



Director of Infection Prevention and Control Annual Report 2020/21



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1. Executive Summary

South Central Ambulance Service NHS Foundation Trust (SCAS) was formed in 2006, providing; 999 emergency services (Emergency and Urgent Care (E,U&C), non-emergency patient transport services (PTS), NHS 111 services, logistics and commercial services, and training services. The Trust covers Berkshire, Buckinghamshire, Hampshire, Oxfordshire, Surrey and Sussex, serving a residential population of seven million. SCAS employs over 3,300 clinical and non-clinical staff who are supported by over 1,000 volunteers, with a fleet of over 900 vehicles and 99 buildings.



554,000 urgent calls each year

900 number of vehicles

1,023 Community First Responders and Co-responders

The Trust is committed to the prevention and control of infection, minimising the risks and impact of healthcare associated infections for patients, staff and the organisation overall. The Health and Social Care Act 2008, Code of Practice on the prevention and control of infections and related guidance updated July 2015, states that *good infection prevention (including cleanliness) is essential to ensure that people who use health and social care services receive safe and effective care. Effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone.* This approach is implemented across all SCAS services.

This approach remains key at all times, however its importance has never been more valuable than in the last year throughout the Covid-19 pandemic. The Command and Control co-ordination centre, named the Covid Cell, which was established in February

2020 has remained in place throughout this year, continuing to ensure that all matters relating to the prevention and control of the virus were actioned, including operationalising national guidance and effecting required changes to levels of personal protective equipment immediately.

Within SCAS, the Chief Executive has overall accountability for ensuring that the Trust maintains adequate and appropriate controls and procedures to minimise the risks of infection to staff and patients. The prevention and control of healthcare acquired infections (HCAIs) is designated as a core part of the organisation's governance and patient safety programmes. Infection Prevention Control (IPC) is delegated through the Board to the Director of Patient Care and given the role of Director of Infection Prevention and Control (DIPC). The DIPC is further supported by the Infection Prevention and Control Lead to embed IPC practices Trust wide (see appendix 1 and 2).

The Trust also receives support from the microbiology team at the Queen Alexandra Hospital, Portsmouth and the occupational health service, Team Prevent. SCAS are part of a wider network of IPC groups sharing learning and developments in IPC. These include; the Infection Prevention Society, Public Health England, National Ambulance Service Infection Prevention and Control Group (NASIPCG), Thames Valley Infection Prevention Group, Buckinghamshire Infection Control Committee, and the Oxfordshire Joint Infection Control Committee (OJICC) and the Hampshire and Isle of Wight IPC network. The Trust Consultant Pre-Hospital Care Practitioner represents SCAS at a number of sepsis groups. SCAS IPC is regulated by Infection Control committees from our Clinical Commissioning Groups (CCG), legislation, Care Quality Commission (CQC), Department of Health and NHS England. Care should be based upon national standards, where they exist, and monitored through the Trust's clinical governance framework. Standards may be related to policy, procedures and outcomes, and include the provision of high-quality facilities and standards of practice. The Trust has taken measures to ensure that our policies and processes adhere to the requirements and performance outlined by the following:

- CQC, Fundamental Standards
- Department of Health Healthcare Associated Infection and Cleanliness Division (HCAID) Ambulance Guidelines, 2008
- Department of Health 2007 Saving lives: reducing infection, delivering clean and safe care
- Department of Health 2015 NHS Outcomes Framework 2015/16
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2015
- Health and Safety Executive advisory committee on dangerous pathogens
- NICE Guidelines
- EPIC 3 - National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England
- Standard infection control precautions: national hand hygiene and personal protective equipment policy (2019)
- Covid-19 Infection Prevention and Control guidelines for ambulance services; Gov.UK
- Working Safely during Covid 19 in Ambulance Services non-clinical areas; AACE.

Compliance with relevant national and local standards, guidance and policies supports effective infection prevention and control practice Trust-wide. Success depends on personal accountability, skilled and competent staff, transparent and integrated working

practices, and clear management processes. IPC practice is integrated into each new employee's induction and is continued throughout their SCAS career with additional face to face training and e-learning. This additional face to face training and train the trainer programme has been key in ensuring compliance and competence in the use of personal protective equipment (PPE) throughout the Covid-19 pandemic.

IPC compliance is monitored through a live online audit system focusing on individual staff compliance, vehicle cleanliness and building cleanliness. Data from SCAS specific systems is imported to Doc Works on a weekly basis to ensure staff, vehicle and building data is accurate. Action plans are created when an element is found to be non-compliant and automatic reminders are sent to Team Leaders.

Datix is a reporting system for untoward incidents including needlestick injuries, exposure to body fluids and infectious diseases. SCAS promotes an open reporting culture and encourages all staff to report all IPC related incidents.

IPC compliance and incidents are reported to the SCAS Patient Safety Group (PSG) on a monthly basis, and the Health, Safety and Risk Group (HSRG) on a bimonthly basis. This ensures that all aspects of infection control are reviewed by representatives of all services and that the risks are fully discussed, lessons learnt and actioned where required. The PSG upwardly reports to the Trust's Quality and Safety committee.

This report has been developed by the Infection Prevention and Control Lead on behalf of the Director of Infection Prevention and Control (DIPC). It will highlight the development, progress and risks across the Trust and the actions taken to prevent harm to the patients in our care during 2020/21. It will also provide assurance of the improvements made alongside the Health and Social Care Act (2008) Code of Practice for the prevention and control of infection (updated July 2015), the CQC standards and the working environment for staff, including actions, steps and improvements in line with national Covid-19 guidance over the last twelve months.

The table below details the 10 Criterion required for compliance with the Health and Social care Act and the actions, policies and education in place to ensure these criterion are met.

	Criterion	Achieved through:
1.	Systems to manage and monitor the prevention and control of infection.	Annual Plan, Annual Report, Risk Assessments, Audit Requirements, Training, Policy and Procedures
2.	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections	Audit programme and completion of action plans generated if non-compliance is reported and actioned
3.	Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance	Use of area specific antimicrobial resistance (AMR) prescribing guidelines

4.	Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion	Intranet, Policy and Procedures Hospital pre-alert
5.	Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people	Infection status recorded on booking of all PTS transfers, risk of infection identified through EOC dispatch and information given to response crews.
6.	Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection	IPC trust intranet page Communications plan through 'Hot News', Staff Matters and clinical memos per service requirements
7.	Provide or secure adequate isolation facilities	Process of PTS booking allows cohort and isolation of patients with infectious disease. E, U&C single patient transfer only
8.	Secure adequate access to laboratory support as appropriate	Microbiology support provided by Queen Alexander Hospital, Portsmouth
9.	Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections	IPC and decontamination policy in place with audit programme to monitor compliance. Addition of National Covid-19 Ambulance Trust Guidance, AACE Working Safely during Covid-19 Guidance and Trust process flowcharts, infographics and videos
10.	Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection	Occupational Health services provided by Team Prevent

2. Action Plan Review

A programme of work was outlined for 2020/21 in the form of an action list. This was streamlined from the usual action plan due to the ongoing requirement for the IPC team to focus on the response to the Covid-19 pandemic. The action list has been reviewed and provided as Appendix 3. It is noted that the national and SCAS response to the Covid-19 outbreak has fundamentally impacted upon this action list.

