

Prevention and Control of Infection Bi-monthly Report for Board meeting- Nov 2009

Section 1: SGHD HAI Action Plan- RAGS Report, Internal Summary

Key:

COMPLETE – means that the action has been fully completed

GREEN – means that the action is on track and should be completed by the target date

AMBER – means there is a possibility of some slippage but the issues are being dealt with

RED – means that it is not considered feasible to meet the completion date

Action Point 2.1	All boards will empower their charge nurses to deliver against their responsibilities
Status:	Complete
Due Date:	October 2008
Comments:	Area Service Managers have responsibility for Health & Safety to include Infection Control at station level. This is supported by Divisional H&S Leads.
Action Point 2.2	Implement the recommendations in the Senior Charge Nurse Review
Status:	Not Relevant
Due Date:	December 2010
Comments:	.
Action Point 3.1	HAI SCRIBE (Healthcare Associated Infection System for Controlling Risk in the Built Environment) sections 3 &4 to be applied to all existing buildings to ensure fabric of healthcare facilities maintained to minimise risk of infection
Status:	(Not Relevant to ambulance stations but need to ensure ambulance interior is maintained to minimise the risk of infection as this is the patient care environment.) Complete
Due Date:	Aug 2008
Comments:	Infection control input is included in new ambulance evaluation. Infection Control requirements are included in ambulance specifications. Ambulances are maintained regularly and the patient care area and equipment within the saloon repaired

	<p>and/or replaced as required. Operations report additional repairs required to Divisional Fleet maintenance dept. Service cleaning schedule for stations, ambulances and patient care equipment notes that building fabric and equipment must be intact and in good conditions to ensure adequate cleaning can be achieved.</p> <p>HAI Scribe is applied to all major premises building projects.</p> <p>The Service is not intending to apply HAI Scribe to all existing estates (stations) as patients are not on the premises and no structure or resource is in place to complete this process for existing buildings.</p> <p>The service Infection Control/Health and Safety audit programme will also identify issues around the fabric of buildings and the interior of ambulances.</p>
Action Point 3.3	Planned preventative maintenance programmes reflect requirements of prevention and control of infection
Status:	Complete
Due Date:	October 2008
Comments:	<p>Estates department in conjunction with operating divisions develop a rolling programme of station upgrades and developments based upon the Service's estates strategy.</p> <p>Current planned programme of station upgrades. These upgrades will improve facilities to include changing, laundry and sluice facilities to meet requirements for prevention and control of infection.</p> <p>Ambulances are maintained regularly and the patient care area and equipment within the saloon repaired and/or replaced as required. Operations report additional repairs required to Divisional Fleet maintenance dept.</p> <p>Infection Control and Health & safety audit programme will highlight further issues that require to be addressed through a maintenance programme. H&S Representatives in each Division should highlight these issues to Senior Management.</p>
Action Point 4.1	NHS Boards to have zero tolerance to non-compliance with hand hygiene
Status:	Complete
Due Date:	January 2009
Comments:	<p>Zero Tolerance statement sent out to staff via a National Bulletin on 5th January and CE weekly update bulletin at the end of January.</p> <p>The requirement for zero tolerance has been communicated to staff in the latest hand hygiene audit</p>

	<p>report.</p> <p>Hand Hygiene Coordinator will challenge any poor practice observed during audits.</p> <p>Service National hand hygiene audit reports record compliance by Division. These are sent out to all General Managers for dissemination.</p>
Action Point 4.3	NHS Boards to report hand hygiene compliance (staff and visitors) and facilities on a hospital basis to 2 monthly Board meetings
Status:	Complete
Due Date:	January 2009
Comments:	<p>Hand hygiene compliance audits will be reported on a Divisional basis to the 2 monthly Board meetings from January.</p> <p>This will be for staff compliance only as visitors not relevant in the ambulance setting.</p>
Action Point 5.1	NHS Boards to ensure HAI budget requirements are reflected in capital, maintenance and operational programmes
Status:	Complete
Due Date:	April 2009
Comments:	<p>HAI budget requirements are requested annually and agreed funding is included as part of the Health and Safety annual budget.</p> <p>HAI requirements are being addressed through the current funded maintenance programme of station upgrades.</p> <p>HAI annual programme and plan will prioritise new HAI spending within the Service.</p> <p>Identified funding will be released by the H&S department to operational divisions upon the implementation of new processes</p>
Action Point 5.2	NHS Boards to have identified budget for urgent repairs and replacement equipment available to Charge Nurses
Status:	Complete
Due Date:	January 2009
Comments:	<p>Each Division has a limited budget that includes repairs and replacement of equipment, which is accessible by the local management team.</p> <p>Repairs costing significant amounts of money (in excess of annual budget for repairs) will require approval and release of funds at divisional and or national level.</p>

