



Executive Summary

AACE – Infection, Prevention and Control Survey of the Ambulance Workforce

Report:
National Report

Report Date:
March 2023

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Acknowledgements

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We would also like to thank all contributors, including all staff involved in the design and validation focus groups, as well as every member of staff and ambulance volunteers who took the time to complete the survey and share their views.

Thanks are also passed to the Quality Improvement, Governance & Risk Directors group (QIGARD) who instigated this learning exercise, and all members of the steering group for their advice, direction and support throughout this piece of work, including arranging for staff to attend focus groups and for helping to communicate and share information about the project throughout each trust.

Executive Summary

Aims and objectives: What we set out to achieve

Between December 2021 and March 2022, an online survey was distributed to all staff, volunteers, students and bank staff across the ambulance sector. Questions were designed specifically for the ambulance sector with input from staff, volunteers, students and trade union representatives. The survey explored factors influencing infection, prevention and control (IPC) practice across the sector, considering the impact of the COVID-19 outbreak (March 2020) on compliance with IPC guidance.

The objective was to provide an evidence base that can be used to identify which factors have a significant impact on compliance behaviour, and to explore what mattered most from the perspective of ambulance staff themselves. A series of design focus groups allowed us to identify which measures to include within the survey, while subsequent follow-up focus groups helped to identify actions that staff felt were needed to maximise learning for the ambulance sector nationally.

Background, context and research questions

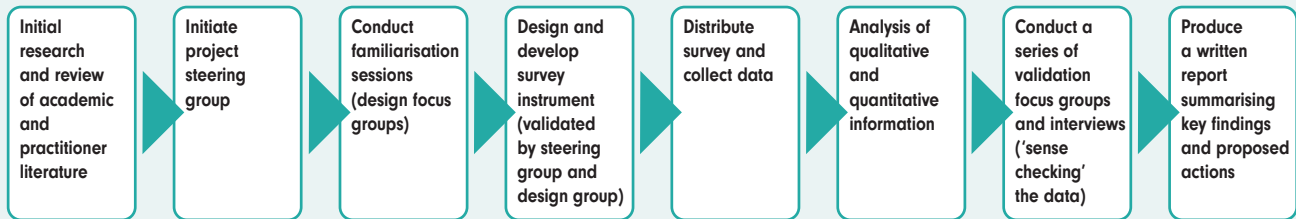
This work was conducted at a time when the importance of IPC was largely recognised by those promoting and researching this field but arguably, among staff in their day-to-day practice, particularly those in non-clinical roles, was not always given as wide acknowledgement as it might have warranted. Since the first outbreak of COVID-19, attitudes towards the importance of IPC have been brought to the forefront, particularly in a healthcare setting. As such, it could be argued that the COVID-19 pandemic has brought into play what can be referred to as a 'teachable moment' in terms of IPC practice: a good opportunity to capitalise on the learning from this event, and to consider how such learning can be maximised and applied more broadly, moving forwards.

Within this context, we completed a substantive piece of research to explore and understand more about the following questions:

- 1. What are some of the prominent perceptions, attitudes and beliefs associated with IPC practice among ambulance personnel?**
- 2. How have perspectives on IPC practice been influenced as a result of the COVID-19 pandemic?**
- 3. How do these perceptions, attitudes and beliefs impact on compliance with IPC guidance now, and intentions to comply in the future?**
- 4. What are some of the lessons that can be used to inform IPC policy and/or practice moving forwards?**

Project stages

There were a series of phases involved in this research (summarised below) which allowed us to collect a rich and substantial amount of qualitative and quantitative data.



