



# Director of Infection Prevention and Control Annual Report 2022/23



South Central Ambulance Service NHS Foundation Trust  
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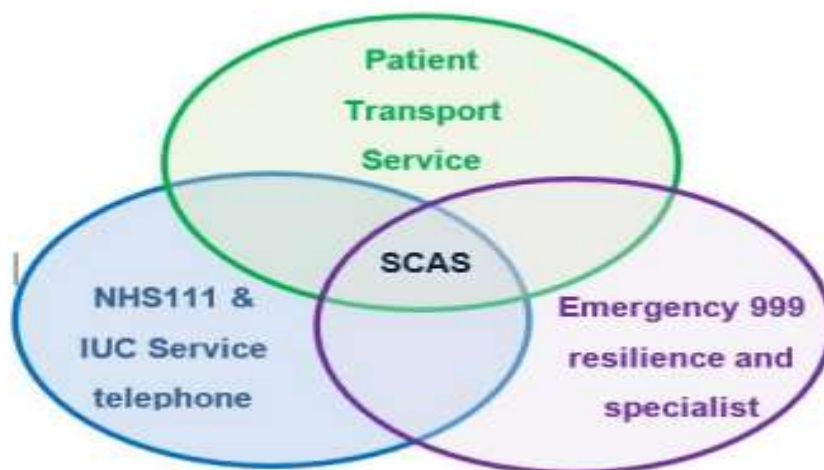
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## 1. Overview

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, answering over 500,000 urgent calls a year. SCAS employs over 4500 clinical and non-clinical staff who are supported by over 1,100 volunteers, with a fleet of over 800 SCAS vehicles, Community First Responder Vehicles and 103 sites.

South Central Ambulance Service NHS Foundation Trust (SCAS) is part of the National Health Service. SCAS was established on 1 July 2006 following the merger of four ambulance trusts. On 1 March 2012, SCAS was awarded Foundation Trust status. The Trust provides an emergency care service to respond to 999 calls, an NHS 111/ Integrated Urgent Care (IUC) telephone service for when medical help is needed, non-emergency patient transport services (NEPTS), logistics and commercial services. The Trust also provides resilience and specialist operations offering medical care in hostile environments such as industrial accidents and natural disasters including a Hazardous Area Response Team (HART) based in Hampshire.

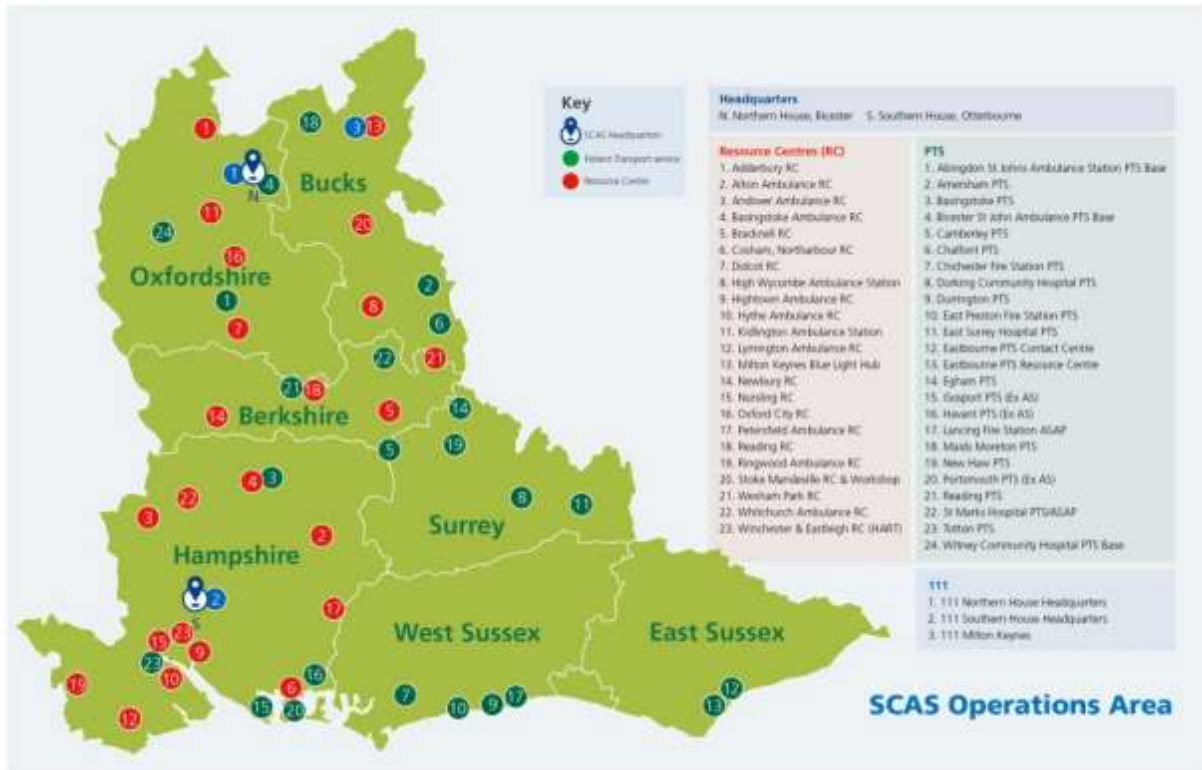


- **Respond to emergency calls** (emergency and Urgent Care (E&UC) (999 service)
- **Respond to non-emergency calls** (NHS 111 service)
- **Deliver Integrated urgent care in partnership**
- **Offer a range of commercial services:**
  - Non-emergency patient transport services (NEPTS)
  - Logistics
  - The National Pandemic Service
  - Resilience and specialist operations

Services are delivered from the Trust's main headquarters in Bicester, Oxfordshire, and a regional office in Otterbourne, Hampshire. Each of these sites, plus sites in Surrey, Sussex

and Milton Keynes, includes a Clinical Coordination Centre (CCC) where 999, NHS 111/IUC and NEPTS calls are received, and clinical advice is provided.

### South Central Ambulance Service – locations of services



South Central Ambulance Service NHS Foundation Trust covers the counties of Berkshire, Buckinghamshire, Hampshire, Oxfordshire, Milton Keynes and we are providers of NEPTS in Sussex and Surrey, as well as a dental service (accessed via NHS 111) in parts of Dorset. This area covers approximately 5,760 square miles and has a residential population of over seven million.

### SCAS in numbers



## Executive summary

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 2022, 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 always remains key, and while this last year has seen us move out of the COVID-19 pandemic, this has meant significant change for day-to-day IPC with a return to risk assessment-based IPC measures as opposed to blanket overarching measures. This has highlighted areas for improvement and allowed SCAS IPC to return to the basics of IPC and how every action or inaction we take can make a difference to patient outcomes. This was further highlighted through the Care Quality Commission visit to the Trust in March of 2022, where, while many IPC measures were noted as good, the CQC recommended a 'should' action for IPC to address the shortfalls – with relation to audit assurance, hand hygiene and culture of IPC being 'everybody's business'.

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 receives support from the occupational health service, Team Prevent (due to be rebranded to Optima Health April 2023).

Compliance with the Health and Social Care Act requires NHS organisations to receive microbiology support for the Infection Prevention and Control function. During the 2020-2021 time period the Microbiology Service Level Agreement (SLA) previously held between SCAS and QA Hospital (Portsmouth) was withdrawn by QA Hospital due to capacity issues. This element unfortunately has not been rectified during the 2022 -2023 financial year due to ongoing procurement discussions, and ability from Acute partner organisations to provide this service. We are however confident this will be rectified in the 2023-2024 financial year as positive discussions are being held with one acute partner Trust at time of this report.

SCAS IPC are part of a wider network of IPC groups, working with our integrated care boards and national partners to ensure learning and developments in IPC are shared.

SCAS IPC is regulated by Hampshire and Isle of Wight Integrated Care Board, Legislation, the Care Quality Commission (CQC), The Department of Health and NHS England.

Cleanliness standards are monitored against national cleaning standards and monitored through the Trust IPC Committee and governance framework. Standards are 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
- The National Infection Prevention and Control Manual for England
- National Cleaning Standards for Healthcare (2021)
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2015 (updated 2022)
- 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)
- Working Safely during COVID-19 19 in Ambulance Services non-clinical areas; AACE (withdrawn May 2022)

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 e-learning.

#### Assurance and compliance

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 Audit Online (our electronic data system) 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.