Action Point 6.1	All patients to receive information on HAI
Status:	Complete
Due Date:	November 2008
Comments:	<p>HPS HAI and C.diff patient information leaflets plus MRSA information sheet is now available on the Service public website under Infection Control. There is also a link to HPS web site.</p> <p>HPS HAI information leaflets have now been received and have been sent out to all Divisions a few copies of this will be carried in patient transport ambulances.</p> <p>HAI assurance statement notices have been distributed to Divisional Fleet Managers to be placed on the interior saloon wall of all ambulances.</p>
Action Point 6.3	All information is available in a variety of formats that facilitates public understanding
Status:	Complete
Due Date:	November 2008
Comments:	The updated external website now informs the public that information is available in different languages and formats on request.
Action Point 7.1	NHS Boards to implements requirements of CEL 30(2008): Prudent Antimicrobial Prescribing: The Scottish Action Plan For Managing Antibiotic Resistance And Reducing Antibiotic Related Clostridium difficile Associated Disease.
Status:	Not Relevant
Due Date:	August 2008
Comments:	

Action Point 8.1	Scottish Patient Safety Programme (HAI elements) are integrated with HAI agenda at NHS Board level
Status:	Complete
Due Date:	January 2009
Comments:	<p>SAS was not involved in the Scottish Patient Safety Programme (SPSP) until recently. SPSP is being launched within the Service.</p> <p>Existing HAI care bundles are not relevant to the ambulance setting and need to be adapted. IC Manager working alongside Service lead for SPSP developing a care bundle/insertion checklist for PVC insertion. The Service in communication with HPS and National SPSP Coordinator regards this.</p> <p>Progress with HAI elements of SPSP is also reported to Service Infection Control Committee meetings, Risk Management and Patient Safety meetings.</p> <p>National Hand hygiene agenda is included in IC annual Programme. The programme also includes other work to ensure patient safety for example- move to single-use medical devices where there is difficulty achieving appropriate decontamination and implementation of cleaning standards for environment and equipment cleaning.</p>
Action Point 8.2	Progress on implementation of Scottish Patient Safety Programme (HAI elements) to be included in HAI reports to 2 monthly Board Safety Patient care bundles associated with HAI
Status:	Complete
Due Date:	January 2009
Comments:	<p>Progress with implementation included in HAI reports to 2 monthly Board meetings from January 09.</p> <p>Progress with this is also reported to Service Infection Control Committee meetings, Risk Management and Patient Safety meetings.</p> <p>SAS were not included in SPSP until recently. The existing Care bundles require to be adapted for the ambulance setting.</p>
Action Point 9.3.1	NHS Boards infection control policies include primary and community care
Status:	Not Relevant
Due Date:	December 2008
Comments:	

Action Point 10.1	Structure and resources to provide effective infection control service across NHS Board area (hospital and community) assessed and agreed by NHS Boards, including: <ul style="list-style-type: none"> • Human resources • Equipment • Budget
Status:	Complete
Due Date:	October 2008
Comments:	Funding has been secured to support implementation of NCSS and monitoring across the Service. Job descriptions have been banded and monitoring and administrative posts will be advertised shortly. Following recruitment of staff there will be a period of induction, training and then implementation. 3 x NCSS auditors took up post on 2nd November
Action Point 11.2	NHS Boards policy/guidance on completing death certificates reviewed to include documenting death associated with HAI
Status:	Not Relevant
Due Date:	December 2008
Comments:	
Action Point 12.2	NHS Boards local surveillance to include setting of control limits and trajectories for reduction of rates / incidence of HAI
Status:	Not Relevant
Due Date:	December 2008
Comments:	
Action Point 13.1	NHS Boards Risk Register details HAI risks
Status:	Complete
Due Date:	September 2008
Comments:	The Service Risk Register includes all very high HAI risks. These are reviewed at Board Meetings. The Risk Management Steering Group reviews all very high risks quarterly. The Infection Control (HAI) risk log is reviewed and updated quarterly at ICC meetings.
Action Point 13.2	HAI incidents and issues recorded on NHS Boards Risk Register reporting systems and reported to 2 monthly Board meetings
Status:	Complete
Due Date:	January 2009
Comments:	Relevant HAI incidents will be reported to Board meetings from Jan 09. HAI incidents and issues are reported on Datix. These are

