



**SCOTTISH AMBULANCE SERVICE BOARD**

**25 September 2024**

**Item 11**

**THIS PAPER IS FOR DISCUSSION**

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

<b>Lead Director Author</b>	Dave Bywater, Director, Care Quality and Professional Development Karen Burnett, Head of Infection Prevention and Control
<b>Action required</b>	The Board is asked to discuss and note this report.
<b>Key Points</b>	<p>There are clear and effective structures and processes that achieve system wide compliance with mandatory and best practice standards in Infection Prevention &amp; Control (IPC) and establish systems for monitoring outcomes which demonstrate improved patient safety and improved and safer working practice for staff.</p> <ul style="list-style-type: none"> <li>• Education – SIPCEP compliance (<b>Page 5</b>).</li> <li>• Recap meeting with ARHAI, NHS Assure and key SAS stakeholders is scheduled for September regarding the review of the current ambulance design for patients with HCID. (<b>Page 3</b>).</li> <li>• An update on change to the Infection prevention and control service is provided (<b>Page 4</b>).</li> </ul>
<b>Timing</b>	This paper is presented to the Clinical Governance Committee quarterly and to each public Board meeting.
<b>Associated Risk Identification</b>	Risk 4636 – Health and wellbeing of staff Risk 4638 – Wider system changes and pressures
<b>Link to Corporate Ambitions</b>	<p>We will</p> <ul style="list-style-type: none"> <li>• Work collaboratively with citizens and our partners to create healthier and safer communities</li> <li>• Innovate to continuously improve our care and enhance the resilience and sustainability of our services.</li> <li>• Provide the people of Scotland with compassionate, safe and effective care when and where they need it</li> <li>• Be a great place to work, focusing on staff experience, health and wellbeing</li> </ul>

<b>Link to NHS Scotland's Quality Ambitions</b>	The work and information referred to in this report supports the Service in its contribution to safe and effective care.
<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>Climate Change Impact Identification</b>	This paper has identified no impacts on climate change.
<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. 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



## **HEALTHCARE ASSOCIATED INFECTION (HAI) UPDATE REPORT**

### **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.

The Healthcare Associated Infection Reporting Template (HAIRT) is a mandatory reporting tool for the Board to have an oversight of the Healthcare Associated Infection targets; incidents and outbreaks and all other Healthcare Associated Infections’ (HCAI) activities across the Scottish Ambulance Service.

This report will provide an update on Infection Prevention and Control Activity (IPC) 1<sup>st</sup> April – 30<sup>th</sup> June 2024 (unless otherwise stated).

### **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.

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

#### **1. Leadership and governance**

The IPC team consists of:

- Head of Service for IPC
- Lead IPC Practitioner

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- Senior IPC Practitioner
- IPC auditor (x2)
- Vacant post (x1)

The Head of IPC reports directly to the Director for Care Quality and Professional development who is the HAI Executive Lead.

The IPC programme of work for 2024/2025 was approved to Clinical Governance Committee on 13 May 2024. Prior to this it had been circulated for comment and approval to the Infection Control Committee (ICC) members and Senior Leadership Team.

The IPC Team’s responsibility is to develop and facilitate implementation of the programme, infection prevention and control clearly does not rest solely within the domains of our Infection Control 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.

**Action:** Awareness

## 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.

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 are being undertaken by members of if the IPC team.

The HAI training strategy is due for review. The review will coincide with the review of the SAS: IPC pages on TURAS Learn.