Key findings: Factors that influence (help or hinder) compliance behaviour

Completed surveys from 3,778 individuals were analysed to help understand the evidence, inform recommendations and guide decision making to strengthen IPC practice. When facilitating factors are present (i.e. those that significantly help/encourage compliance), staff report being more likely to comply with IPC guidance now, and report higher intentions to comply in the future. The research also identified certain barriers which serve to hinder (prevent/block/decrease) compliance behaviour and intentions. In summary, compliance with IPC guidance is more likely to occur when there is/are:

- **Awareness and knowledge of IPC guidance and requirements**
- **Staff satisfaction with training around IPC**
- **Confidence in one's ability to apply IPC guidance in the work environment**
- **A realistic perception of threat from infectious diseases**
- **Good compliance behaviour being demonstrated by others (managers and colleagues)**
- **Positive prompts and reminders that encourage compliance behaviour**
- **More positive attitudes towards the benefits of compliance**
- **Less negative attitudes and fewer perceived barriers towards compliance**
- **A strong belief that the climate/culture of the organisation is focused on staff safety**
- **Higher self-efficacy** (including confidence in: a) knowledge, b) personal protective equipment (PPE), and c) the logistical reality of applying IPC guidance at work).

Personal experiences during the pandemic (e.g. testing positive for COVID-19, having to isolate from family/friends, etc.) were also considered and shown to impact on compliance behaviour.

What does this mean and what actions are recommended?

Strategies for action have been proposed, all of which have been informed by the research and staff who contributed to the feedback focus groups. The full report illuminates what staff feel can be done to ensure learning is taken forwards across the sector.

A 'blanket approach' (where the same methods are applied to all individuals, and we expect them to have a similar effect on everybody) is not advisable and we recommended a more considered and focused look at how to plan and manage the logistics of implementing practicable actions. As part of the ongoing pathway to compliance, our modelling of the data has shown that social norms, confidence and cues to action are critical factors that can influence and impact compliance among both groups. However if we really want to influence low compliers with some of these other strategies, we need to really help them see the benefits and help them to understand what is specifically required of them in their role. By emphasising the positives and making it easier for low compliers to change their mindset to one that is more receptive to receiving some of the other messages, it may become easier to then help the other factors have a beneficial impact.

If people are not complying, it's not enough to just make compliance easier for them to achieve; what matters is really promoting and endorsing the positives and benefits associated with compliance behaviour through education, communication and other targeted actions that can help address these key points.

Reflecting on key messages and learning for the future

When starting this research, there was an intense concern that the business of IPC was only for those who oversee IPC (e.g. IPC leads and other similar roles) within the ambulance trust setting. It is clear to see that IPC is everyone's business and requires a general commitment at all levels of the healthcare system including government, policy makers, leaders/managers, staff as well as from the public who engage with and use the healthcare service/system. As stated by the World Health Organisation (WHO), "IPC is unique in the field of patient safety and quality of care, as it is universally relevant to every health worker and patient, at every healthcare interaction."

When staff were asked directly about organisational learning, the general impression portrayed presented a positive picture of staff's current mindset and perception regarding the impact of the pandemic on individual and organisational learning around IPC. Overall, the data shows that while staff did not tend to think the organisation was especially well prepared at the time the pandemic hit, most felt confident that their organisation had learnt from this experience and would be more prepared in the future. They also felt that overall, personally, their own knowledge and adherence to guidance has been positively impacted by the pandemic, suggesting a positive message in relation to readiness for the future.

Conclusion and next steps

It is important to acknowledge all ambulance sector workers, both non-patient-facing and patient-facing, who continue to work tirelessly to sustain their organisational systems to deliver high quality and lifesaving care. There is a general commitment and loyalty amongst ambulance personnel to their overarching purpose that that is often unrivalled in any other industry/sector. It is important that this level of commitment is now met with open and honest dialogue resulting from this research and it is why we recommend the following as a way forward for sharing the outcomes of this research and to ensuring any learning is converted into something practical and useful.

We recommend AACE, as a membership organisation:

