention and control as part of their role. Everyone should contribute to a healthcare culture in which patient safety related to infection prevention and control is of the highest importance.

SAS has agreed standard core modules for all staff within the service plus those that are role specific. The IPC team will monitor compliance but are not operationally responsible.

The chart below identifies directorate compliance with the core IPC modules.

Chart 1: Core SICEP compliance per Directorate.

% Compliance with Core SIPCEP Modules by Directorate (May 2024)
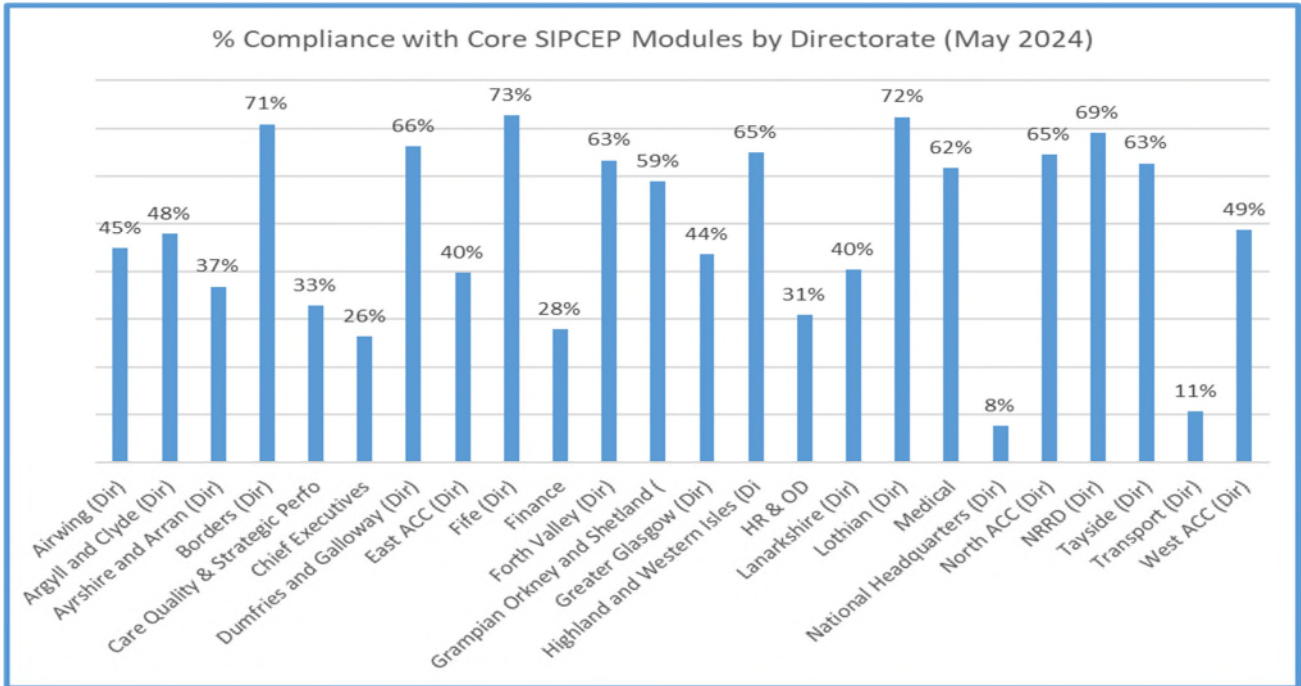
In May the total compliance across the organization was 55% (6346 employed and 3454 non-compliant)