3. Achievements

Significant achievements have been made in the 2020-2021 fiscal year, particularly in relation to the ongoing response to the Covid-19 pandemic. These are detailed below:

- Development of national ambulance IPC Covid guidance through NASIPCG which was adopted by GOV.UK and successful implementation across Trust
- Development and implementation of internal CCC social distancing and decontamination policy alongside artwork for displaying messages/requirements
- Development and successful implementation of Test and Trace Policy and procedure, alongside expansion of IPC team to include two test and trace practitioners
- Recruitment of IPC practitioner to provide resilience in IPC team
- Working safely risk assessments completed for all Trust sites
- Development and implementation of internal outbreak policy and procedure to enable efficient and timely management of outbreaks of Covid-19 amongst staff
- Collaborative working with Public Health England (PHE), NHSEi, environmental health and local authorities in the management of outbreaks of Covid-19 in specific SCAS site
- Launch of decontamination standards pack (Incorporating Covid/non Covid requirements and social distancing policies)
- Ongoing active outbreak management
- Formal closure of all PHE notifiable outbreaks of Covid-19.

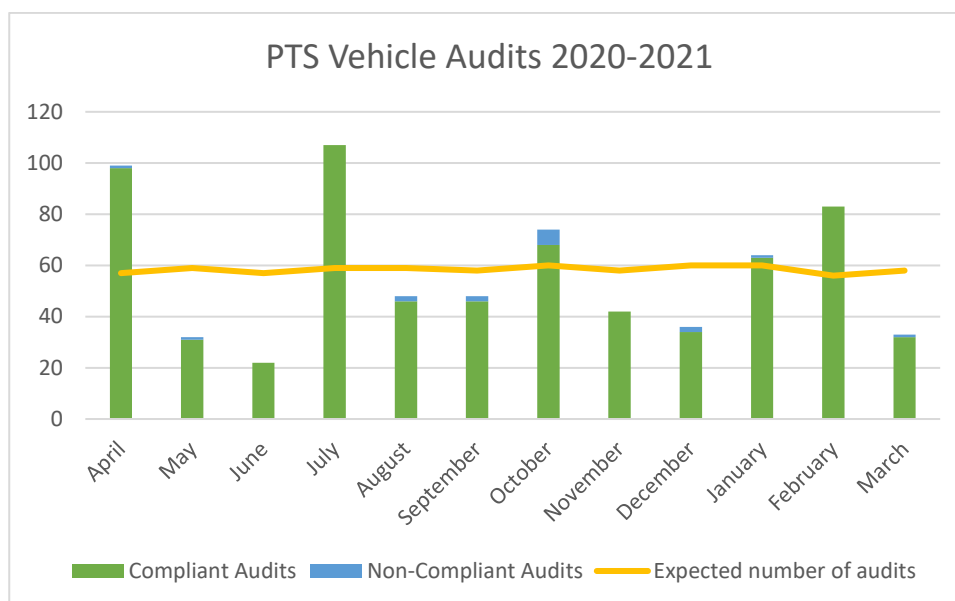
4. Infection Prevention and Control Compliance Audits

4.1 Vehicles:

PTS

Graph 1 below details the number of both compliant and non-compliant audits for the 2020-2021 period. The yellow line shows the number of audits required each month to ensure all vehicles receive a compliance audit bi-annually as per national standards. The IPC team monitor the level of audits completed on a monthly basis, and where the minimum level has not been achieved, communication with Team Leaders and Senior Operations Managers (SOMs) occurs to ensure the audits are carried out. Monthly variations occur due to level of activity in the service and availability of vehicles for audit (for example off road for service).

Graph 1

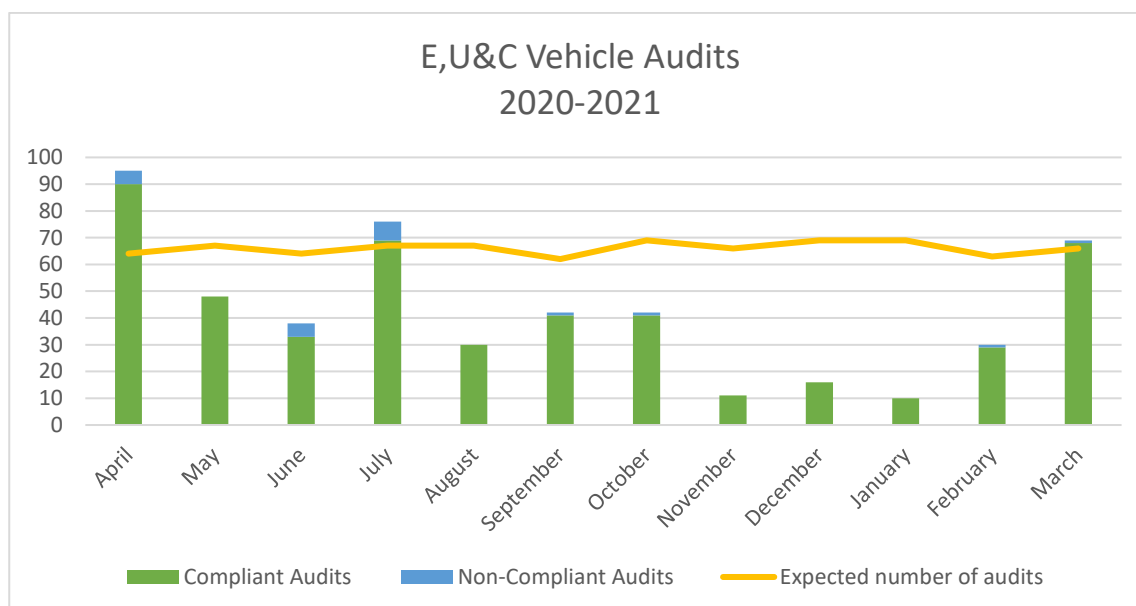


SCAS currently has a PTS fleet of 338 vehicles (this figure may fluctuate during the year if a vehicle requires significant repair work thus is off road). Each vehicle is logged by registration number on the Audit Online system to allow accurate tracking and completion of audits. To remain compliant with each vehicle receiving a bi-annual audit as per national standards, SCAS is required to carry out 673 audits according to current fleet level. In 2020-2021 SCAS achieved 104% of the required number of vehicle audits overall (700 completed out of 673 required). The overall compliance rate with PTS vehicle cleanliness was 98%. This is above the national target of 80-84% for non-emergency response vehicles. Any areas of non-compliance are rectified immediately prior to the vehicle returning to operational use. This is monitored through the use of action plans via the Audit Online system. Any areas of non-compliance are rectified immediately prior to the vehicle returning to operational use. This is monitored through the use of action plans via the Audit Online system.