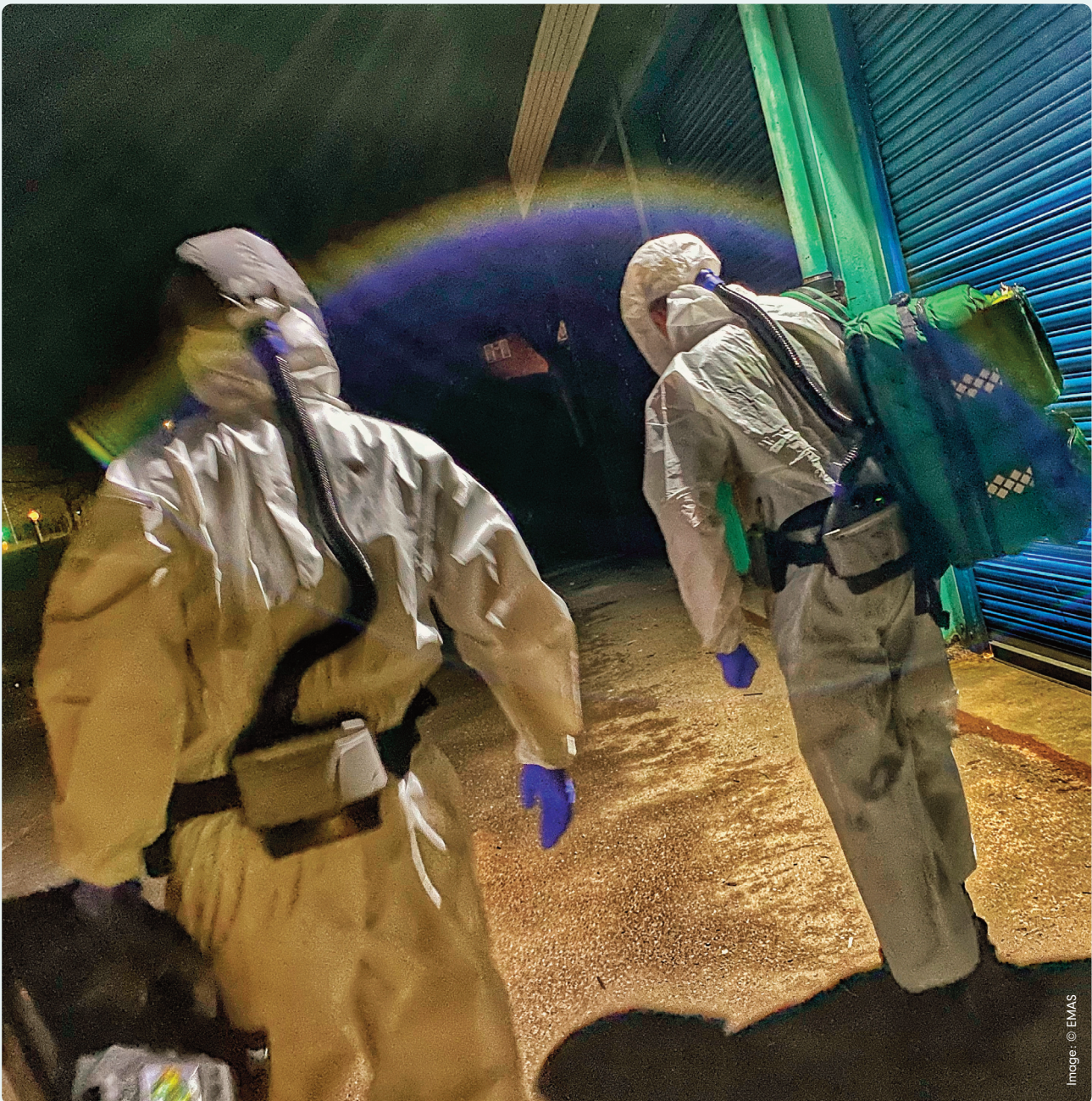
- **Works with representatives from the National Ambulance Communications Leads group (NACOM) and the Quality Improvement, Governance and Risk Directors (QIGARD) group to identify the best ways of sharing and maximising learning.**
- **Ensures the report and any learning gained is made available to all, including the sharing of all recommendations and proposed actions at national, regional and trust level, including public health organisations, Department of Health and Social Care and government, as applicable.**
- **Works with its members to support/help coordinate action planning workshops, ensuring IPC actions are prioritised and learning is continuously shared.**
- **Seeks to understand local examples of best practice at the trust level, and considers how these can be rolled out on a national basis, where appropriate.**
- **Considers steps to monitor and evaluate actions that are taken to assess progress as well as to continually inform and strengthen IPC practice at both local and sector levels.**

It is our hope that by adopting these recommendations, actions taken will lead to meaningful and sustainable results for all concerned.