Chart 2: The Compliance with Core SIPCEP modules by Directorate

% Compliance with Core SIPCEP Modules by Directorate (December 2024)
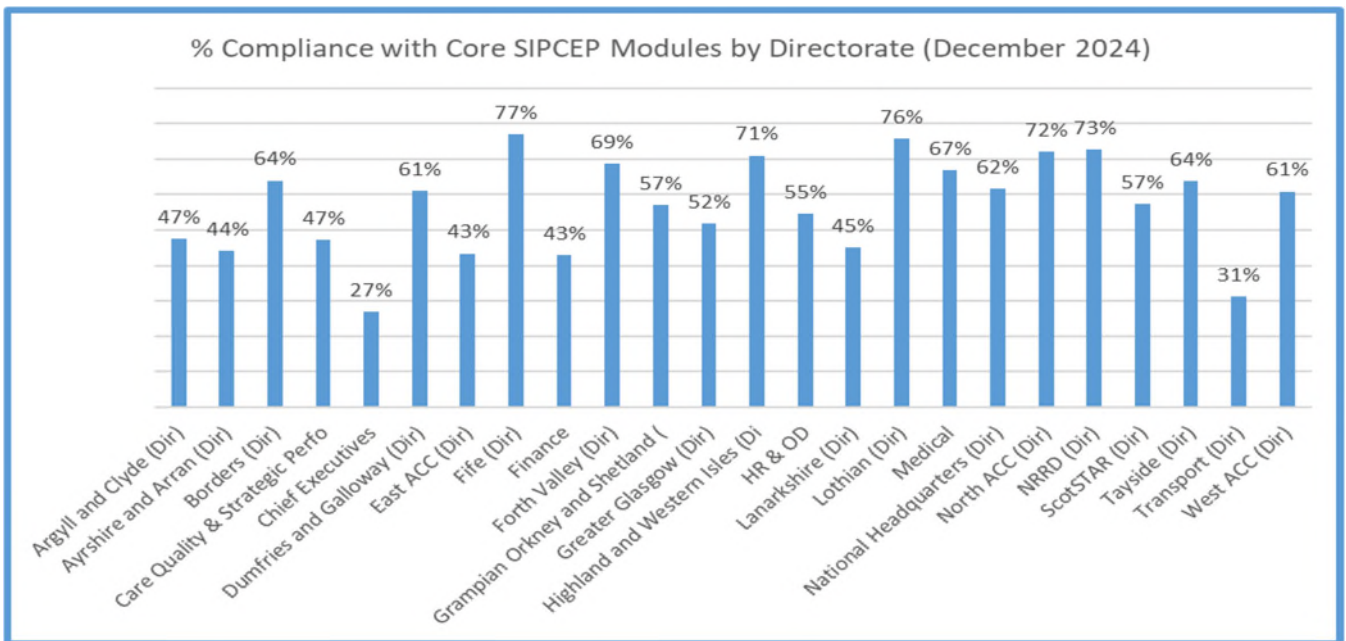
In December the total compliance across the organization was 59% (6390 in employment with 3344 non-compliant). This data does not include information on Community First Responders.

The IPC team will continue to monitor compliance and raise with Regional Directors and Heads of Service.

3. Communication

The IPC team are reviewing the @SAS IPC page to ensure that the most up to date information is available for staff.

SAS use a number of social media accounts to highlight a variety of activities; staff should be reminded of the uniform policy when publishing staff in operational uniforms; in particular adhering to bare below the elbow (BBE) i.e not wearing watches, jewellery or having long nails, nail extension and wearing nail varnish.

Photographs are now being reviewed for BBE compliance before being published. It has been noted that some staff in the social media posts are non-clinical staff; however public perception is that anyone in an operational uniform is clinical, which is not the image the IPC Service wish to convey.

IPC team re-issued information (via the Chief Executive bulletin) on the use of personal protective equipment (PPE) and Respiratory Protective Equipment (RPE) prior to Christmas considering the increase in flu cases across Scotland.

4. Assurance and monitoring systems

Robust assurance and monitoring systems are available to support SAS to reduce infection risks and improve people's outcomes.

The IPC service has been audited by KPMG (internal auditors); the report will be presented to the Audit Committee in March 2025. Areas for improvement have not been a surprise to the Head of Service for IPC.

DATIX

Each DATIX that is categorised as an IPC incident is reviewed by the IPC team, with feedback provided.

There were 19 events reported through DATIX in quarter 2 and 18 for quarter 3 which is significantly less than quarter 1 which reported 31.