E, U & C

Graph 2 below details the number of both compliant and non-compliant audits for 2020-2021. The yellow line shows the number of audits required each month to ensure all vehicles receive a compliance audit bi-annually as per national standards. The IPC lead monitors the level of audits completed on a monthly basis, and where the minimum level has not been achieved, communication with Team Leaders and Clinical Operations Managers occurs to ensure the audits are carried out. Monthly variations occur due to level of activity in the service and availability of vehicles for audit (for example off road for service)

Graph 2:



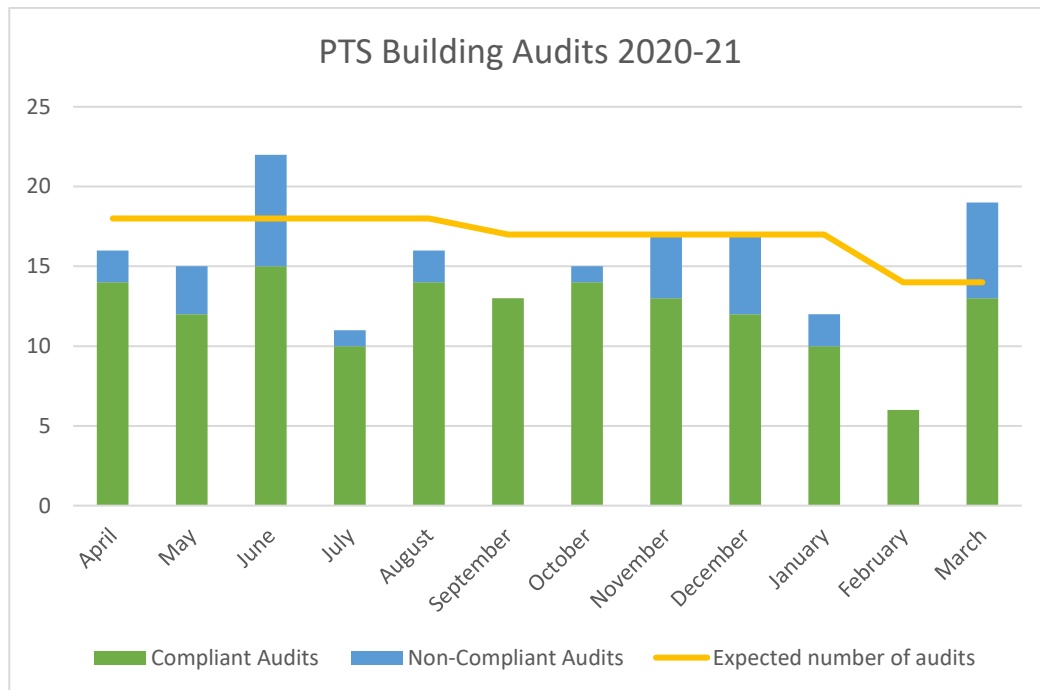
SCAS currently has an active E, U&C fleet of 396 vehicles (this figure may fluctuate during the year if a vehicle requires significant repair work thus is off road). Each vehicle is logged by registration number on the Audit Online system to allow accurate tracking and completion of audits. To remain compliant with each vehicle receiving a bi-annual audit as per national standards, SCAS is required to carry out 793 audits according to current fleet level.

In 2020-2021 SCAS achieved 64% of the required number of vehicle audits overall (509 completed out of 793 required). The overall compliance rate with E,U&C vehicle cleanliness was 95%. This is above the national target of 90-94% for emergency response vehicles and an improvement of 21% compared to 2019-2020. Any areas of non-compliance are rectified immediately prior to the vehicle returning to operational use. This is monitored through the use of action plans via the Audit Online system.

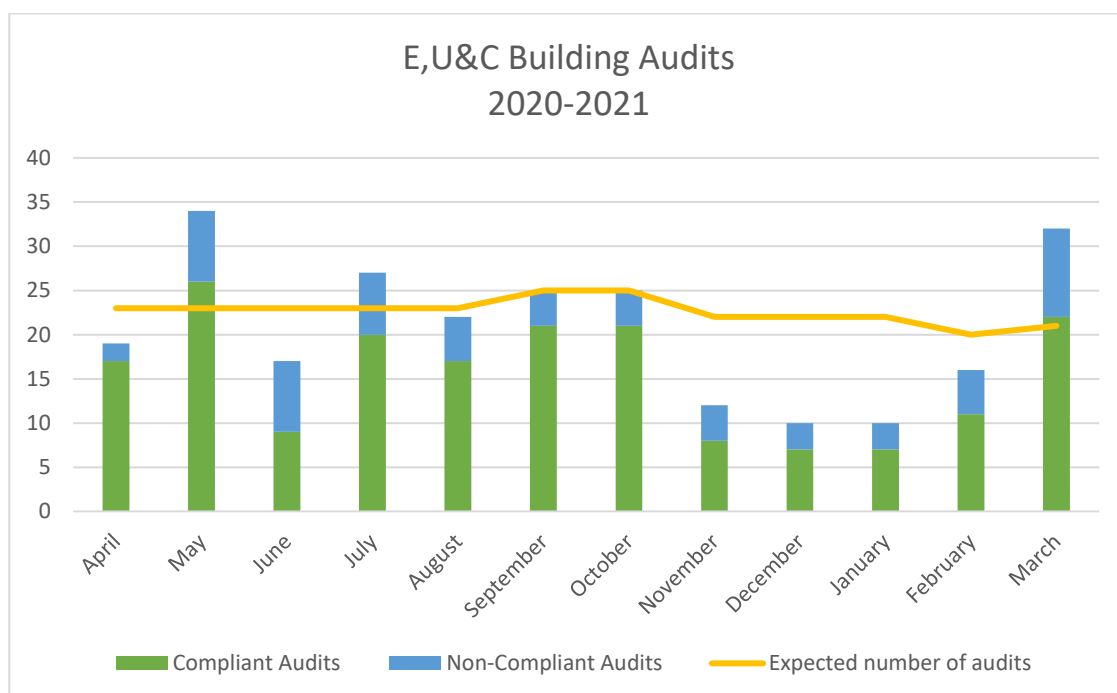
4.2 Buildings:

All buildings require bi-annual audits to comply with national standards and should reach a compliance score of 75-79% in line with national standards. This lower required compliance rate is as these buildings are not clinical environments, unlike vehicles. Graph 3 and 4 below detail number of audits completed per service against target and the overall compliance against audit.

PTS Graph 3:



E,U&C Graph 4:



Where non-compliance with an audit is found, the issue is rectified immediately where possible. This is monitored through the use of action plans via the Audit Online system. These details have shown there are improvements to be made to the fabric of some of the SCAS buildings to allow compliance with IPC standards.