The IPC Committee (IPCC) monitors compliance and completeness of IPC Level 1 audit functions alongside any IPC incidents, estates development, water testing, antimicrobial prescribing and reviews actions taken against the IPC annual work programme. This work programme has been run alongside a CQC improvement workstream for IPC during the 2022-23 financial year to address the recommendations made by the CQC, with achievements against this being reporting into the IPCC. This ensures that all aspects of infection, prevention and control are reviewed by representatives of all services and that the risks are fully discussed, lessons learned and actioned where required. The IPCC 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 patients in our care during 2022-23. 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 2022), the CQC standards and the working environment for staff, including actions, steps and improvements in line with national COVID-19 guidance, winter respiratory infection guidance and the move away from these guidelines to the National IPC Manual for England.

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 Audit assurance programme requires development
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 currently outstanding – procurement support requested
9.	Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections	SCAS IPC Policy and Procedures document January 2022
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 TP Health

## 2. Annual Plan Review

A programme of work was outlined for 2022-2023 in the form of an annual plan. The annual plan has been reviewed and provided as Appendix 5. It is noted that the national and SCAS response to the COVID-19 pandemic, management of the SCAS internal Test and Trace Service and the Monkeypox outbreak response has impacted upon completion of targets set in the Annual Plan. This is linked to the trust patient safety improvement workstream.

## 3. Achievements

Significant achievements have been made in the 2022-2023 fiscal year, particularly in relation to the ongoing response to the COVID-19 pandemic, Monkeypox response and CQC should action for IPC. These are detailed below:

- Move across to the National IPC Manual for England
- Ongoing development of SCAS IPC Policy and Procedures document, with detailed appendices and associated policies to ensure smooth transition from respiratory guidance over to National IPC Manual for England.
- Ongoing management of Test and Trace service maintaining staff and patient safety through appropriate isolation and return to work assessment, alongside policy development and guidance changes as set out by GOV.UK
- Response to Monkeypox Outbreak
- IPC response to CQC should action by addressing shortfalls in Infection Prevention and Control through focused workstream, improvement plan and working groups, latterly integrating workstream into IPC annual plan.



## 4. Infection Prevention and Control Compliance Audits

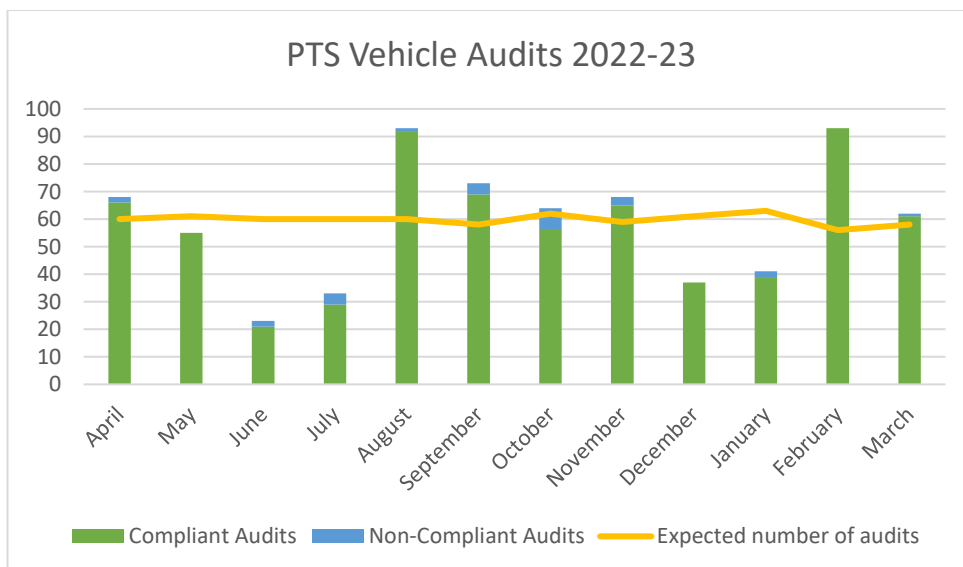
Maintaining clean clinical and working environments alongside excellent hand hygiene practices are key to the safety of our patients and staff. IPC Level 1 (routine self-monitoring) compliance audits are carried out by Team Leaders and Clinical Team Educators at their local stations. This audit programme encompasses vehicle, building and hand hygiene audits to ensure IPC standards are being met both within our environments and through good hand hygiene practices.

### 4.1 Vehicles

#### Patient Transport Service (PTS)

Graph 1 below details the number of both compliant and non-compliant audits for the 2022-2023 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 cleaning 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



PTS vehicles remain in FR5 functional risk category of the National Cleanliness standards – with a cleanliness compliance target of 80% and an audit frequency of bi-annually. It is noted that Ambulance Trusts are not required to be fully compliant with these standards at this time with NHSE/I taking a view to release specific standards for Ambulance Services. The revised standards have not yet been released, however are anticipated in summer 2023.

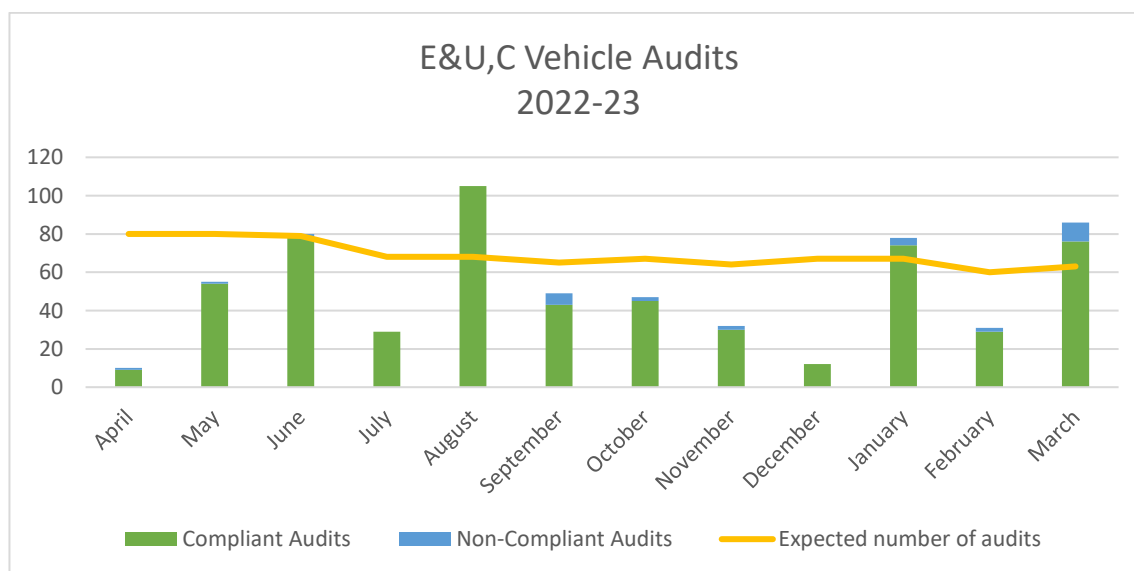
SCAS currently has a PTS fleet of 309 vehicles (this figure may fluctuate during the year if a vehicle requires significant repair work thus is off road). Each vehicle is logged by registration number on the Audit Online system to allow accurate tracking and completion of audits. To remain compliant with each vehicle receiving a bi-annual audit as per national cleaning standards, SCAS is required to carry out 718 audits according to current fleet level.

In 2022-2023 SCAS PTS achieved 98% of the required number of vehicle audits overall (710 completed out of 718 required). The overall compliance rate with PTS vehicle cleanliness was 95%. This is above the national target of 80% (Functional Risk Group 5, FR5) as set out by the national cleaning standards (Nov 2021). 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.

### Emergency and Urgent Care Services (E &U,C)

Graph 2 below details the number of both compliant and non-compliant audits for 2022-2023. The yellow line shows the number of audits required each month to ensure all vehicles receive a compliance audit bi-annually as per national cleaning standards (2007). 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 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:



E, U& C vehicles remain in Functional Risk group (FR3) of the National Cleanliness standards – with a cleanliness compliance target of 90% and an increased audit frequency from bi-annually to bi-monthly. At this time, the audit completion remains at bi-annually due to service demands and required improvements to the Audit Online system. It is however noted that Ambulance Trusts are not required to be fully compliant with these standards at

this time with NHSE/I taking a view to release specific standards for Ambulance Services in summer 2023.

SCAS currently has an active E, U&C fleet of 455 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 previous national cleaning standards, SCAS was required to carry out 828 audits during 2022-2023 according to current fleet level.