	reviewed by the IC Team and followed up as necessary. Incidents or issues of concern are discussed at National Health and Safety and ICC meetings
Action Point 15.1	NHS Boards to self assess current compliance with QIS HAI Standards (March 2008)
Status:	Complete
Due Date:	December 2008
Comments:	A self assessment of current compliance was completed during January. QIS are to produce a web based self assessment tool.
Action Point 16.1	All healthcare workers receive appropriate level of HAI education and training in line with position, including antimicrobial prescribing and resistance
Status:	Complete
Due Date:	April 2009
Comments:	Paramedic Clinical advisors working in the Emergency Dispatch Centres (EMDC) completed IC training delivered by the IC Team in April 09. IC team have developed learning materials on the risk of HAI associated with invasive procedures. This is now included in Paramedic course content. Technicians course includes a HAI training session and since April 09 the Cleanliness Champions Programme. ACAs basic training includes Infection Control and Hand hygiene. An induction programme for all staff (clinical & non-clinical) has been implemented this includes infection control and hand hygiene. This action is now complete.
Action Point 16.2	Infection Control staff undertake appropriate level of education and training
Status:	Complete
Due Date:	April 2009
Comments:	Infection Control staff attend relevant educational sessions as part of professional development. ICM and IC Advisor both have an infection control qualification.
Action Point 19.2	Cleaning matrix and schedule including discipline responsible for cleaning is available in all healthcare settings
Status:	Complete
Due Date:	September 2008
Comments:	Standard cleaning schedule/matrix for stations and vehicles based on NCSS has been developed and is now in place.

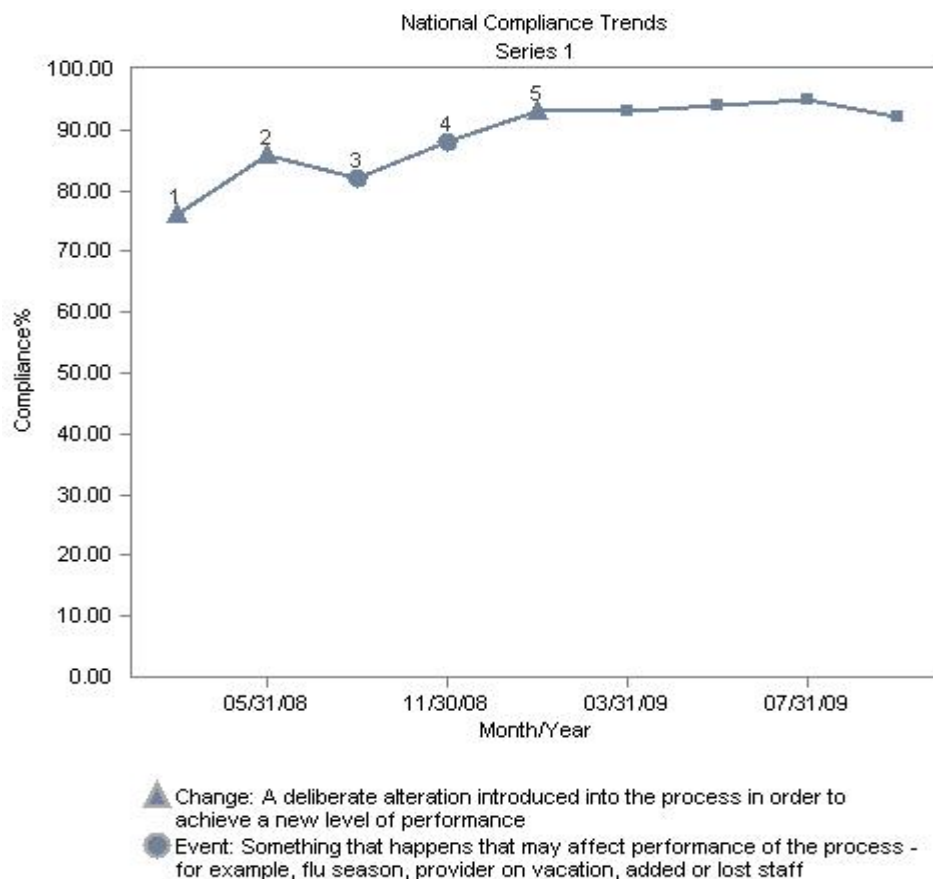
	<p>This also includes a cleaning matrix for re-usable patient equipment and devices.</p> <p>This document was added to policies and procedures in January. All stations were informed via a National Bulletin.</p>
Action Point 21.1	All staff to have HAI objective in annual professional development plans
Status:	Complete
Due Date:	April 2009
Comments:	<p>PDPs that include an HAI objective are being developed as part of KSF. This process is well underway for all Operational staff and will be completed in April with the exception of staff on long term sick leave.</p> <p>Divisional General Managers have HAI/Infection Control as one of their key objectives</p>