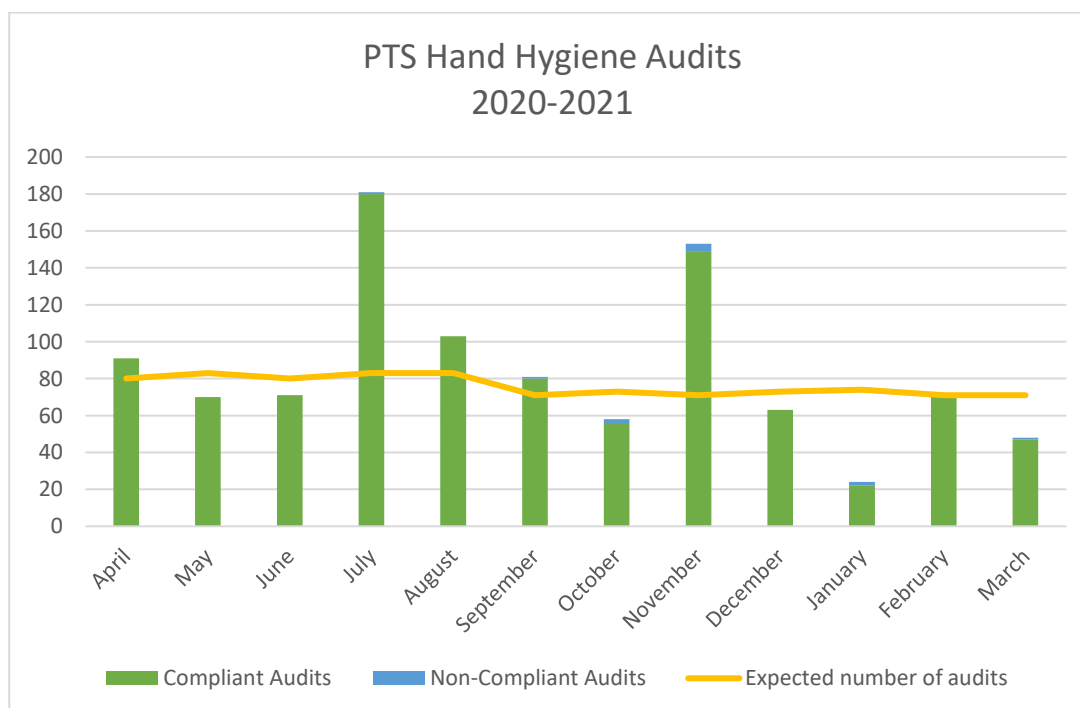
4.3 Hand Hygiene Observation / Discussion Audits

SCAS employs over 3,000 clinical and non-clinical staff all of whom are responsible for IPC. It is imperative that staff adopt best practice at all times in order to protect patients and each other. To ensure IPC practices are met, staff are audited on an annual basis. The audit focuses on hand hygiene, aseptic techniques, and disposal of sharps and waste. Graph 5 details PTS audit activity and compliance, whilst Graph 6 details that of E,U&C staff. The overall completion of audits decreased due to operational demands and requirements of reduction of footfall and third manning to improve Covid secure safe working practices by reducing staff contact with each other where possible.

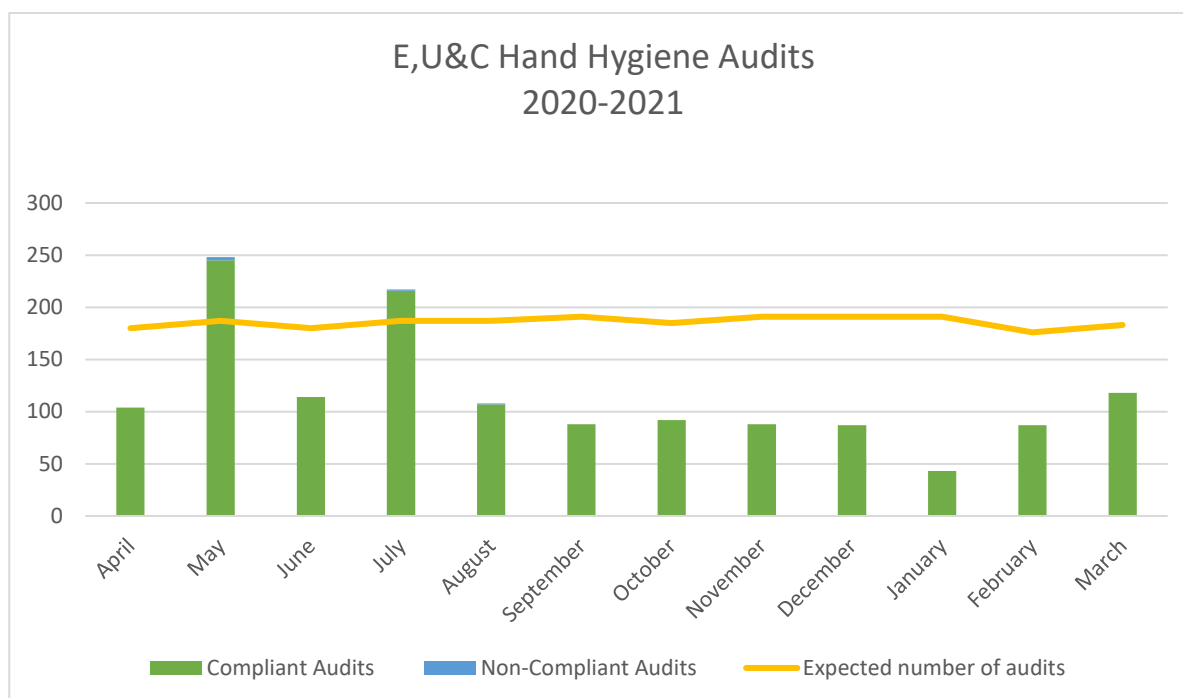
The introduction of a comprehensive verbal audit, to allow staff to discuss the detailed principles of hand hygiene assisted in improving the number of audits which could be completed, however operational demands, including the move to REAP 4 in January 2021 and number of staff required to isolate due to Covid infection or contact with a known case, impacted on staff availability to carry out audit work. Improvement work carried out through the clinical governance team has greatly assisted in the PTS service completing audits, which is reflected in graph 5.

Although the end of year target for number of audits was not reached over all, both services demonstrated excellent compliance rates, each at 99% with excellent knowledge and practice observed and recorded.

PTS Graph 5



E,U&C Graph 6



Audit Data Summary:

PTS

Audit type	Required audits achieved	Overall compliance with audit criteria	Required National Compliance Rate	RAG rating to compliance
Vehicle	104%	98%	80-84%	Green
Building	86%	78%	75-79%	Green
Hand Hygiene	111%	99%	No national target *	Green

E,U&C

Audit type	Required audits achieved	Overall compliance with audit criteria	Required National Compliance Rate	RAG rating to compliance
Vehicle	64%	95%	90-94%	Green
Building	74%	67%	75-79%	Red
Hand Hygiene	57%	99%	No national target *	Green

Whilst the overall number of required audits has not been achieved, there has been a major focus on the cleanliness of vehicles and hand hygiene practice throughout the Covid-19 response. Compliance has improved significantly in vehicle cleanliness from 74% (2019/2020) to 95 -98% (2020/21).

5. Focused Workstreams

5.1 Hand Hygiene

Whilst planned roadshows have not been possible due to Covid, a digital based focus was placed on hand hygiene across the organisation – including publication of hand hygiene videos on the Hub, the use of train the trainer face to face training to include hand hygiene, the use of infographics and clinical webinars to continue to highlight the importance and correct techniques for hand hygiene (alongside all further required actions for the prevention of transmission of Covid-19). Videos were also run in our CCCs.

5.2 Vehicle Decontamination Specifications/ Churchill Partnership Working

Close partnership working has been key with our partners Churchill to ensure vehicles are decontaminated effectively and to the correct standards as guided by PHE throughout the Covid-19 pandemic. SCAS have provided guidance on required decontamination products and the correct levels of PPE required by staff to carry out decontaminations through sharing of standard operating procedures. This further extended to standard operating procedures for the decontamination of reusable PPE items such as half masks, where this was required on stations. Routine deep cleans and 24 hour Make Ready services have been maintained at a high level throughout the last 12 months, with a robust system in place for booking vehicles for enhanced decontamination post aerosol generating procedure.