### Standard Infection Prevention and Control Education Pathway (SIPCEP)

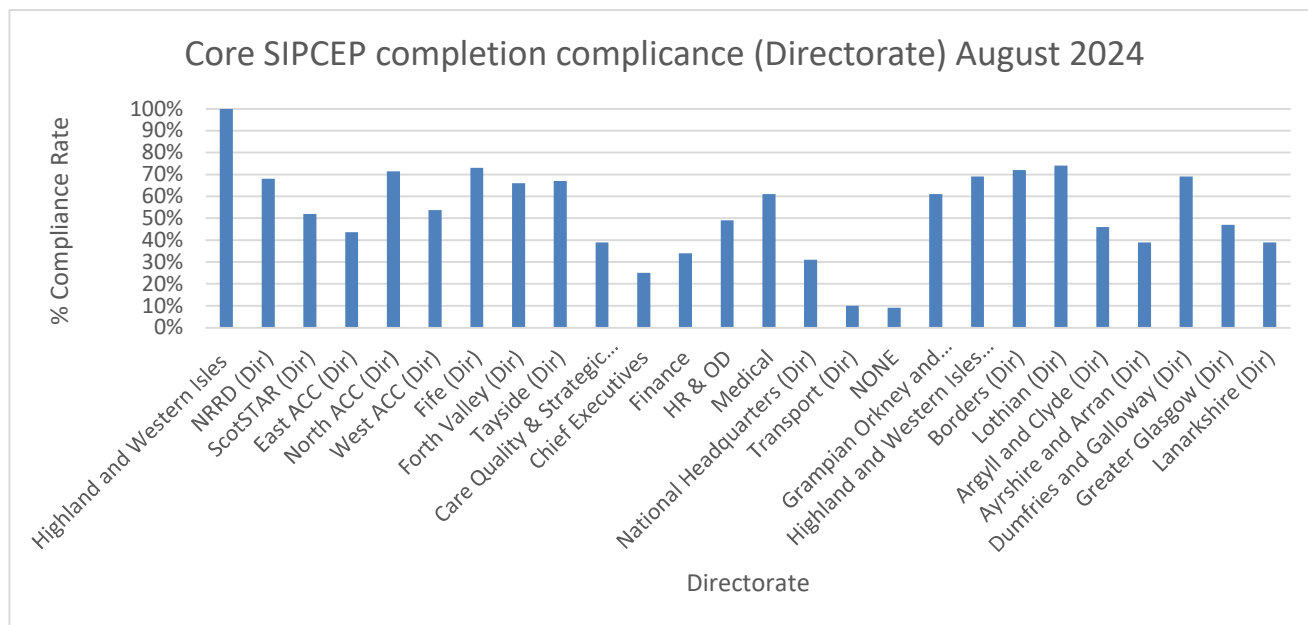
The aim of the pathway is to enable all staff to continuously improve their knowledge and skills around infection prevention and control as part of their role. Everyone should contribute to a healthcare culture in which patient safety related to infection prevention and control is of the highest importance.

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.

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Chart 2: Core SICEP compliance per Directorate.



**Action:** To be escalated in first instance at ICC.

### 3. Communication

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

**Action:** Awareness

### 4. Assurance and monitoring systems

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

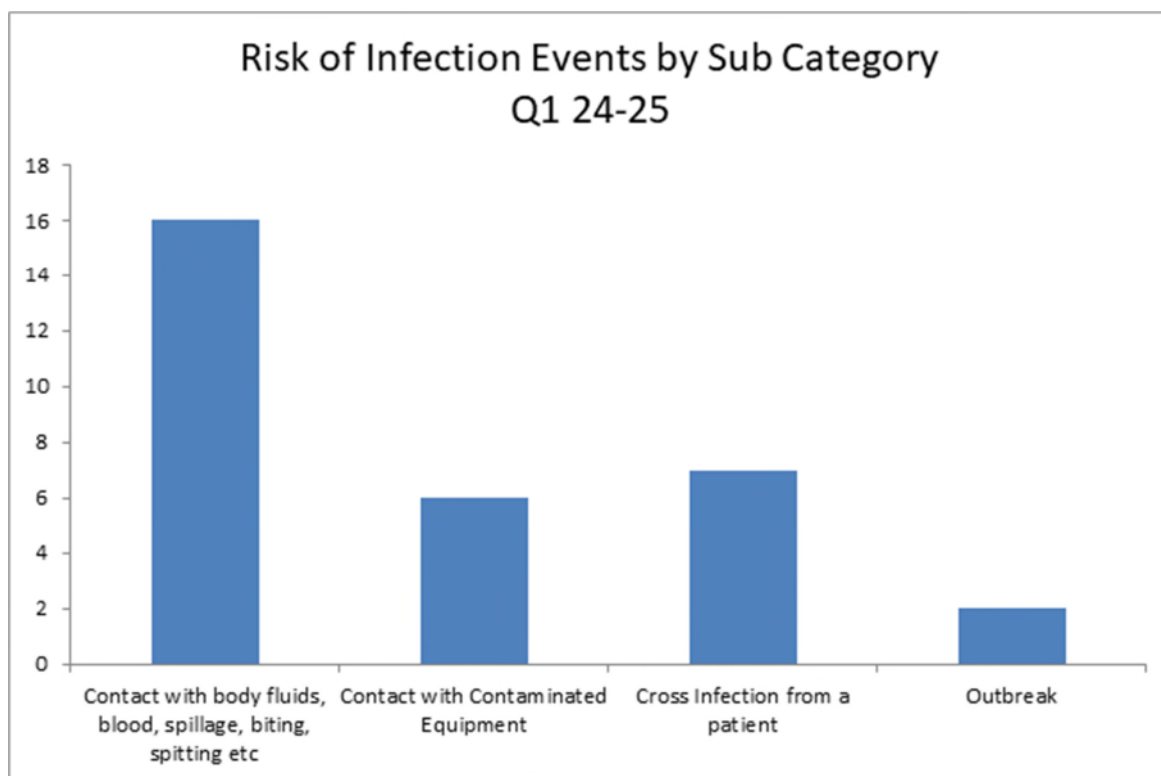
### DATIX

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

There were 31 events reported onto Datix regarding risk of infection for Quarter 1 24-25. The breakdown of events is demonstrated in Chart 1:

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Chart 3: Risk of Infection – Subcategory



Following analysis of the reports, three related to glass injury, four blood or body fluid splash to eyes or mouth, eight animal and insect bites, including six dog bites, a report of insect bites in SAS premises and a monkey bite which occurred in a patient’s home. There was a single report of rats at a SAS premises. Two related to grossly contaminated equipment (pulse oximeter and response bag) which were replaced. Three reports of contaminated equipment, both in hospital and within SAS vehicles. With regards to suspected or known infection, there are reports relating staff contact with the following, one patient with E coli, three Tuberculosis (TB), three query Measles, one Pertussis (Commonly known as whooping cough), one Scabies and one patient with Metapneumovirus.