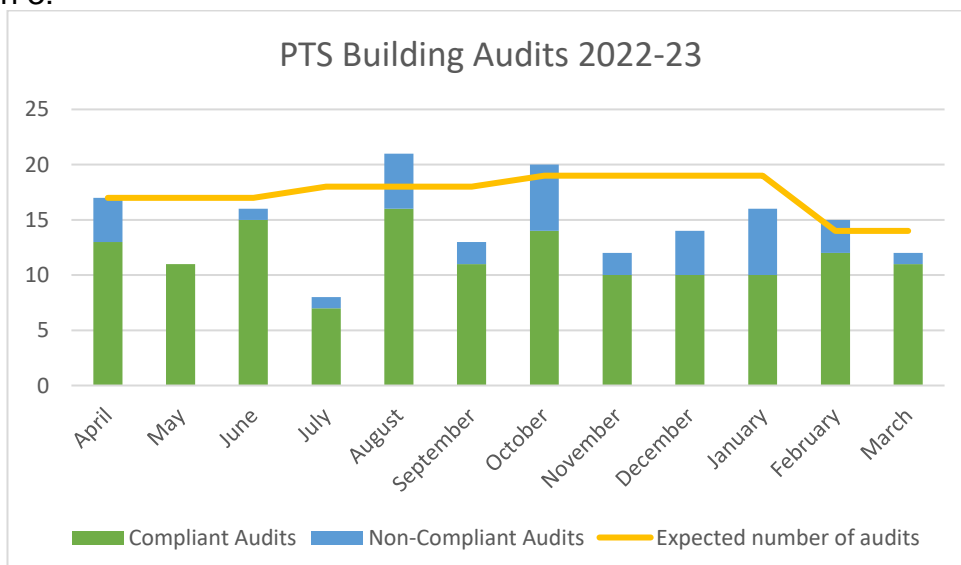
In 2022-2023 SCAS E,U &C achieved 74% of the required number of vehicle audits (based on previous standard of bi-annually) overall (614 completed out of 828 required). The overall compliance rate with E, U&C vehicle cleanliness was 95%. The compliance rate for E, U&C vehicles as set out by the national cleaning standards 2021 is 90% therefore the SCAS cleanliness compliance is significantly above this target, whilst noting the required number of audits is lower than the set trajectory and below the revised cleanliness standards – therefore do not demonstrate a full representation of vehicle cleanliness at this time.

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.

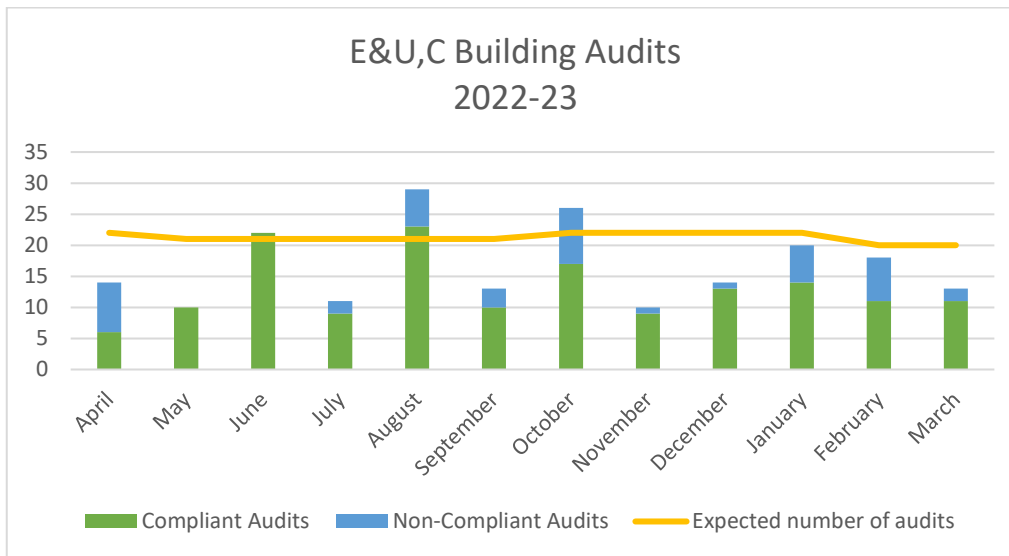
#### 4.2 Buildings

All buildings require bi-annual audits and should reach a compliance score of 80% (Functional Risk Group 5, FR5) in line with National Cleaning Standards. The lower required compliance rate is reflective of these buildings not being clinical environments, unlike vehicles. SCAS aim to achieve higher compliance rates across our sites to maintain a clean and functioning environment for our staff. 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, for example removal of clutter or immediate decontamination required.

This is monitored through the use of action plans via the Audit Online system which allow the auditor to act on the non-compliance and rectify when action complete.

The action plans have highlighted there are improvements to be made to the fabric of some of the SCAS buildings to allow compliance with IPC standards, such as improvement in sluice and storage areas.

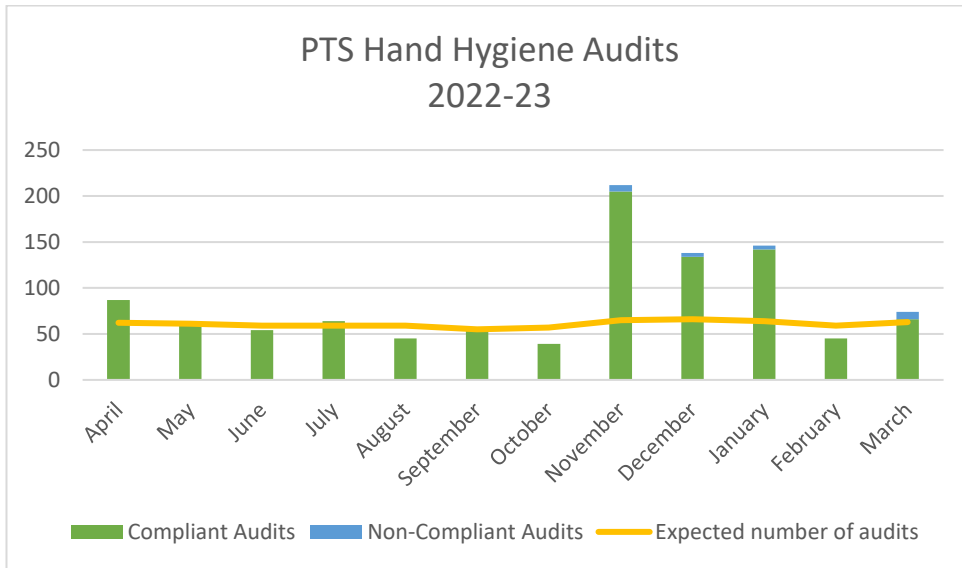
IPC have commenced work with Estates to redesign sluice areas with a view for remedial works to commence at 11 sites during 2023-2024.

#### 4.3 Hand Hygiene Audits

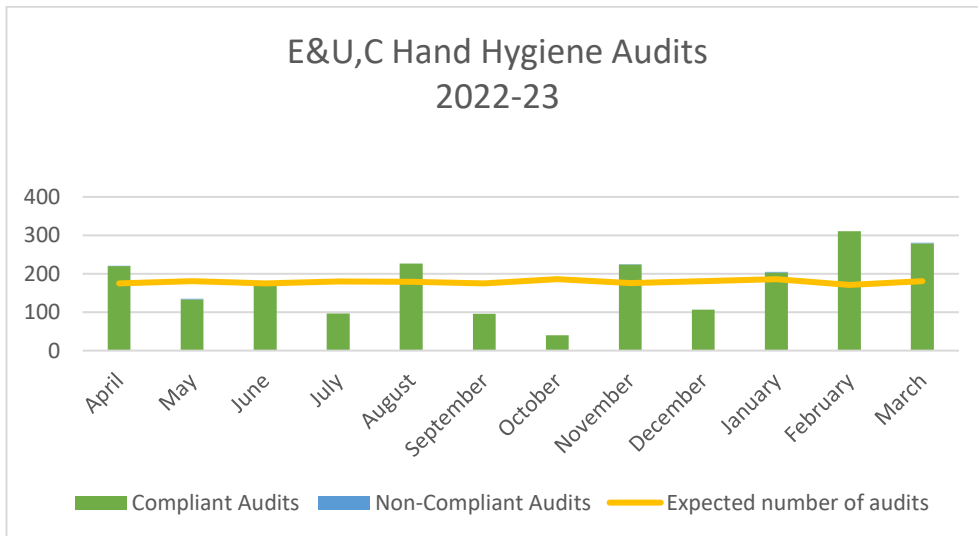
SCAS employs over 4,400 clinical and non-clinical staff, all of whom are responsible for good IPC practice. It is imperative that staff always adopt best practice in order to protect patients and each other. To ensure IPC hand hygiene practices are met, staff who have physical contact with patients (E&U, C and PTS frontline) are audited on an annual basis.

Graph 5 details PTS audit activity and compliance, whilst Graph 6 details that of E&U,C staff. Although the end of year target for number of audits was not reached overall, both services demonstrated high compliance rates, each at 99%.