Vehicles are now booked off road for Deep Clean 2 weeks prior to their required date. This revised process ensures that vehicles do not exceed their allotted 6 weekly or 12 weekly deep clean.

5.3 CQC improvement actions

The development of robust audit plans and decontamination schedules was highlighted in the PTS service CQC visit in early 2020. Whilst Covid-19 has impacted upon the development of an assurance audit programme, due to the requirement to reduce footfall on stations and vehicles, SCAS clinical governance team have developed an assurance audit system on Cleric. This has been supported by IPC through the development of a comprehensive decontamination standards pack, detailing products, frequency and standards of decontamination required.

5.4 Influenza Vaccine Campaign

The flu vaccination campaign for 2020/21 was launched on 23 September 2020 and concluded on 5 January 2021. The campaign finished earlier than in previous years to ensure that Trust staff would have sufficient time between vaccination with the flu vaccine and a Covid vaccine when it became available.

Clinics were co-ordinated across SCAS by two dedicated Immunisation Practitioners with all clinics run according to the Covid Secure Safer Working Guidance – with masks and 2 metre social distancing as key. They were supported by a further 28 SCAS staff who were trained in September 2020 as peer vaccinators.

Frontline staff, as recorded for PHE Immform submissions, had a vaccination rate of 76.05%, which is a slight increase over the previous year.

All SCAS staff are encouraged to have the flu vaccine. Across all SCAS staff groups, 3223 (2020/21) have had the flu vaccine, which equates to 78% of all staff.

5.5 Covid vaccine programme

The two dedicated Immunisation Practitioners coordinated two hubs for Covid vaccinations. All clinics were run according to the Covid Secure Safer Working Guidance – with masks and 2 metre social distancing as key. They were supported by further SCAS staff who were trained to enable administration of vaccines.

The hubs were in operation January to May 2021. 2214 doses of the Astra Zeneca vaccine were administered. Staff who received vaccination in other centres reported this to the trust. The Covid board receive regular updates on the number of staff vaccinated.

5.6 Lateral Flow testing

A project team was set up to introduce lateral flow testing to the trust in November 2020. Testing twice a week is an important element of IPC practice and encouraged.

6. Education

IPC training is included in the SCAS corporate induction provided to all new starters. The training packages have been tailored for the various roles within SCAS and are delivered by the Education department. The training is linked to Health Education England and national standards and complies with the requirements of the CQC Fundamental Standards and the Health and Social Care Act.

Employees remain up to date with IPC learning through mandatory e-learning modules. Currently 98% of staff have completed the Level 1 IPC e-learning (all staff), which is equal to 2019-2020. Level 2 IPC e-learning was separated from the overall figure to allow monitoring of compliance for clinical staff who require enhanced further IPC training in clinical roles – incorporating use of level 2 and level 3 PPE. 80% of staff had completed this training at end of year 2021, however this figure fluctuates and does not include those who have received face to face training.

7. Adverse Incidents

Adverse incidents are reported via an online system, Datix. SCAS encourages an open reporting culture and all staff have access to this system to file a report. IPC untoward incidents are split into two categories; exposure to body fluids/infectious diseases, and needlestick and sharps injuries with staff attending Occupational Health services through Team Prevent following these incidents.

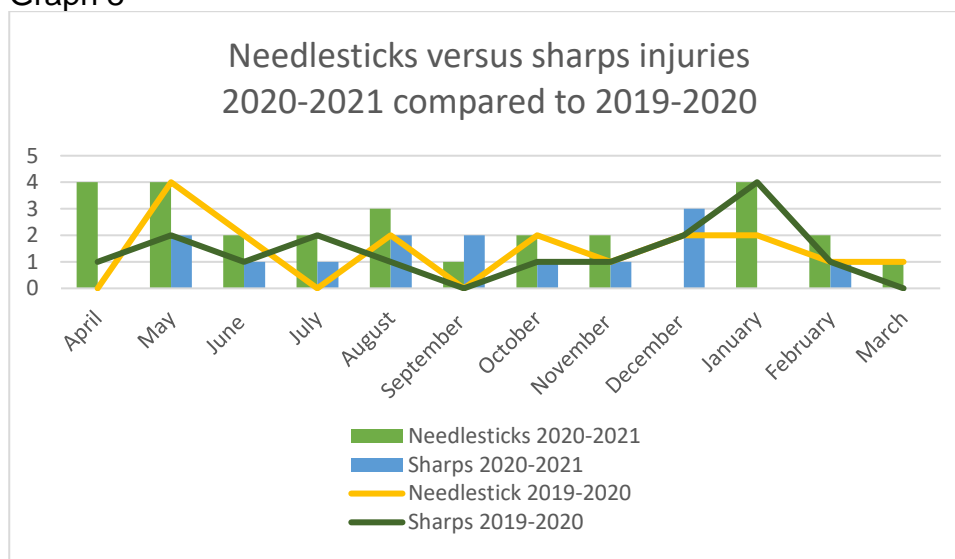
7.1 Needlestick and sharps

It is a requirement under the European Union (EU) regulations (2010/32/EU) that all needlestick injuries are reported and investigated; as such each individual case is reviewed

by an investigator, usually a Team Leader, and staff attend Occupational Health. These incidents, including sharps injuries, are reported upwardly to the Health and Safety Risk Group.

Graph 8 below details the number of needlestick and sharps injuries for the 2020-2021 fiscal year compared to the same time period in 2019-2020.

Graph 8



In total 41 incidents were reported. A rise of 8 on 2019-2020. No trends were identified through Occupational Health regarding this rise; however, the importance of safe practice is essential and it is noted the number of incidents reported increases as the demand on service increases. A programme of work is planned to commence around safe use of sharps to bolster that taught in training.

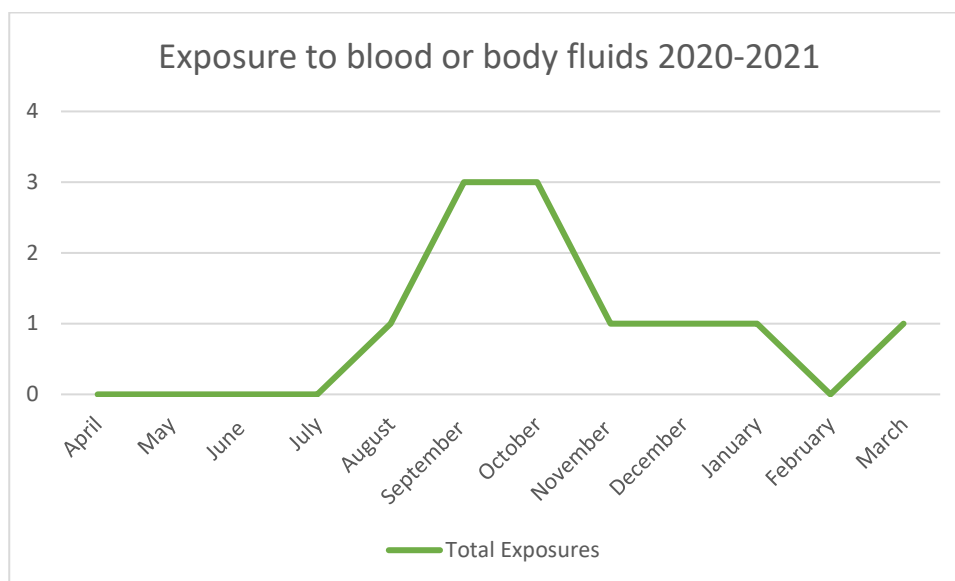
Team Prevent assess the risk associated with blood borne virus incidents (needlestick) and provide information to SCAS on a monthly basis. The summary of the reported incidents in 2020-2021 can be seen below:

Type of injury	Percentage
low risk bodily fluids	12%
low risk injury	18%
percutaneous injury	43%
mucocutaneous injury	27%

7.2 Exposure to blood/body fluid incidents

Graph 9 below shows the total number of exposures to blood/body fluid incidents recorded on Datix across the 2020-2021 time period. This is a significant fall from 41 incidents in 2019-2020 to 26 incidents. This can be attributed to staff wearing level 2 PPE for all attendances and transfers and level 3 PPE for aerosol generating procedures. Incidents logged were not due to failings or lack of PPE use, however directly attributed to patient behaviours.

Graph 9:



7.3 Adverse incidents notified to SCAS by PHE

There were no adverse incidents of infectious disease reported to SCAS by PHE outside of Covid-19.

Periods of direct patient contact in E&UC services and PTS are usually short (normally less than one hour), therefore it is difficult to produce information on HCAI outcomes specific to ambulance services with no national reporting requirements. However, the Trust is committed to ensuring safety of its patients and staff through the use of Infection, Prevention and Control measures. The Infection., Prevention and Control Lead produces reports for commissioning groups detailing the measures the Trust takes to reduce the risk of HCAs to service users.

8. Covid 19 response

Covid-19 had a significant impact on not only the lives of individuals over the last year but also on the way in which the ambulance service has needed to respond from an infection, prevention and control perspective, with standard infection control precautions and transmission based precautions being utilised for all attendances and transfers throughout the year.

As this was a new emerging infectious disease, the IPC lead worked with the NASIPC group, PHE and NHSE to assist in formulation of new guidance as the pandemic evolved and then operationalised this evolving guidance in a timely manner across the organisation.

The organisational Command and Control structure, the Covid Cell, initiated in February 2020, alongside Covid Board continued throughout 2020-2021 to ensure organisational communication and governance during the pandemic. These structures allowed SCAS to ensure levels of personal protective equipment were maintained, service demand was

monitored, coherent and effective communication of guidance changes and any issues identified and acted upon.

The following workstreams were developed and maintained throughout the pandemic. This section summarises the activity of each of these Covid-19 specific workstreams. To ensure robust governance of actions around Covid, all workstreams were reported weekly through the Covid Board.

Guidance and policy

The United Kingdom moved to sustained transmission of Covid-19 on 07th April 2020. This moved clinical risk assessment and travel risk assessment IPC processes to transmission-based precautions (Level 2 PPE) for all attendances and transfers.

SCAS utilised and complied with the national Covid- 19 guidance for ambulance services throughout, utilising the SCAS IPC policy and operationalising the national IPC guidance as additions to this to maintain patient and staff safety.

During 2020-2021, there were 7 updates to the national IPC guidance for Ambulance Services.

NHSE/i provided formal guidance for the function of the PTS service from both a commissioning and IPC perspective. SCAS has implemented these guidelines throughout. There have been 4 updates to this guidance during 2020-2021.

All changes and requirements for staff action have been communicated through Hot News – the SCAS chosen route for updating staff of important changes. This has then been supported by the use of videos, internal media communications, full access to all guidelines on the staff intranet and messaging through the live electronic patient record system.

Operational flowcharts

National guidance was operationalised into flowcharts and infographics for patient facing services. These flowcharts detailed the guidance requirements and how these are to be implemented into the work flow of SCAS patient facing staff.

The following flowcharts/infographics were issued to support the national guidance:

- 999 operational flowchart
- Cardiac arrest infographic
- PTS operational flowchart
- Level 2 PPE and Level 3 PPE infographic

Any national changes in guidance were integrated into the operational flowcharts, and re issued as updates to ensure that staff were aware of the changes in guidance and how this is put into practice

Test and Trace

A National requirement for a seven day per week internal test and trace service was implemented by NHS England with the requirement for this to be in place for all NHS

organisations from July 2020. Two test and trace practitioners were recruited into the IPC team and trained to perform contact tracing duties, with a test and trace index contact tracing form developed by IPC and utilised for all potential cases and contacts.

To support this, IPC developed an internal test and trace policy to ensure wider organisational operation of the service, with the command and control structure utilised to ensure a robust structure was in place 24 hours a day. Whilst this was available, all cases were referred to the test and trace and IPC team. During 2020-2021, individual cases were assessed by the test and trace and IPC team using the index contact tracing form, to ensure staff were isolated appropriately, if any breaches had occurred and therefore if further contacts were required to isolate.

RIDDOR

IPC developed a root cause analysis (RCA) form for assessing identified Covid-19 positive cases for RIDDOR reporting. This RCA includes personal risk factors, 14 day working pattern pre symptoms/positive result, any breaches in PPE or social distancing, and identified contacts, an assessment of training and organisational audits and PPE. The root cause analysis allows SCAS to identify any cases where it is possible that COVID-19 was contracted at work. Where this is the case, these become RIDDOR reportable and have been reported to the Health and Safety Executive.

This has been achieved through the use of RIDDOR panels, comprising of IPC, Assistant Directors or governance leads, whereby each case is reviewed. These commenced in the 2020-2021 fiscal year and will be ongoing into the 2021 -2022 fiscal year.

Working Safely

In the initial stages of the pandemic, there were no national guidelines on working safely whilst maintaining essential service. Due to the SCAS IPC developed an internal suite of policies in May 2020 to incorporate the use of social distancing, screens in areas where services have to be maintained however distancing was not possible, alongside enhanced cleaning and decontamination regimes.

These policies were instrumental in the development of the AACE working safely in ambulance services guidance, which was issued 10th June 2020.

SCAS have completed full risk assessments on all Trust buildings to ensure compliance with this guidance. One update has been made to the guidance to include the wearing of fluid repellent surgical masks in all Trust building. Any changes have been communicated through the use of Hot News and revision of risk assessments.

Outbreaks

SCAS have followed national PHE guidance on the definition of outbreaks and clusters of Covid-19 with an Outbreak Management Pack being developed to ensure organisational understanding of the actions required in outbreak management.

Due to the nature of the service, any outbreaks identified have been amongst staff groups. IPC has had regular communication with PHE throughout the pandemic and no onward

transmission of Covid-19 from staff to patient or patient to patient has been identified in SCAS services.

All outbreaks were management by the IPC team vis outbreak management meetings, with enhanced communication and engagement with operational areas involved. During each outbreak IPC maintained detailed communications with key organisations such as PHE, NHSE/I, environmental health and local authorities. Cross organisational infection management meetings were held with these groups when required. All outbreaks were formally closed with PHE by March 2021.