The breakdown of events are as follows:

Q2 - 19 risk of infection events, broken down as follows.
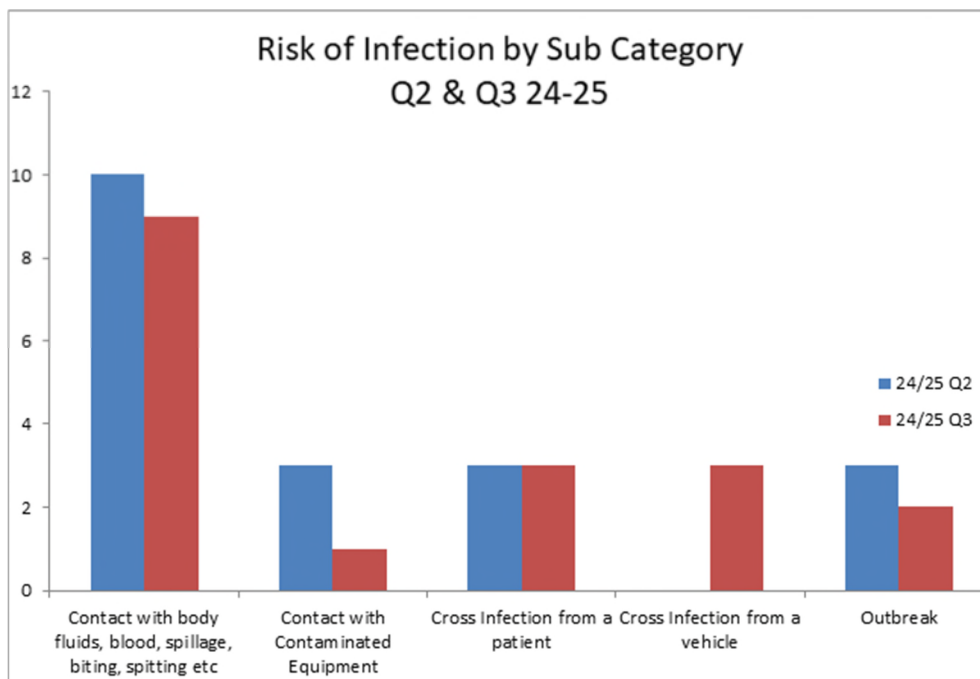- o 9 Near Misses vs 10 Adverse events
- o 7 clinical vs12 non-clinical

Q3 - 18 risk of infection events, broken down as follows.
- o 9 Near Misses vs 9 Adverse events
- o 10 clinical vs 8 non-clinical

Chart 3: Demonstrates the risk of infection events:

Risk of Infection by Sub Category Q2 & Q3 24-25

Following analysis of the quarter 2 report,

Nineteen reports were entered into the 4 categories (Depending on user selection).

- 10 related to contact with blood or body fluids
- 3 related to contaminated equipment
- 3 cross-infection from a patient
- 3 reports under outbreak category

Six of the blood and body fluid exposure reports were splash or spray to face, eyes or mouth and in most cases, the wearing of PPE may have prevented direct contamination.

This quarter has seen a fall from Q1 in reports of animal bites to crews and contamination of vehicles and equipment.

There was also a reduction in Q1 to Q2 of contact with patients with transmissible infection from 13 in Q1 to 3 reports in Q2. However, in one of these reports, ACC were not aware of patient's infectious status which resulted in crew not being informed and subsequent exposure to crew.

Following analysis of the quarter 3 report,

Eighteen reports were entered into the 5 categories (Depending on user selection).

- 9 are related to contact with blood or body fluids including
  - 4, spray or splash to face, eyes or mouth. In these instances, if PPE risk assessment carried out worn then may have prevented exposure.
- 4 reports related to cross infection from a patient with infectious illness,

- o 3 where communication errors were a factor in the incidents.
- 3 reports of contaminated equipment or vehicles of vehicle
- 2 reports under outbreak category.

There were 4 reports relating to infestation,
- o 2 for evidence of rodents
- o 2 were for bird droppings, which is an increase from previous quarter 2.

Advice was given, at the time to all reports that were received by Infection Prevention and Control Team and incidents were followed up.

DATIX will be replaced with a new incident recording system known as In-Phase from February 2025.

Standard Infection Control Precautions (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 below that this is considerably lower than the agreed target.