PTS Graph 5:



E&U,C Graph 6



Audit Data Summary:

RAG rating	
Green	Within 5% of target
Amber	Within 10% of target
Red	Within 20% of target

PTS

	PTS	
	Q1 -Q4 22-23	Q1 -Q4 21-22
Number of vehicle audits required *	718	714
Number of audits achieved	710	691
% achieved	99%	97%
Required % score for compliance	80	80
Achieved average compliance score	96%	98%
Number of Building audits required**	209	203
Number of audits achieved	175	154
% achieved	84%	76%
Required % score for compliance	80	80
Achieved average compliance score	80%	89%
Number of Hand Hygiene audits required	729	830
Number of audits achieved	1015	868
Achieved compliance score	100%	100%

## E&U,C

	E & U, C	
	Q1 -Q4 22-23	Q1 -Q4 21-22
Number of vehicle audits required *	828	800
Number of audits achieved	614	557
% achieved	74%	70%
Required % score for compliance	90	90
Achieved average compliance score	95%	94%
Number of Building audits required**	255	277
Number of audits achieved	201	201
% achieved	79%	73%
Required % score for compliance	80	80
Achieved average compliance score	77%	75%
Number of Hand Hygiene audits required	2146	2317
Number of audits achieved	2116	1369
Achieved compliance score	100%	99%

The overall number of required audits has not been achieved, a major focus on the cleanliness of vehicles and hand hygiene practice has continued throughout and exiting the COVID-19 response. Compliance has remained high in vehicle cleanliness achieving from to 94-98% over the 2022-2023 time period.

#### 4.4 IPC Assurance Audits – Level 2 Audit Assurance Programme

An audit assurance programme was developed by IPC in response to the CQC ‘should’ action to address shortfalls in IPC. The assurance programme was designed for roll out across the SCAS footprint, encompassing PTS and E,U & C services. The timescales and support staff required to achieve audits of all sites and a statistically significant sample of vehicles is set out in Appendix 3.

The IPC team requires support staff to complete this level of audit work, however further development of the IPC team was not achieved in 2022-2023. Work has been carried out to progress the quality assurance audit function within Audit Online, with ongoing development required into 2023-2024 to create a functional system.

During this interim period, IPC have implemented a trial quality assurance programme within the South West Node as team capacity allows. Assurance visits of stations commenced with of 10 sites completed.

Positive observations – stations have high standards of cleaning in kitchens/staff areas, and no evidence of new infestations.

Improvements required – incorrectly stored cleaning equipment and chemicals, and garages used for incorrect storages requiring clutter removal in some areas.

## 5. Focused Workstreams

### 5.1 CQC improvement actions

The CQC conducted an inspection of SCAS on the 6<sup>th</sup> and 7<sup>th</sup> of April and 10<sup>th</sup> and 11<sup>th</sup> May 2022, with the report published 25<sup>th</sup> August 2022. The report notes that the Trust has updated IPC policies and procedures however says:

Overall statement:

- There was insufficient attention to infection prevention and control measures.

CQC should action:

- The trust should ensure that any shortfalls in infection prevention and control are reviewed, and action taken where needed.

The findings were positive on the whole with regards to staff understanding of IPC practices alongside observed good practice in relation to the use of PPE, however the CQC highlighted that not all staff decontaminated their hands following glove removal. Concern was also raised with regards to a pigeon infestation in one of the Trust sites, which had led to pigeon faeces contaminating equipment.

A Section 29a was placed on the Trust in relation to the infestation and work commenced with Estates to rectify this issue. IPC provided advice and risk assessments to ensure once the pigeon infestation had been addressed, that through decontamination of the area occurred safely and effectively. The area is now free from pigeon infestation and has high standards of cleanliness which are being monitored through routine inspections by both the Estates and IPC teams.

Alongside the infestation work, IPC developed an action plan to ensure the shortfalls in IPC were identified and actioned. This improvement plan was subsequently embedded into the IPC annual plan for 2022-2023.

Actions included:

- Improvement of the level 1 compliance audit function – as detailed in section 4 of this report
- Development of level 2 audit assurance function – as detailed in section 4.4 of this report



- Ongoing improvement works to ensure estate is fit for purpose maintaining IPC compliance in refurbishment and new building works – as detailed in section 5.5 of this report
- Education – the development of IPC education sessions bespoke to SCAS, with work towards integration of IPC into face-to-face training
- Development of IPC link practitioner programme whereby staff within the services are trained in IPC, provided with resource and therefore enabling them to promote good IPC practices at local level.

The full work programme, integrated into the IPC annual plan can be seen in Appendix 5, 2022-2023 annual plan review

## 5.2 IPC Policy and Procedures Document

Ongoing development of the SCAS IPC Policy and Procedures document continued throughout 2022-2023, with detailed appendices and associated policies to ensure parity with the National IPC Manual for England. All policies and procedures live on the Hub, Infection prevention and Control page. Discussions commenced to ensure policy and procedures document is readily accessible to staff outside of the Hub, such as SCAS Connect and JRCALC. To date limited progress has been made due to both IPC and communications team capacity.

## 5.3 Hand Hygiene

SCAS moved away from the discussion audits which were carried out during the 2021 - 2022 time period due to physical distancing measures, returning to the observational audit programme for hand hygiene. The audit was revised to incorporate hand hygiene elements solely, with the development of specific bare below the elbows, uniform, waste management and sharps audits undertaken for roll out in 2023 -2024 alongside the revised Audit Online system.

The SCAS IPC team took part in World Hand Hygiene Day 5 May 2022, publishing resources and information for staff to promote the adherence to good hand hygiene practices.

SCAS IPC completed a roadshow during International Infection Prevention and Control Week in October 2022. This road show combined hand hygiene training and audits, advice on decontamination techniques alongside the offering of influenza vaccinations for staff. Multiple sites and emergency departments were visited across the SCAS footprint allowing engagement with staff to underpin the fundamental principles of IPC, so improving awareness and therefore patient and staff safety.

## 5.4 Vehicle Decontamination Specifications/ Churchill Partnership Working

Ongoing maintenance of a clean clinical environment remains key to keeping our patients and staff safe. Close partnership working has remained in place with Churchill, our vehicle decontamination providers, to ensure vehicles are decontaminated effectively and to the

correct standards both as guided by UKHSA throughout the latter stages of the COVID-19 pandemic and the move across to the National IPC Manual. meeting the required standards as set out in the national cleaning standards. 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. Standard operating procedures for the decontamination of reusable PPE items such as half masks, with a video showing correct technique for decontamination remain in place. Routine periodic cleans (formally deep cleans) and 24 hour Make Ready services (spot cleans) 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 or contamination due to infectious disease. The requirements of specific decontamination post infectious disease are set out in the SCAS decontamination procedures alongside the SCAS A-Z guide of infectious disease, which our partners Churchill utilise to guide through appropriate decontamination techniques.

Vehicles continue to be booked off road for Periodic Clean 2 weeks prior to their required date. This process ensures that vehicles do not exceed their allotted 6 weekly or 12 weekly periodic clean.

#### 5.5 Estates refurbishment and new build works

IPC have continued to work with our Estates team in the development of revised plans for upgrading of 11 sluice areas across the SCAS footprint. All plans have been signed off with work to commence in upgrading in the 2023-2024 financial year. Further to this IPC are closely sighted on future site development plans alongside the development of a new call centre site.

### 6. IPC COVID-19 response

The COVID-19 pandemic continued to have significant impact on both staff and public during 2022-2023, however the success of the National COVID-19 vaccination programme allowed the UK Government to announce its 'Living with COVID' plan on the 1<sup>st</sup> April 2022.

This brought the following changes for staff across the organisation:

- 01/04/2022: Interim guidance - Living with COVID – Changes to staff testing and contact isolation for staff  
Free PCR testing was withdrawn by the UK Government. NHS staff continue to use twice weekly asymptomatic LFD testing and isolate if positive. Contacts of positive staff no longer required to isolate from work, however, utilise LFD testing to reduce risk of transmission. All other requirements for PPE remained in place when patient facing
- 29/04/2022: Transitional changes in IPC working safely guidance; Fluid Repellent Surgical Masks (FRSM) removed from Trust sites except call centres and vehicle cabs, physical distancing removed however remained recommended in break/rest areas. All PPE requirements remain in place for patient contact
- 06/05/2022: Transition from Working Safely Guidance - increasing our interactions with each other and the public  
Further organisational information given regarding charity events and interactions with the public outside of clinical care

- 31/05/2022: Transitional changes in Infection, Prevention and Control (IPC) Working Safely Guidance – Update  
Removal of FRSM requirements in call centres and vehicle cabs
- 01/07/2022: Reintroduction of FRSM in call centres due to rising rates of COVID-19
- 22/08/2022: Reduction of COVID measures in the workplace: events, media  
Routine use of FRSM removed from call centres (other areas already without), reintroduction of charity events indoors. Best practice guidance of ventilation, cleanliness and hand hygiene reiterated
- 01/09/2022:
- 30/09/2022: Pause in asymptomatic LFD testing for staff: Staff no longer required to routinely take twice weekly LFD tests, with only symptomatic testing remaining in place and subsequent isolation from work where positive result returned.