9. Annual Plan 2021-2022

SOUTH CENTRAL AMBULANCE NHS FOUNDATION TRUST –
INFECTION PREVENTION AND CONTROL ANNUAL PLAN 2021-2022

Note: timescales have not been determined due to ongoing requirements for response to Covid-19

Challenge	Standard	Action	Lead	*Progress (to be updated at end of each quarter)
Excellent IPC practice embedded into the organisations daily work	The Trust should ensure all staff take ownership of their duties to carry out excellent IPC practice	<ul style="list-style-type: none"> • Revision and re launch of SCAS IPC policy in line with new national IPC manual • Expansion of IPC team to provide greater IPC expertise and resilience – no single point of failure • Restructure of IPC service and functions to include quarterly IPC committee • Expansion of duties at local level to ensure ownership of excellent IPC practice – use of IPC champions, nodal/team leads for IPC • Integration of IPC champions into IPC committee meetings • Integration of Occupational Health, Health and Well Being, Estates, Health and Safety, HART/RSO, 	Infection Prevention and Control Lead	

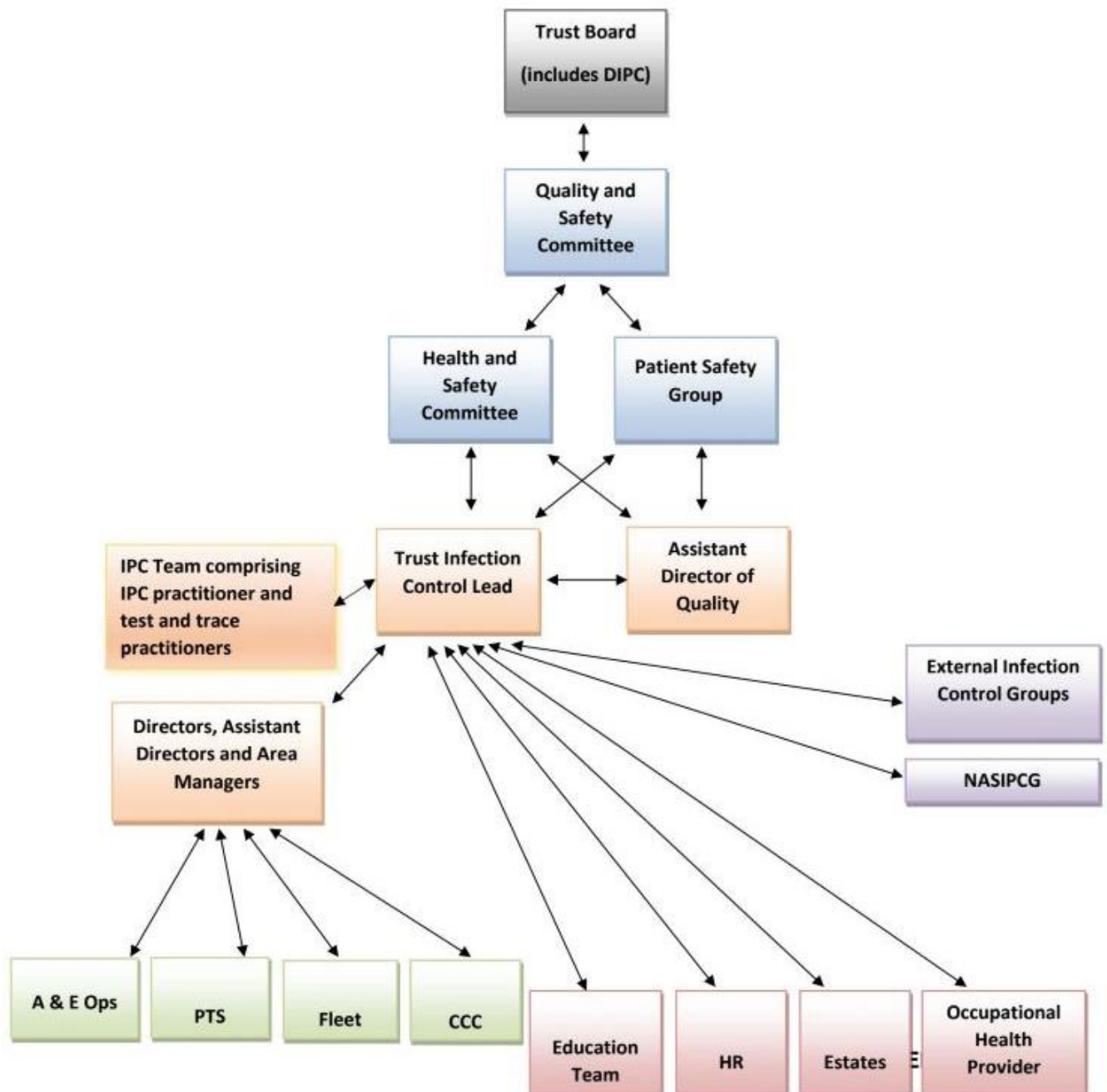
		<p>operations and commercial services into IPC committee</p> <ul style="list-style-type: none"> • Maintenance of SCAS IPC presence at national and local IPC forums to ensure learning and new developments are fed back and integrated into organisational practice 		
Maintain response to emerging threats due to Covid-19	To ensure SCAS remain fully compliant with all Covid-19 guidelines pertaining to ambulance services	<ul style="list-style-type: none"> • Ongoing attendance at NASIPCG meetings • SCAS IPC Lead (vice chair of NASIPCG) to ensure new guidance is disseminated organisationally 	Infection, Prevention and Control Lead	
CQC actions to ensure compliance	The Trust should ensure all ambulances and rapid response vehicles are clean and dust free.	<p>Vehicles:</p> <ul style="list-style-type: none"> ▪ Monitor vehicle deep clean completion rates through Make Ready Contract meetings ▪ Develop assurance audit programme of vehicle cleanliness standards post deep clean with audit cycle feedback to Churchill services 	Infection, Prevention and Control Lead	
CQC actions to ensure compliance	The Trust should ensure resource centres are maintained to a safe standard for staff to carry out their duties safely.	<p>Buildings:</p> <ul style="list-style-type: none"> ▪ Continue developing cleaning specification for tender in conjunction with estates ▪ Provide estates with IPC specification requirements for new 	Infection, Prevention and Control Lead	