Chart 4: SICPs Audits Submitted
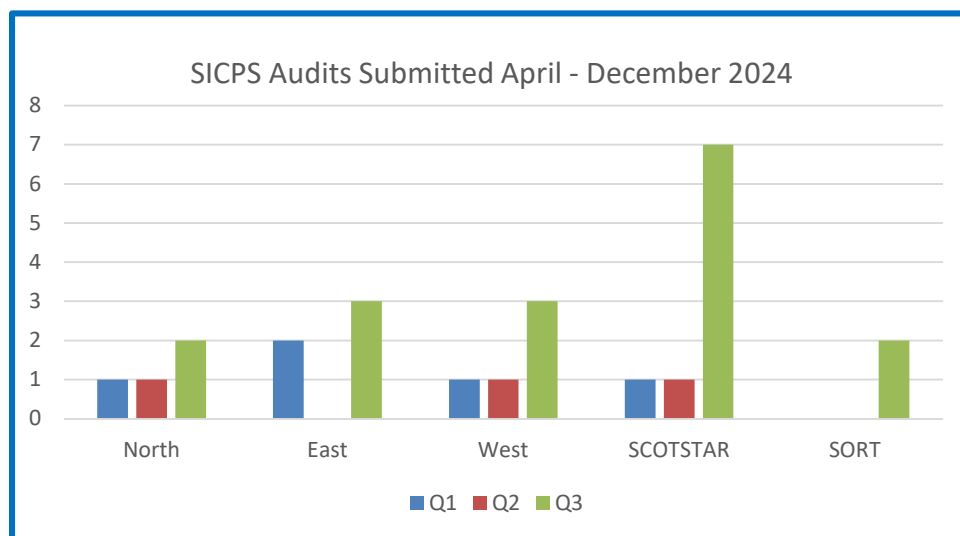
Information pertaining to compliance with the audit will be presented in the annual summary report at the April IPCC. Anecdotal information received indicates a considerable decline in hand hygiene compliance predominately due to staff wearing watches/fitness trackers.

5. Optimising antimicrobial use

The Head of Service will be a regular attendee of the Medications Management Group where antimicrobial use will be monitored. Information on antimicrobial use for the quarter and compliance with PGD, along with the statistics on who is prescribing and administering will be presented in future reports. Information is not available for this report, as the Head of Service will attend their first meeting on 30th January 2025.

## 6.	Infection Prevention and control policies, procedures and guidance

All IPC polices and guidance are found on @SAS and JRCALC. The IPC team will continue to consult with national organisations regarding changes to the national IPC manual and will inform those organisations and the ICC when making necessary changes.

All IPC policies will be reviewed every 2 years (unless new information or guidance emerges), in line with the Vale of Leven recommendations. This is a change to current SAS practice. A staggered approach to policy review will commence in January 2026 as this is when most policies are due for review.

Compliance with the National Infection Prevention and Control (NIPCM) continues.