All reductions of COVID-19 protective measures have been carried out in a carefully stepped down approach, using a risk assessment based upon the current levels of COVID-19 circulating amongst staff groups. On one occasion in July 2022, FRSM were reintroduced in call centre areas due to rising numbers of cases however no formal outbreaks were declared and measures stepped down in August 2022.

Standard infection control precautions and transmission-based precautions have been utilised for all attendances and transfers throughout the year.

IPC have continued to work closely with the NASIPC group, UKHSA and NHSE to ensure IPC guidance maintained an ambulance sector focus with ongoing dissemination and operationalising of guidance changes and specifically reduction in COVID-19 measures across the organisation. The actions taken to ensure compliance with changing national guidance have been documented within the IPC Board Assurance Framework (BAF) which has been updated as required by NHSE and signed off through SCAS Quality and Safety Committee for assurance.

The IPC BAF is an activity to ensure board and the public that SCAS had (in line with other ambulance services) clearly adhered to guidance.

The organisational Command and Control structure, the COVID-19 Cell, initiated in February 2020, was maintained at one Demand call per week until 02 September 2022, when the decision was taken to cease these calls following the reduction in COVID-19 measures and the improving national picture with regard to COVID-19 cases.

To ensure robust governance of actions around COVID-19, all workstreams were reported to Service Delivery Board (formally COVID-19 Board) and through completion of the IPC Board Assurance Framework scrutinised and agreed by the Quality and Safety Committee.

SCAS moved to the National Manual for Infection Prevention and Control in February 2022, with revisions made as guidance was updated throughout 2022 into 2023. SCAS took the following steps to ensure compliance with the changes:

- The PTS booking system was updated to allow respiratory assessment of confirmed respiratory cases prior to booking, thus appropriate cohorting of patients and reduction of requirement for physical distancing in PTS vehicles

Guidance remains operationalised into flowcharts and infographics for patient facing services. These flowcharts detailed the guidance requirements and how these are to be implemented into the workflow of SCAS patient facing staff.

The following flowcharts/infographics were revised and reissued accordingly to reflect any guidance changes to support the national guidance and staff understanding of their requirements:

- 999 operational flowchart
- PTS operational flowchart

These flowcharts are integrated into the SCAS IPC Policy and Procedures document, Appendix 5

## **7. IPC Monkeypox (MPX) response**

In May 2022 cases of Monkeypox were identified in the United Kingdom. The initial response required Hazard Area Response Team (HART) transfer only for confirmed cases due to Monkeypox being classified as a High Consequence Infectious Disease (HCID). IPC issued a Hot News in conjunction with the Resilience and Specialist Operations Team on 20 May 2022 to advise staff of signs and symptoms of the disease and actions to take for suspected cases in relation to PPE and patient transfer.



Eight sites across the SCAS footprint were established as HCID hubs to ensure the appropriate management of Category A waste alongside the appropriate decontamination of vehicles post transfer of suspected cases. IPC and RSO worked in conjunction with Churchill services to ensure staff were trained and equipped with the appropriate respiratory protection to allow decontamination of vehicles post transfer.

Regular Hot News and Operational bulletins were published by IPC to ensure staff were fully briefed in their requirements for PPE and vehicle decontamination as the outbreak evolved.

As of 06 July 2022, the specific clade of Monkeypox circulating in the United Kingdom was declassified as an HCID by UKHSA and therefore waste from cases could be handled under Category B and changes to PPE required according to disease presentation.

An operational bulletin was published on 12 July 2022 detailing these changes, with a further operational bulletin for PTS transfers published 14 July 2022 to allow PTS transfers from hospital to home for confirmed patients without respiratory symptoms.

All changes were updated and reflected within the SCAS IPC policy and procedures document within Appendix 3; A-Z of Infectious Diseases as shown in Image 1 below:

<b>Monkeypox</b>		<b>Classification: Virus</b>		<b>Incubation: 5 to 21 days</b>	
Non HCID UK cases; no recent travel history to West Africa/Congo basin		Transmission usually occurs from contact with an infected animal or close physical contact with an infected individual. It is usually a mild, self-limiting disease			
Transmission Route	Patient placement	Personal Protective Equipment	Vehicle Cleaning	Additional Information	
<ul style="list-style-type: none"> <li>• Vector transmission (from infected animals)</li> <li>• Droplet transmission</li> <li>• Direct contact through lesions on infected individual</li> <li>• Indirect contact with contaminated surface (e.g., linen/clothing of infected individual)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>On scene suspected case with respiratory symptoms and/or weeping vesicles: Escalate immediately to duty Tactical Advisor</b></li> <li>• Frontline 999 can convey suspected and confirmed</li> <li>• Single patient transport PTS for patients with no respiratory symptoms: fixed bulkhead only</li> <li>• HART Transfer for <b>confirmed complex cases or long-distance transfers</b></li> </ul>	PPE graded according to patient presentation: <ul style="list-style-type: none"> <li>• Possible / probable/ confirmed; patient presenting with rash but <b>no respiratory symptoms, no weeping vesicles</b> = droplet precautions (Level 2)</li> </ul> 	<ul style="list-style-type: none"> <li>• Droplet precautions (level 2) PPE required</li> <li>• Decontamination of all surfaces and equipment with detergent/disinfectant wipe <b>Green Clinell</b> by crew - between patient clean</li> </ul>	<ul style="list-style-type: none"> <li>• Spill pack must be used by crew on any blood or body fluid spills for <b>any category of patient</b></li> <li>• Category B waste (infectious waste stream) orange bag</li> </ul> <p><b>*HCID imported cases (West Africa/Congo Basin recent travel or known contact with a case with travel history) see p.34</b></p>	
		<ul style="list-style-type: none"> <li>• Possible / probable / confirmed, patient <b>also</b> has <b>respiratory symptoms and/or rash with weeping vesicles</b> = airborne precautions (Level 3)</li> </ul> 	<ul style="list-style-type: none"> <li>• VOR post transfer for enhanced clean</li> <li>• Droplet precautions (level 2) PPE required</li> <li>• Decontamination of all surfaces and equipment with detergent/disinfectant wipe <b>Green Clinell</b></li> <li>• Followed by 1,000ppm chlorine disinfection of all surfaces</li> </ul>		

## 8. 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 and where possible the IPC Lead or IPC practitioner. The training is linked to Health Education England and national cleaning 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 96% of staff have completed the Level 1 IPC e-learning (all staff). Level 2 IPC e-learning remains 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 for example. 91% of staff had completed this training at end of year 2023, however this figure fluctuates and does not include those who have received face to face training, an improvement of 4% compared to 2021-2022.

There has been no further IPC training delivered by the IPC team during the 2022-2023 time period due to capacity within the IPC team.

## 9. Staff Health

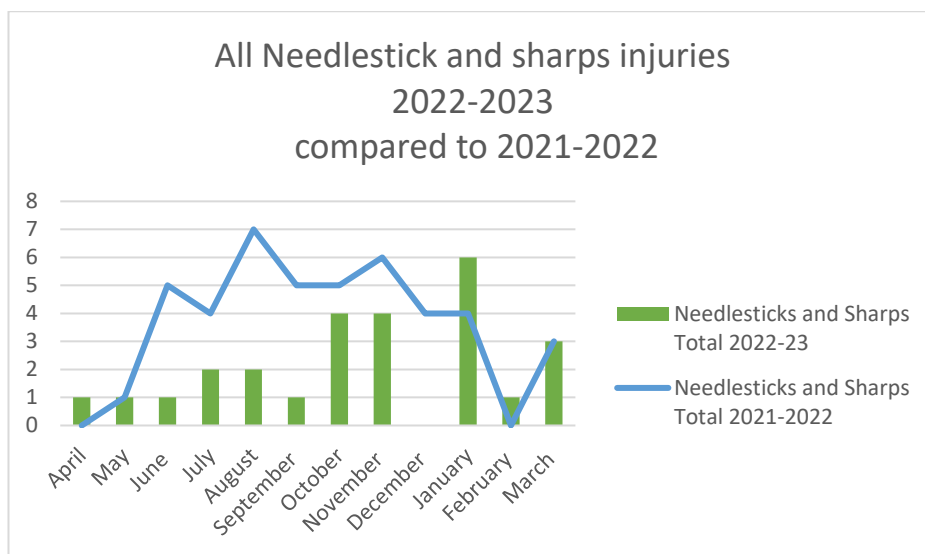
Adverse incidents with potential to affect staff health are reported via an online system, Datix. SCAS encourages an open reporting culture, and all staff have access to this system to file a report. IPC untoward incidents are split into two categories: exposure to body fluids/infectious diseases, and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

## 9.1 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 2022-2023 fiscal year compared to the same time period in 2021-2022.