Section 2: HAI Reporting Template- Part 1

1 Hand Hygiene (HH) programme

The latest National hand hygiene audits completed in September 2009 showed a slight reduction in hand hygiene compliance down from 95% in July to 92%. Although this a change in trend from the last 3 national audits where compliance has shown a steady improvement, it is still a good result and in line with the results being achieved nationally across all Health Boards. However there is still room for improvement and we continue to work towards zero tolerance.

The graphical presentation below shows the trend in the Service hand hygiene compliance rates over all the national audit periods. The first two baseline audits have now been removed and trends are shown since the introduction of staff training, the introduction of personal alcohol hand rub dispensers and zero tolerance to non-compliance was introduced.



- 1 awareness training had been introduced
- 2 Personal ABHR had been issued
- 3 not all staff carrying personal Alcohol Based Hand Rub (ABHR) dispensers
- 4 All staff still not carrying ABHR
- 5 Zero tolerance announced

The September National audit covered 2 Divisions. North Division (East & West) and East Central Division. The individual compliance scores for each Division was:

North Division (East) – 94%

North Division (West) – 90%

East Central Division - 94%

Within each Division the following stations were audited:

North Div. East- Aberdeen and Elgin

North Div. West- Inverness

East Central Div . Forfar, St. Andrews, Cowdenbeath, Dundee, Stirling and Leven.

It should be noted that 4 of the stations in East Central Division had never been included in the hand hygiene audits before and despite this showed good awareness and practice against WHO recommended 5 moments for Hand hygiene and with hand hygiene technique.

The overall compliance score for **hand hygiene technique** during this audit was 91%

1.1 Current/new initiatives in promoting Hand Hygiene

- The Hand Hygiene Coordinator continues to complete local audits in between the National audit programme. These audits also include PTS staff who are not included in the National audit programme. These local audits are conducted in Hospital out-patient/A&E Depts. across the country. These audits support the HAI requirements of the Scottish Patient Safety programme and the recommendations within CEL 5 (2009) around zero tolerance. Local audits were completed during October in West Central and South East Division. These audits only include ambulance staff. **(see local hand hygiene audit results in appendix 2)** Compliance and technique scored well in these local audits but identified some staff wearing jewellery that does not conform with uniform policy. These issues are drawn to the attention of local management to ensure action is taken.

1.2 Specific issues:

- The Service need to comply with public involvement in Hand hygiene monitoring. Consideration needs to be given as to how we achieve this perhaps through collaborative working with territorial Health boards.

2 Cleaning Services Specification Compliance

2.1 National Monitoring

- The monitoring results from stations in Lothian and GG&C are submitted monthly to HFS and are published in the quarterly national reports. **(see results documented in part 2 - HAI reporting template)** In the majority of stations the required target of > 90% is being achieved month on month. The few areas that have had amber results on occasion of >85% are being followed up and any issues addressed by the appropriate domestic services dept.
- Health Facilities Scotland (HFS) requires full implementation of monitoring against the National Cleaning Services Specification (NCSS) across the Service as soon as possible. The Service aim to have this in place during this financial year. 3 regional NCSS auditors have now been appointed to take this forward.