## 7.	Clean and Safe Care Equipment

The National Cleaning Services Specification (NCSS) is mandatory, and IPC audits of stations and vehicles remain a priority as reflected in the Programme of Work 2024/2025. The comprehensive IPC audit programme of ambulance vehicles and stations (known as the RIVO audits) is carried out every six months. From 1st October the Evotix replaced RIVO, a similar audit software program which was developed and will be maintained by SAS Health & Safety Department. It should be noted that any outstanding actions from the RIVO audits have been archived as this couldn't migrate to the new system; however, this information is still available.
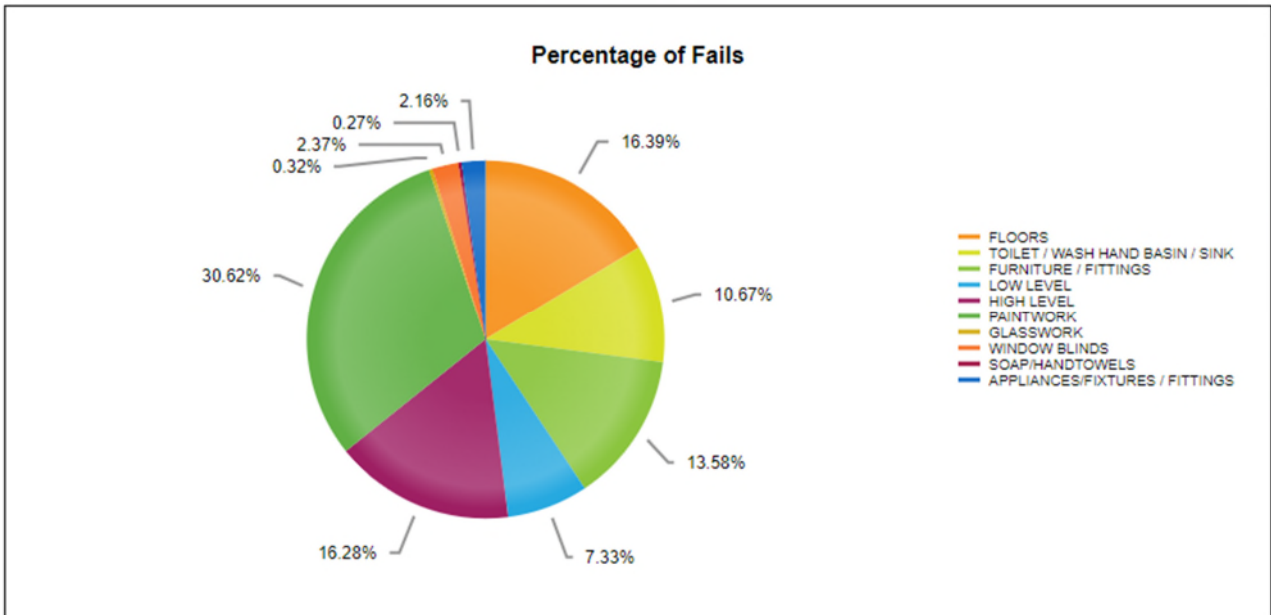
Monitoring through the NCSS is a fundamental element and priority of the IPC work programme, and we continue to maintain the target of 90%.

Table 3: Overall Compliance with the NCSS audits

Overall Compliance 1st April – 31st December 2024			
	April - June	July – September	October - December
Domestic (overall %)	96.43 %	96.05 %	96.42 %
• Number of Rectifications	248	260	282
Estates (overall %)	94.13 %	91.99 %	93.72 %
• Number of Rectifications	260	503	461
User issues	211	296	292

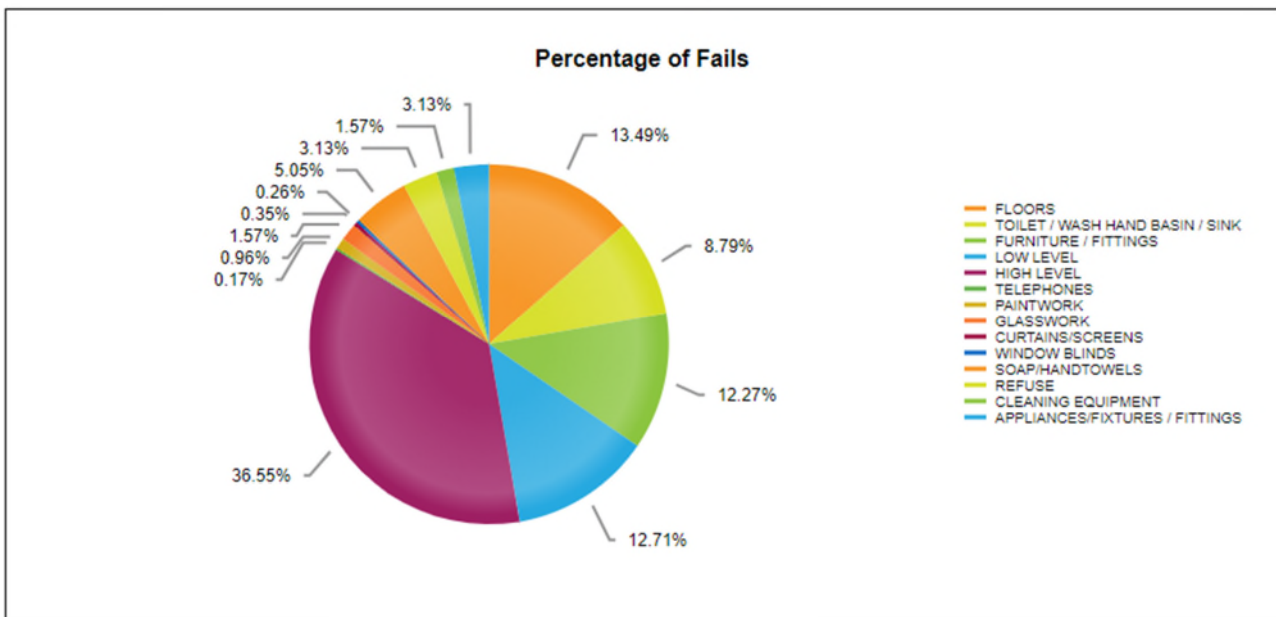"User issues" are those that are caused by the users of that area that impede the effective cleaning of the area. The majority of user issues can be addressed through good housekeeping. The information is further elaborated within the Evotix system. Domestic and Estates Issues, when reported, change the resulting score of the audit, whereas the User Issues are non-scoring.