Graph 8



In total 26 incidents were reported through the SCAS datix system. A reduction of 18 incidents compared to 2021-2022. No trends were identified through Occupational Health regarding the mechanism of injury although it was noted that incorrect sharps disposal and incorrect reporting of incidences continued to occur. In response to this IPC published reminders of safe sharps practice, how to report incidents regarding sharps injury and polls onto Yammer (example in Image 2 below) to increase staff awareness of correct procedures. This saw a reduction of incorrect reporting.

Image 2:

Mar 1 2 shares • Seen by 122

Needlesticks - A reminder for all

Posters will be stored on the hub should you need to print for your local noticeboard/ area

The poster features the TP Health logo at the top. Below it is the title 'Sharps Injury'. There are two main columns of text. The left column is under the heading 'Urgent Action' and contains instructions on what to do immediately after an injury, such as encouraging bleeding, washing with water, and using antiseptic. The right column is under the heading 'Report it' and details the reporting process, including who to report to and the importance of recording the incident. At the bottom, there are two contact boxes: one for 01327 810 269 (Monday to Friday) and one for 0800 413 324 (out of hours).

TP Health assess the risk associated with blood borne virus incidents (needlestick) and provide information to SCAS on a monthly basis. A total of 32 incidents were reported to TP health, whereas 26 incidents were logged through SCAS datix reporting, indicating that whilst staff are following procedure of reporting to Occupational health, they are under reporting via the Datix system. Where an injury is sustained from a non-contaminated source it is not classified by TP Health as there is no risk to health.

The summary of the reported incidents in 2022-2023 can be seen below in Table 1:

Table 1:

<b>Classification of injury</b>	<b>Total</b>
low risk bodily fluids	1
low risk injury	0
percutaneous injury	19
mucocutaneous exposure	12

TP Health define the Classification of Injury as follows:

- Splash of blood/bodily fluid on intact skin
- Mucocutaneous Exposure – where there is direct contact of blood/bodily fluid with eyes, nose or mouth or on broken skin e.g., uncovered cuts or eczema not covered with waterproof dressing.
- Percutaneous Injury – is an exposure incident in which penetration of skin occurs by a needle or sharp object which was in contact with blood, tissue or other body fluid before the exposure including bites.

The risk is then further classified into the type of injury, being low risk, high risk and exposure with minimum or no risk. The summary of types of injury sustained by SCAS staff in 2022-2023 can be seen below in table 2:

Table 2:

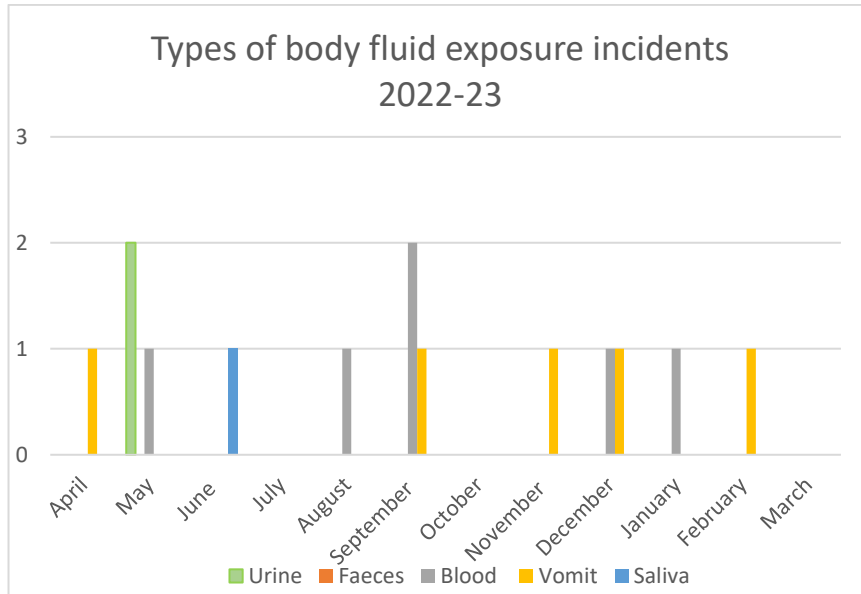
<b>Type of injury</b>	<b>Total</b>
Low risk exposure	8
High risk exposures	16
Exposure with no or minimal risk	8

## 9.2 Exposure to blood/body fluid incidents

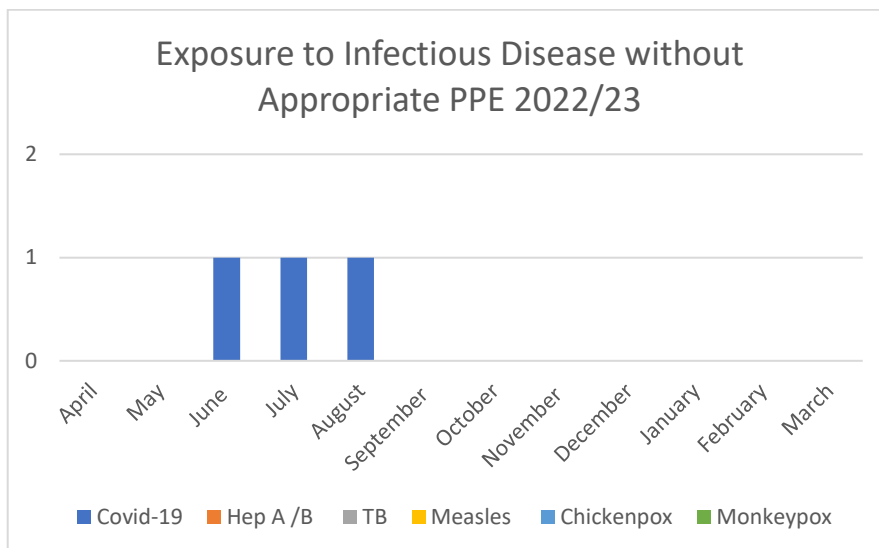
Graph 9 below shows the total number of exposures to blood/body fluid incidents recorded on Datix across the 2022-2023 time period. This is a significant fall from 26 incidents in 2020-2021 to 10 incidents in 2022-2023. This can be attributed to staff wearing level 2 PPE for all attendances and transfers 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:



Graph 10:



Human Factors PPE breaches

Note: HCID PPE breach April 2022 x 1 MERS. Visor lifted inadvertently  
 Level 3 PPE breach by student unzipping coverall to access pen May 2022

9.3 Infectious disease adverse incidents notified to SCAS by UKHSA

There were no adverse incidents of infectious disease affecting staff or patients reported to SCAS by UKHSA outside of COVID-19. One exposure to scabies and one episode of query tuberculosis contact were noted amongst staff, however no further action was required as staff involved were confirmed to be wearing Level 2 PPE, therefore adequately protected.

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 at their request, detailing the measures the Trust takes to reduce the risk of HCAs to service users.

#### 9.4 Lateral Flow testing

Lateral flow device testing moved to the GOV.UK ordering and reporting system in July of 2021, with the internal programme previously in place being withdrawn to ensure compliance with national guidance. SCAS continued to encourage twice weekly asymptomatic testing until 30<sup>th</sup> September 2022 when the requirement for asymptomatic testing was withdrawn under National Guidance. After this date asymptomatic testing was ceased.

#### 9.5 COVID-19 Test and Trace service for staff

The national requirement for a seven day per week internal test and trace service implemented by NHS England in June 2020 remained in place. One full time test and trace practitioner remained in service in the IPC team with one part time test and trace practitioner, providing contact tracing duties and test and trace management for the organisation.

The internal test and trace policy remained active and updated accordingly according to changes in national guidance, which saw the removal of PCR testing and the removal of isolation from work for contacts of COVID-19 from April 2022 alongside a reduction in isolation away from work from 10 to 5 days post COVID-19 infection. SCAS continued to advise contacts to LFD test for 7 days post contact to ensure maintenance of patient and staff safety – in line with AACE recommendations.

All cases of COVID-19 amongst staff were referred to the test and trace and IPC team. 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 LFD test according to guidance.

Table 3 below details the number of cases Test and Trace have processed between April 2022 and March 2023 compared to the same time frame in 2021-2022. It is important to note that whilst not all of these individuals will have tested positive, all information is collated and analysed to ensure staff are isolated or LFD test appropriately to reduce risks of transmission in the workplace and to patients. This demonstrates the overall reduction in potential and COVID cases during 2022-2023 however indicates the virus continues to circulate with peaks seen in April and July 2022 as COVID-19 measures were reduced both publicly and within the workplace.