We recommend that an action planning process is undertaken by those responsible for delivering these outcomes, during which proposed actions will be carefully considered, prioritised and implemented as appropriate.

It is important to recognise that IPC is a matter of importance for everyone, and more specific recommendations are provided in Appendix 1, where they are listed at the various levels: Sector, Trust, Managerial and Individual.

Within the above suggestions, consideration is given to also sharing the recommendations and actions at the national level (i.e. Government/NHS/public health bodies). Although our research is positioned within the context of the ambulance sector, it is important to note that there is a great deal of transferrable learning that applies to staff compliance more broadly across other sectors. As such, it is our recommendation that once action plans have been developed and prioritised at trust and sector levels, a summary of key outcomes should be disseminated at national level so that the transferable messages can be reflected upon by national public health bodies, and consideration be given to how these can be most usefully applied or developed across the NHS and the wider public health remit.



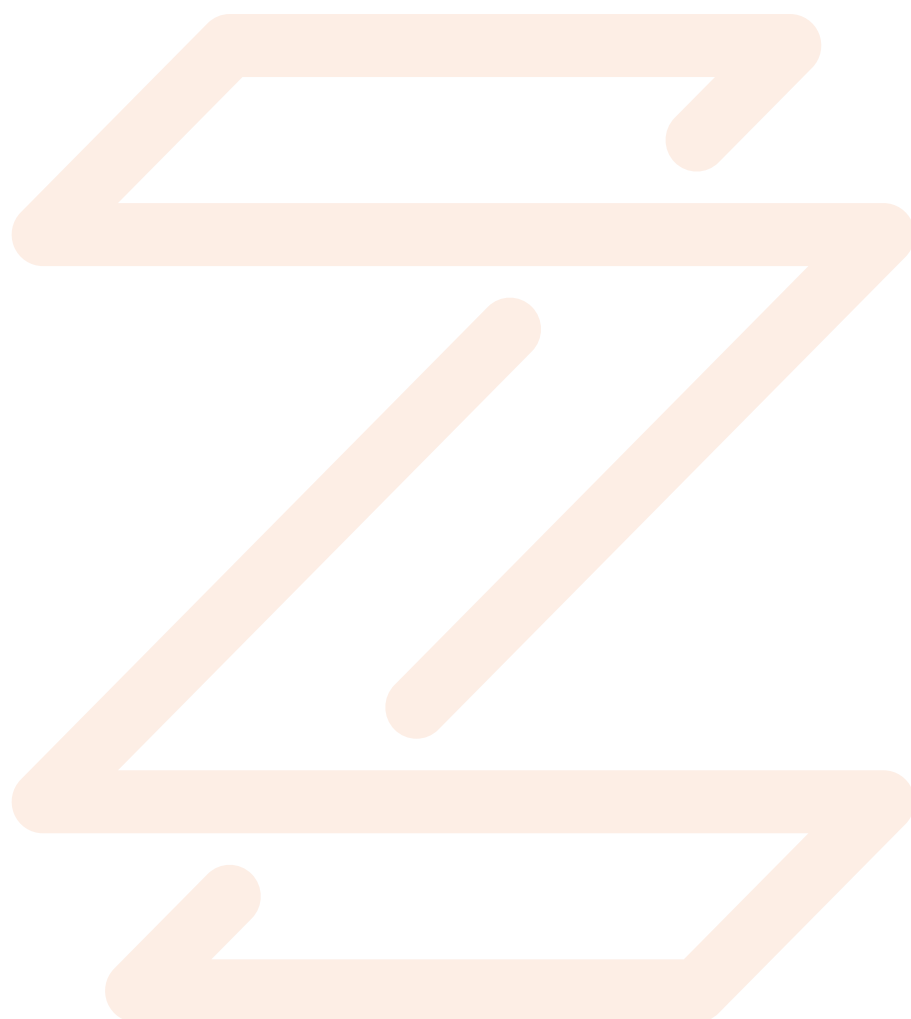
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