Chart 5: Breakdown for estates fails from 1st July – 31st December 2024

Percentage of Fails

Legend:
- FLOORS
- TOILET / WASH HAND BASIN / SINK
- FURNITURE / FITTINGS
- LOW LEVEL
- HIGH LEVEL
- PAINTWORK
- GLASSWORK
- WINDOW BLINDS
- SOAP/HANDTOWELS
- APPLIANCES/FIXTURES / FITTINGS

Values shown: 2.16%, 0.27%, 2.37%, 0.32%, 16.39%, 10.67%, 30.62%, 13.58%, 16.28%, 7.33%

The most common area for estates failings relate to paintwork (35.79%)

Chart 6: Breakdown for domestic fails from 1st July – 31st December 2024

Percentage of Fails

Legend:
- FLOORS
- TOILET / WASH HAND BASIN / SINK
- FURNITURE / FITTINGS
- LOW LEVEL
- HIGH LEVEL
- TELEPHONES
- PAINTWORK
- GLASSWORK
- CURTAINS/SCREENS
- WINDOW BLINDS
- SOAP/HANDTOWELS
- REFUSE
- CLEANING EQUIPMENT
- APPLIANCES/FIXTURES / FITTINGS

Values shown: 3.13%, 1.57%, 3.13%, 5.05%, 0.26%, 0.35%, 1.57%, 0.96%, 0.17%, 13.49%, 8.79%, 12.27%, 12.71%, 36.55%

The most common area for domestic failings related to high level (36.55%).

The IPC team are working to establish a more robust way to monitor rectifications and report information.

8.   The Built Environment

HAI SCRIBEs (Healthcare Associated Infection Systems for Control Risk in the Built Environment) have been completed on 2 occasions during this reporting period for the same area. This will influence a decision as to whether co-location or refurbishment is the better option from an IPC perspective. This is in its preliminary stage for consideration and is currently with the Area Service Manager to review and take forward.

Antimicrobial Resistance & Healthcare Associated Infection (ARHAI) Scotland and NHS Assure, have agreed to support SAS's request for review of the current ambulance design for patients with high consequences infectious disease. Advice has been provided which will be discussed with the Fleet Department.

The airwing contracts have been awarded and a project group has been established which commenced in November 2024. The Head of Service for IPC is a member of this project group.

9.   Acquisition and provision of equipment

IPC team have agreed with procurement that the organisation orders and holds a small supply of personal protective equipment for High Consequence Infectious Diseases, which will be distributed as and when required.

The Face Fit Testing (FFT) Program commissioned by the Respiratory Protective Equipment (RPE) group has begun. Progress is monitored through the IPCC.

The preferred FFP3 mask is non-valved mask; however, due to current supplies of valved masks the RPE group supported the valved FFP3 mask as a second alternative. When the stock supplies expire this will be replaced with a non-valved mask. Powered respirators will remain available as a 3rd choice for those who cannot be fitted for an FFP3 mask.

SECTION 3: RECOMMENDATION

The Board is invited to advise on the content above and offer suggestions on the format of the report.