Table 3:

Month	Number of cases processed	Month	Number of cases processed
April 2022	403	April 2021	302
May 2022	138	May 2021	289
June 2022	373	June 2021	336
July 2022	645	July 2021	585
August 2022	215	August 2021	480
September 2022	297	September 2021	511
October 2022	392	October 2021	690
November 2022	199	November 2021	695
December 2022	338	December 2021	1250
January 2023	146	January 2022	1102
February 2023	280	February 2022	817
March 2023	347	March 2022	1384

Test and trace data, including return to work assessment data was upwardly reported to Service Delivery Board (formally COVID-19 Board).

### 9.6 Root Cause Analysis and RIDDOR reporting – COVID-19

The utilisation of root cause analysis (RCA) form for assessing identified COVID-19 positive cases for RIDDOR reporting continued throughout the 2022-2023 time period. This RCA included personal risk factors, 14 day working pattern pre symptoms/positive result, any breaches in PPE, 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.

### 9.7 Outbreaks

No outbreaks amongst staff were reported during the 2022-2023 time period.

### 9.8 Influenza Vaccine Campaign

The flu vaccination campaign for 2022/23 was launched in September 2022 and concluded on 12 February 2023.

Clinics were co-ordinated across SCAS by a dedicated Immunisation Practitioner with all clinics run according to IPC PPE requirements. They were supported by a further 20 SCAS staff who were trained in September 2022 as peer vaccinators.

Table 4 below details the overall uptake of influenza vaccination amongst SCAS staff:

	<b>Denominator</b>	<b>Vaccinations received</b>	<b>Percentage Uptake</b>
Patient facing staff	5018	2843	56.7%
Non patient facing staff	870	737	84.7%
<b>SCAS overall Total</b>	5888	3580	60.8%

Vaccinated staff includes those who were administered the vaccine within SCAS and those staff who have been vaccinated elsewhere. Overall, 2785 (56%) of eligible staff completed the vaccine consent/reporting form, including 275 eligible staff who refused the vaccine. The response rate of 56%, as reported to Immform, compares favourably when benchmarked against other ambulance trusts in England and other NHS trusts in the South East region. SCAS uptake figures reported to NHSE regionally were artificially low. This occurred as there is no direct link from the Doc-Works vaccination/reporting form with ESR records. NHSE has been contacted regarding the error however they are unable to correct the figures. The national average of flu vaccine uptake in NHS trusts was 52%.

A multi model communications strategy was implemented to ensure staff engagement with the campaign. This utilised internal communications such as Hot News, Staff Matters and Yammer to promote vaccination clinics, staff uptake and to dispel any myths around influenza vaccination using photographs, poster messaging and case studies alongside nationally produced resources. The strategy also included external communications platforms on wider social media sites to promote SCAS taking part in the vaccination campaign and encourage staff to partake.

## **10. IPC Annual Work Programme 2023-2024**

The IPC Annual Work Programme can be viewed as a separate detailed document. The fundamental aim of the 2023-2024 IPC work programme will be to continue the promotion of good Infection Prevention and Control practice. In order to facilitate this the IPC team will continue to positively engage with all staff, encourage ownership and provide a forum where good practice is shared. The focus for the 2023 -2024 time period will be the following:

- Delivery of IPC audit assurance programme.

The successful implementation of electronic assurance audits will support the IPC quality agenda. This will incorporate completion of the audit cycle, widening the dissemination of audit findings and supporting non-patient facing elements of the service to continue with the IPC audit programme

- Development and delivery of IPC training across the organisation  
Educational material to be delivered to staff to promote understanding of the basic IPC principles, enhancing learning experiences and promoting a culture

of good IPC standards in day-to-day practices alongside development of integration of IPC principles within face-to-face training

- IPC requirements in new builds and refurbishment works

There are several future capital projects expected to commence in 2023-2024. Prevention and control of infection issues are at the forefront of any new build or refurbishment project within the NHS. The IPC team will work collaboratively to ensure related IPC measures are considered as part of each project.

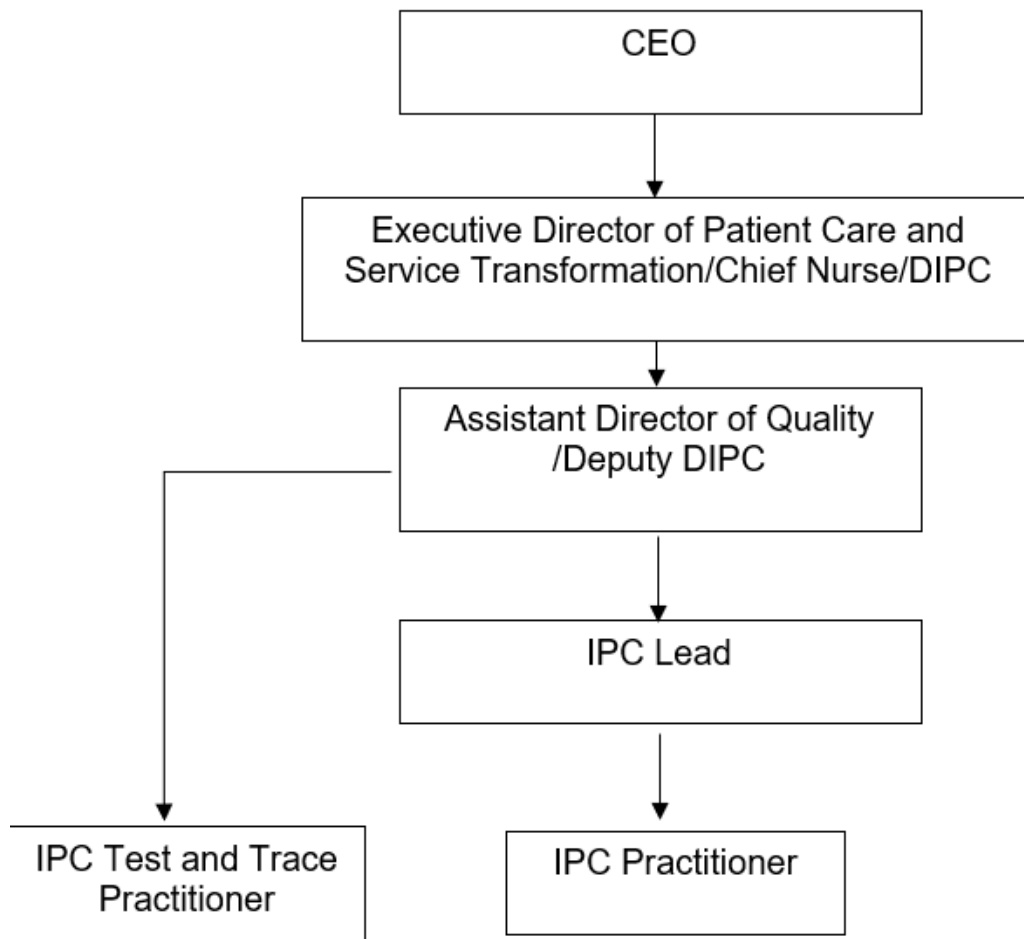
## APPENDIX 1 - Infection Prevention and Control Structures

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. The DIPC sits on Trust Board and Quality and Safety Committee

IPC Reporting Structure:



## IPC Team Structure



## APPENDIX 2 – Infection, Prevention and Control Statement

The Trust Board of South Central Ambulance Service NHS Foundation Trust is committed to compliance with the Health and Social Care Act 2008: code of practice on the prevention and control of infections (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
  - Always co-operate 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.





### **Infection Prevention and Control (IPC) Assurance Audit Programme 2022/2023**

IPC assurance audits are required across the organisation to ensure oversight of the audit process, alongside providing assurance that the Trust is meeting the required standards for both CQC and the Health and Social care Act (2022).