- **National Cleaning Specifications - Independent Audit 2009**

This independent audit is being commissioned by Health Facilities Scotland (HFS) Trident Consulting will conduct the audit. A similar audit was conducted across territorial health boards last year, this year SAS will be included. **The audit window for the Service is between 0900am November 17th and 5pm on 23rd Nov.**

The audit is to check that the principles of the National Cleaning Services Specification (NCSS) are being met. This includes national monitoring with peer and public review.

HFS are aware that we are still rolling this out across the Service at present.

On the chosen day or days of audit the Service nominated contact (Tony Wigram) will be telephoned and informed of the location or locations of the audit and expected time on site.

No prior information will be given regarding the site/sites to be audited. On the day of the audit the auditor will arrive and ask for the nominated officer (ASM) for the site. Documentation will be checked to include:

A Cleaning schedule for each area.

Hours spent on cleaning training over 6 months

WTE cleaning employed

An audit will be conducted.

A summary of the findings will be provided on the day of the audit. The Board will have the opportunity to comment on the written report of the findings.

Significant HAI incidents / outbreaks

- The Infection Control Team is represented on the Service Pandemic Flu Planning Group.
- No outbreaks of infection or significant HAI incidents to report. Data is received from HPS on the current activity with Norovirus in other Health boards.
- Datix incident reports are reviewed weekly by IC Team for specific Infection Control/HAI incidents and followed up as necessary.

3 Progress on compliance with national HAI programme

3.1 RAG status on HAI Action Plan. (see summary report on front page)

19 of the 24 actions within the HAI action plan are relevant to the Ambulance Service. As indicated in the table below we have completed on all 19. SGHD HAI Action Plan current status at November 09.

	Actions
PURPLE (complete)	19
GREEN (on track to complete by the deadline)	0
AMBER (substantially complete but either awaiting national materials or with some possibility of slippage beyond the deadline)	0
RED (unable to complete by the deadline)	0

3.2 Compliance with HAI Task Force Delivery Plan .

NHS QIS HAI Standards (March 2008)

The initial self assessment which is the 1st phase of the Healthcare Environment Inspectorate was completed and submitted on 19th June. This requires to be updated on a regular basis. The service are not included in the first round of announced inspections this year.

Scottish Patient Safety Program (SPSP) (HAI elements)

- Work continues with the promotion of improved hand hygiene compliance as noted above.
- Work is also ongoing to roll out NCSS and Monitoring across the Service as noted above.
- Implementation of Care Bundles- The epacer system now includes a section that records whether the Peripheral Vascular Cannula (PVC) insertion checklist/Care bundle has been applied. The checklist/care

bundle is included on the Paramedic training course and this years annual Post Proficiency Training.

HAI Education:

- The Infection Control Team in collaboration with Jim Whyte, e-learning Manager have reviewed and updated the HAI e-learning module available on the learning zone of Samson. The updated version is now available.

Infection Control Policies:

- 3 further new/updated Infection Control policies have now been finalised and uploaded onto Samson. Work continues to update the remainder of the existing Infection Control Policies. Draft copies of these will go to the ICC in November for approval.

Part 2: HAI Reporting Template– Core Data

HAI REPORTING TEMPLATE							
PART 1: Core data							
BOARD: NHS Scottish Ambulance Service							
Report for: November 2009							
	Board total	Divisions					
	BOARD TOTAL	South East Div.	South West Div.	East Central Div.	West Central Div.	West	East North Division
Hand hygiene programme							
Compliance score- Sept 09	92%			92%		90%	94%
No of observations -Sept 09	300			180		40	80
National audits only include A&E staff. The audit tool has been adapted for use locally with both A&E and PTS staff. Results of local audits for April are indicated below.							
Local hand hygiene audit scores per Division for October 09 N.B. These audit scores are an overall total for compliance, technique, and compliance with dress code (jewellery etc)							
		90%			87%	-	
Cleaning Specification Compliance -							
July-Sept 09	94%	92%	96%		95%		
Number of audits July . Sept 09	48	18	9		21		
Compliance rate previous quarter- April- June 09	95%	94%	96%		94%		
Number of audits previous quarter- April- June 09	43	18	9		16		
The figures above do not include the October monitoring data							
National Cleaning Services Specification (NCSS) and Monitoring Framework is being implemented across the Service. To date stations within Lothian & GG&C boundaries have implemented the national monitoring. Monitoring data is submitted to HFS for publication in Quarterly compliance reports.							