Whilst conducting review of the reports, it was highlighted that, 7 of the reports hadn’t been received by Infection Prevention and Control. 2 of these were the result of a change to category and meant that IPC were not on the original distribution list. Advice sought from Datix admin team to resolve to prevent future missed reports.

**Action:** Awareness

### 5. Optimising antimicrobial use

The Head of Service will now attend the Medications Management Group where antimicrobial use will be monitored. Information will be presented going forward.

**Action:** Awareness

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

All IPC policies 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 2025.

**Action:** Awareness

## **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 1<sup>st</sup> October the RIVO audits will be replaced with Evotix which is a similar audit software program which has been developed and maintained by SAS Health & Safety Department.

Monitoring them and those of the NCSS is a fundamental element and priority of the IPC work programme, and we continue to maintain our target of 90%.

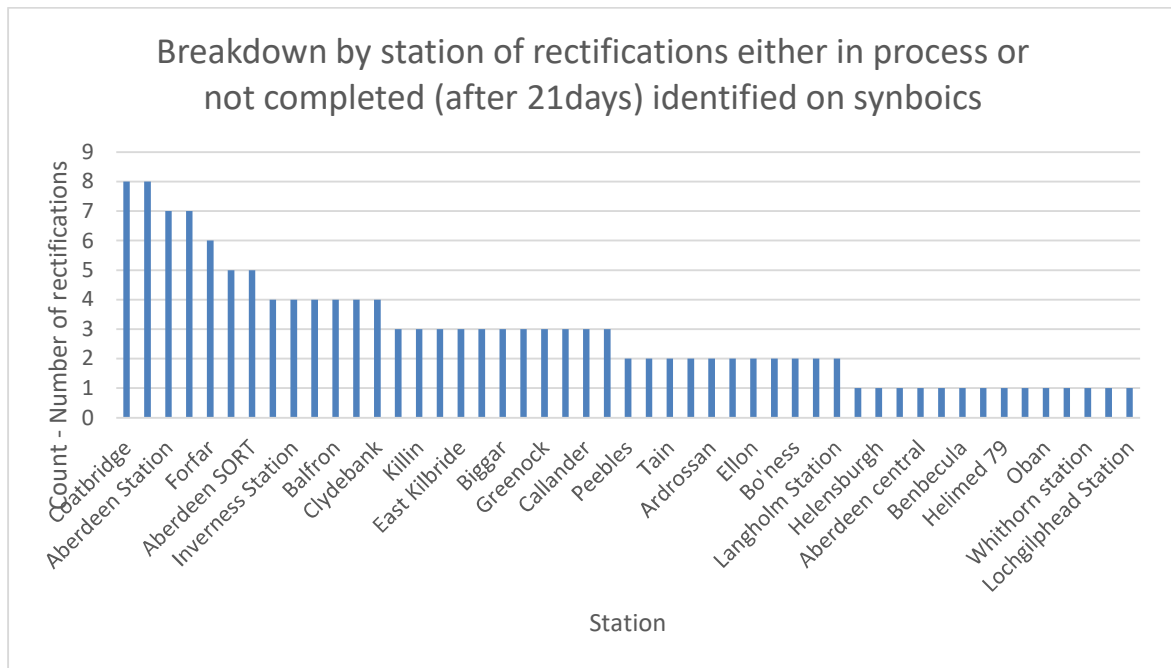
Table 1: Overall Compliance with the NCSS audits

	<b>Overall Compliance (%)</b>	
	Jan - March	April - June
Domestic	96.26	96.43
Estates	93.33	94.13

The gap in percentage (max 100%) indicates that rectifications are required. These can be simple fixes; yet there are a number of rectifications that remain outstanding for this reporting period. The agreed national target for rectifications should be 21 days.

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Chart 1: Breakdown by station of rectification either in process or not completed within 21days.



**8. The Built Environment**

The IPC team are members of the Property Forum which considers and prioritise the built environment on a risk-based approach.

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. Engineering specialists for NHS Assure will support this project. A re-cap meeting had been arranged for September.

The airwing contracts have been awarded with a project group being established. IPC are involved in this work.

**Action:** Awareness

**9. Acquisition and provision of equipment**

No new products have been introduced during this review period

**Action:** Nil

**SECTION 3: RECOMMENDATION**

The Scottish Ambulance Service Board is invited to note the information presented above and comment on the format of the report and level of detail contained.

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