This programme requires one staff member based in the north and one staff member based in the south as per minimum. These can be alternative duties staff in the interim to commence the programme, however they must be able to travel. Each auditor will require the following:

- Trust vehicle
- Trust issued mobile phone
- Trust issued iPad with access to Audit online
- Trust issued laptop

Each auditor will be required to complete the following:

- Audit dual stations (PTS/EUC) on the same day
- Assurance audit of vehicles across week on station – this will include between patient audit and post periodic clean audit (formally deep clean)
- Post periodic clean assurance audits will be logged separately to between patient clean audits for monitoring and assurance purposes via Audit Online
- Assurance audit of staff hand hygiene across week on station
- EUC hand hygiene audit also at ED during week of audits on station – these areas are highlighted with \*
- Assurance audit on station x 2 per year - first 6 months shown in Table 1. Cycle to repeat as detailed on EUC and PTS sheets (Appendix 1)
- Statistically significant audit size is 197 EUC vehicles giving 5% margin of error and 95% confidence level for assurance audit on vehicles (minimum 5 vehicles per EUC station) for between patient clean audits

- Statistically significant audit size is approx. 325 EUC staff giving 5% margin of error and 95% confidence level for assurance audit on hand hygiene (minimum 10 staff per EUC station, note this will fluctuate small station versus large)
- Statistically significant audit size is 185 PTS vehicles giving 5% margin of error and 95% confidence level for assurance audit on vehicles (minimum 4 vehicles per PTS station - this will vary per station size as some only have 1 vehicle)
- Statistically significant audit size is approx. 260 PTS staff giving 5% margin of error and 95% confidence level for assurance audit on hand hygiene (minimum 7 staff per PTS station, note this will fluctuate small station versus large)

**Table 1: Assurance Audit 1: schedule per station and date:**

EUC	Audit date w/c	PTS
Milton Keynes	03/10/2022	Milton Keynes
	26/12/2023	Maids Moreton
Adderbury	10/10/2022	Adderbury
Kidlington	17/10/2022	Kidlington
Stoke Mandeville	24/10/2022	Stoke Mandeville
	02/01/2023	Witney
Oxford	31/10/2022	Oxford
	02/01/2023	Thame
	09/01/2023	Amersham
	09/01/2023	Little Chalfont
	16/01/2023	Abingdon
High Wycombe	07/11/2022	High Wycombe
Didcot	14/11/2022	Didcot
	14/11/2022	Wallingford
	14/11/2022	Wantage
Wexham	21/11/2022	Wexham
	23/01/2023	Maidenhead
Reading	28/11/2022	Reading
Bracknell	05/12/2022	Bracknell
Newbury	19/12/2022	Newbury
	30/01/2023	New Haw
	06/02/2023	Camberley
Basingstoke	03/10/2022	Basingstoke
Whitchurch	10/10/2022	
Andover	17/10/2022	Andover
Alton	24/10/2022	
Petersfield	07/11/2022	
	26/12/2022	Redhill
	02/01/2023	Dorking
Eastleigh	31/10/2022	Eastleigh
	09/01/2023	Totton and Eling
	16/01/2023	Havant
	23/01/2023	Chichester
	30/01/2023	Lancing
Nursling	14/11/2022	
North Harbour	21/11/2022	Portsmouth
Hythe	28/11/2022	
Hightown	05/12/2022	
Ringwood	12/12/2022	
Lymington	19/12/2022	
	06/03/2023	East Preston
	13/03/2023	Worthing
	20/03/2023	Gosport
	27/03/2023	Eastbourne
	03/04/2023	Milford on Sea

Due to the nature of the service the auditors will be required to work flexibly with their hours to ensure staff handover times are covered and post periodic clean audits are completed (this will require early morning as cleans occur overnight)

**Appendix 1 – full assurance audit programme:**

This document can be requested from SCAS.

## APPENDIX 4 - CQC statement of findings in relation to IPC

### Overall statement:

- There was insufficient attention to infection prevention and control measures.

### CQC should action:

- The trust should ensure that any shortfalls in infection prevention and control are reviewed, and action taken where needed.

### Findings:

#### EOC:

Staff used control measures to protect themselves and others from infection. The premises were visibly clean. All staff wore a uniform and were well presented. Hand sanitising gel dispensers were available to staff and visitors throughout the site. Staff had access to disinfectant wipes to clean their desks before and after their shift, which we observed staff using. Staff completed infection prevention and control training as part of their mandatory training, data provided to us from the trust showed that 100% of EOC staff had completed this.

#### Cleanliness, infection control and hygiene:

The service did not always control infection risk well. Staff did not always use equipment and control measures to protect patients, themselves and others from infection. They mostly kept equipment, vehicles and the premises clean but we observed staff who were not following infection prevention and control processes. Most ambulance stations areas were clean and had suitable furnishings which were clean and maintained. We found them to include adequate kitchen facilities and rest areas. The consumable stock rooms were tidy and labelled. However, at North Harbour, there was a significant pigeon problem. Pigeons were nesting in the high areas of the garage. Their droppings were on vehicles, equipment, on the floor and bins. Cardboard boxes containing personal protective equipment, also had pigeon droppings on them. We were told that the packages were wiped down before use. However, this posed an infection control risk as equipment was contaminated with pigeon droppings. Staff in the make ready area were wearing respirators as they were at an increased risk of serious lung disease. Staff did not always follow infection control principles including the use of personal protective equipment (PPE). The trust had revised their infection control policy in response to COVID-19 and new ways of working. Staff told us they had received training in using PPE. Staff mostly adhered to infection control principles such as gloves and masks which were worn during all patient transfers. Our observations confirmed this. However, staff did not always follow national guidance. For example, using hand sanitisers or washing their hands after removing their gloves. When the ambulance crews were at the station, they followed social distancing and infection prevention guidelines. There was hand sanitiser at the entrances to the stations. There were clinical wipes, and hand sanitiser in communal areas.

APPENDIX 5 - Review of IPC Annual Plan and IPC workstream 2022-2023

**Assure and Action:**

**Table 1: IPC workstream elements and BDO actions update:**

	<b>IPC Workstream Domain</b>	<b>IPC Workstream Element</b>	<b>Total number of elements in section</b>	<b>Number of elements Progressed</b>	<b>Target</b>	<b>Action Required /Taken/Ongoing</b>	<b>Related BDO Action Complete /outstanding</b>
1.	Clinical Practice	Ensure accuracy of current compliance audit programme	6	6	Ensure Audit Online is fit for purpose for audit work	<ul style="list-style-type: none"> <li>• Building denominator data on system reviewed and reworked</li> <li>• Vehicle lists sourced, reviewed and reworked to ensure entity types are correct for upload onto Docworks</li> <li>• Full removal of old data and upload of new for system reset is due 5<sup>th</sup> April 2023.</li> <li>• Note; this has required several week of IPC team time to rectify the errors on the system, which is unsustainable and outside of scope for IPC SMEs</li> </ul> <p>Once this has occurred IPC will assess the success of this work.</p>	Audit item BDO 2c) Development of audit programmes

						If successful, an accurate denominator base will be on Docworks. However, of note due to the ever-changing fleet in Operations this database will require ongoing management of the data to ensure accuracy. This element could be maintained by the proposed Quality manager in the revised IPC structure.	
2.	Clinical Practice	Expand audit assurance programme to include essential IPC clinical audit elements	3	0		Further development of clinical audits specific to BBE, PPE and Sharps on hold until rectification works of Docworks denominator data an, categories and entities has occurred.  No further audits can be added until this issue is resolved as above in point 1.	<b>Outstanding:</b> Audit item BDO 2c) Development of audit programmes
3.	Clinical Practice	Implement IPC assurance audit programme of current audits	5	4	The current audit programme covers compliance audits only with no overarching assurance	Interim in-house IPC assurance audit developed IPC have commenced station visits for assurance audit purposes (South) IPC have met with system developers and explored assurance audit capability on system – this is currently pending	<b>Outstanding:</b> Audit item BDO 2c) Development of audit programmes

					audit programme therefore an audit assurance programme is required	approval through developers as may require budget	
4.	Clinical Practice	Implement IPC Link Practitioners programme	5	4	Link Practitioners are recruited	Ongoing discussions being held through IPC working group to ensure successful recruitment of Link Practitioner	<b>Outstanding:</b> Audit items BDO 2b) <b>Local</b> ownership of IPC and 2c) Development of audit programmes
5.	Education	Develop and implement IPC core standards training sessions for clinical staff	3	1	Rolling programme of IPC practice training and assessment as part of face to face in place, with staff attendance captured	Training material developed and available from IPC  Discussions have taken place with Education regarding integration of IPC into Face to Face however despite agreement this was a required part of training IPC have been informed that practical sessions are not taking place therefore? remaining without IPC training element.	



						Further discussions remain ongoing and issue escalated to DIPC.	
6.	Education	Develop and implement IPC Link practitioner training programme	4	3	Link Practitioners recruited and in place having received training from IPC	Link practitioner Role 'job description' completed Introduction to role pack completed Training programme of content partially completed Nil recruitment has occurred to date however discussion ongoing in IPC workstream group as to how to action this	
7.	Education	Develop and implement IPC training programme for non clinical staff	1	0	Non clinical staff are given IPC training meeting their needs outside of clinical practice	Currently on hold whilst clinical element is developed.  IPC included in 'A Good Start' workstream for development of induction to include clinical and non-clinical elements of IPC for new starters to the organisation	
8.	Leadership and Management	Expand IPC team to ensure IPC programme delivery	1	0	Requirement for further IPC practitioners, auditors and administration support to enable delivery of the IPC programme		<b>Outstanding:</b> Audit items BDO 1c) Adequate resourcing into IPC team to allow delivery of an effective IPC work programme
	Totals		28	18			

## APPENDIX 6 - IPC Annual work programme 2023-2024

This document can be requested from SCAS.