	Ensure resource centres are compliant with IPC standards	buildings and improvement work to ensure facilities are compliant with IPC standards as improvement work progresses		
SCAS Assurance <ul style="list-style-type: none"> ▪ IPC compliance for auditing processes and procedures. 	To ensure accurate and good quality audits.	<ul style="list-style-type: none"> ▪ Continue work with ESR and Doc Works to ensure data accuracy ▪ Establish a quality assurance process through universal compliance group 	Infection, Prevention and Control Lead Assistant Director of Quality	
SCAS Assurance <ul style="list-style-type: none"> ▪ Timely auditing processes for contractual obligations 	Timely audits for: <ul style="list-style-type: none"> ▪ Stations ▪ Vehicles ▪ Staff observations. 	<ul style="list-style-type: none"> ▪ Continue auto reminders from Doc Works ▪ Continue to routinely monitor audit activity ▪ Promote local ownership of audits and audit cycle through raised awareness of IPC, standard required and importance of cleanliness 	Infection, Prevention and Control Lead	
SCAS Assurance <ul style="list-style-type: none"> ▪ Hand Hygiene 	To ensure 95% of SCAS are compliant with hand hygiene	<ul style="list-style-type: none"> ▪ Re-establish Hand Hygiene Roadshows when covid restrictions allow ▪ Continue promotion of hand hygiene through digital platforms ▪ Continue to monitor rates and report to PSG 	Infection, Prevention and Control Lead	
SCAS Assurance <ul style="list-style-type: none"> ▪ External providers 	To ensure external providers are IPC compliant; cleaning, make ready, E&UC	<ul style="list-style-type: none"> ▪ Develop an assurance strategy for the external companies IPC training ▪ Develop an assurance strategy to ensure private providers building 	Infection, Prevention and Control Lead	

	and PTS private providers	and vehicles comply with IPC policies and procedures		
SCAS Assurance <ul style="list-style-type: none"> Education 	To ensure high quality IPC education	<ul style="list-style-type: none"> Develop welcome day induction learning for IPC. Integrate PPE training into practical induction sessions Provide ad-hoc education sessions on PPE use or specific IPC elements as requested Develop IPC intranet Hub resource to include information o various infectious diseases micro-organisms 	Infection, Prevention and Control Lead	
SCAS Assurance <ul style="list-style-type: none"> Adverse incidents Health and wellbeing 	To ensure the health and wellbeing of staff	<ul style="list-style-type: none"> Continue to monitor adverse incidents and report to HSRG 	Infection, Prevention and Control Lead Health and Wellbeing	
SCAS Assurance <ul style="list-style-type: none"> Influenza 	To deliver the influenza vaccination Trust wide	<ul style="list-style-type: none"> Develop PGD and training package Identify staff Plan and monitor program through regular meetings 	Infection, Prevention and Control Lead Assistant Director of Quality Health and Wellbeing Medicines and Research Manager	

APPENDIX 1 - Infection Prevention and Control Structures

The Trust Board and the Director of Infection Prevention and Control (DIPC) have overall responsibility for patient safety and that all infection prevention and control issues ensuring they are managed safely and appropriately.



APPENDIX 2 - Infection Control Statement

The Trust Board of South Central Ambulance Service NHS Foundation Trust is committed to compliance with the Hygiene Code 2008 (updated July 2015) and as amended to prevent and control Health Care Associated Infections (HCAI). The Code is presented under three headings which form the basic Code and the Trust has pledged to undertake these duties by:

1. Management, organisation and the environment
 - Protect patients, staff and others from HCAI
 - Put in place appropriate management systems to prevent and control infections
 - Assess the risks of acquiring an HCAI in the pre-hospital environment and take action to reduce or control these risks
 - Provide a clean and appropriate environment
 - Provide information on HCAI to patients and the public
 - Provide information when a patient moves from the care of one healthcare body to another
 - Co-operate at all times with other health care professionals
 - Provide facilities to prevent or minimise the spread of HCAI
 - Acquire micro-biology and laboratory support.
2. Clinical care protocols:
 - Have in place appropriate evidence based core policies and protocols that are monitored and maintained to provide clear guidance on the prevention and control of HCAI in the Ambulance Service.
3. Health care workers:
 - Ensure so far as is reasonably practicable that ambulance staff are free of and protected from exposure to communicable infections
 - Access to relevant occupational health services is provided to all staff
 - Ensure that all staff are educated in the prevention and control of HCAI.

APPENDIX 3 - Review of Key Priorities 2020-2021

Priority	Action taken	Further action required into 2021-2022
Maintain response to Covid-19 pandemic	<p>Actions outlined in main body of annual report. Maintained adherence to all national guidance throughout. Close partnership working with PHE and NHSE/I colleagues.</p> <p>IPC lead assisted in developing both national ambulance Covid-19 guidance and AACE working safely guidance alongside NASIPCG chair and deputy chair</p>	Ongoing adherence to national Covid -19 guidance and operationalise this across SCAS services
Implement rolling programme of face FIT testing	<p>Close working with HART and RSO who have operationalised face fit testing across the organisation. Staff initially face fit tested on 3M8833 and then a move to single person issue reusable 3M 6500/7500 half masks from June 2020 to ensure sustainability.</p> <p>Availability of powered respirator/hood system for individuals who have failed face fit testing on all masks via use of 'Covid Car'</p> <p>Face fit testing now incorporated into induction through the education team to ensure all new starts also receive face fit testing</p>	Maintenance of ongoing face fit testing programme

	Standard operating procedure developed and published to ensure all staff issued with half masks understand the decontamination process for this piece of equipment.	
Ensure lessons learned from Covid-19 are integrated into Trust core business	<p>Pandemic remained in active sustained transmission phase throughout 2020 - 2021 with learning ongoing. Level 2 and level 3 PPE integrated successfully into core business.</p> <p>Lessons learned from early outbreaks integrated into requirements and actions taken in later outbreaks.</p> <p>Reduced footfall implemented organisationally and the use of 'bubbles' as active reduction in transmission measure integrated organisationally.</p> <p>Learning remains fluid as the pandemic continues to evolve</p>	<p>Full review to be carried out at the time the pandemic is declared at endemic level – there is no set timescale for this.</p> <p>All learning which improves patient or staff safety will be implemented proactively on an ongoing basis</p>
Education and training programme enhancement	Face to face and train the trainer programmes implemented to ensure level 2 and level 3 PPE training was received by all operational staff	Further work required to enhance the training received on induction

<p>Audit assurance programme for routine IPC audits in response to CQC actions</p>	<p>IPC assurance audit reviewed and IPC integral member of universal compliance group to further develop the assurance programme</p> <p>Due to the requirements of reduced footfall, outbreak management and national guidelines this work was not able to progress as this contradicts national guidance requirements</p> <p>Checklist developed for Cleric by clinical governance team to provide assurance of PTS vehicle cleanliness.</p>	<p>Active participation in universal compliance group and commencement of active assurance audits across the organisation when Covid guidelines allow for this</p>
<p>Audit assurance programme across Churchill and cleaning contract services</p>	<p>Due to the requirements of reduced footfall, outbreak management and national guidelines this work was not able to progress as this contradicts national guidance requirements.</p>	<p>To be developed during 2021 - 2022</p>
<p>Estates programme to ensure IPC standards are met with regards to the fabric of SCAS buildings, incorporating appropriate storage facilities in response to CQC action</p>	<p>IPC worked with PTS services to ensure IPC compliant storage was procured</p> <p>Due to the requirements of reduced footfall, outbreak management and national guidelines the estates programme was not able to progress as this contradicted national guidance requirements.</p>	<p>To be developed during 2021 - 2022</p>

Increase staff ownership of cleanliness of vehicles and buildings	Decontamination standards and specification pack developed and launched – detailing staff responsibilities for vehicle cleanliness alongside responsibilities of our Churchill partners.	Further work to enhance awareness of standards through proactively visiting stations once Covid-19 guidelines allow
Review of all cleaning contracts pre re-tender to ensure all national standards are reflected	Churchill/Make Ready contract reviewed and submitted to procurement Ownership of estates cleaning contract taken over by estates team. IPC yet to be invited to discuss.	Stakeholder meeting to be set up, of which IPC are a key member.