

Prevention and Control of Infection Monthly Report

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

	<p>area and equipment within the saloon repaired and/or replaced as required. Operations report additional repairs required to Divisional Fleet maintenance dept.</p> <p>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. 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:	Zero Tolerance statement sent out to staff via a National

	<p>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 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:	Green
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</p>

	annual budget for repairs) will require approval and release of funds at divisional and or national level.
Action Point 6.1	All patients to receive information on HAI
Status:	Red
Due Date:	November 2008
Comments:	HAI assurance statement for ambulances agreed. Waiting to approve proofs for printing. This will be positioned on the interior wall of all ambulances and will include an address, telephone number and the external website address for further information. HPS HAI information leaflets are now available. This leaflet C. diff patient information leaflet and information on MRSA with a link to HPS website will be provided on the Service Public website. We will endeavour to complete on this by March 09.
Action Point 6.3	All information is available in a variety of formats that facilitates public understanding
Status:	Red
Due Date:	November 2008
Comments:	This will be addressed as part of the process in point 6.1 above
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:	Red
Due Date:	October 2008
Comments:	Additional staff resources have been requested but not yet identified to support full implementation of NCSS and Monitoring Framework. This includes staff to deliver training and monitoring and the administration of this. Further administrative support has also been requested to support the IC Manager.
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 high and very high HAI risks. These are reviewed at Board Meetings. The Risk Management Steering Group review all very high risks quarterly. The Infection Control (HAI) risk log is reviewed and updated quarterly at ICC meetings.

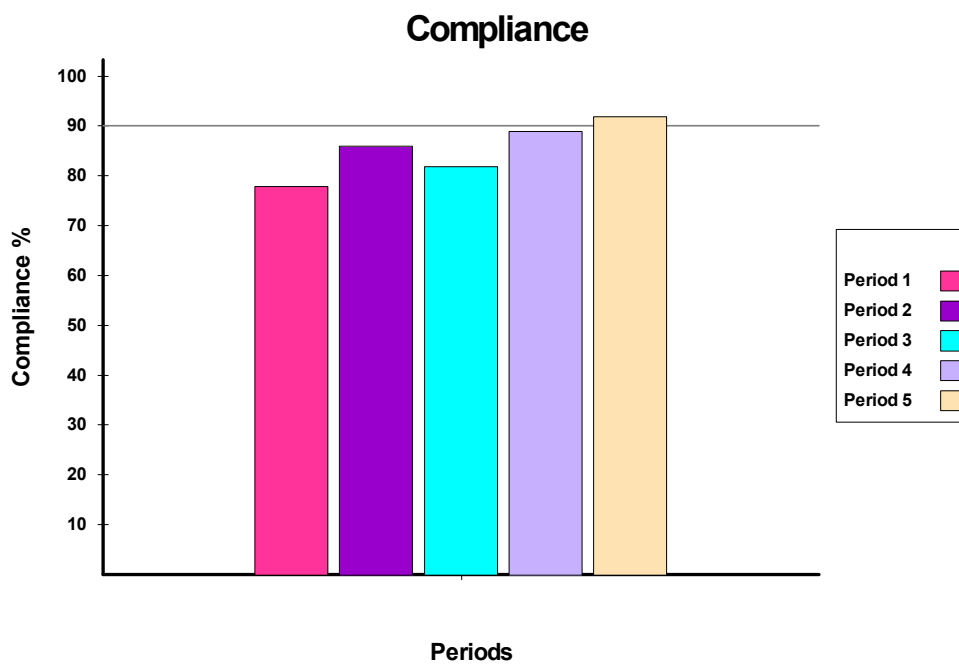
Action Point 13.2	HAI incidents and issues recorded on NHS Boards Risk Register reporting systems and reported to 2 monthly Board meetings
Status:	Complete
Due Date:	January 2009
Comments:	Relevant HAI incidents will be reported to Board meetings from Jan 09. HAI incidents and issues are reported on 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 still to produce a 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:	Amber
Due Date:	April 2009
Comments:	An e-learning hand hygiene module is to be developed. Staff working in the Emergency Dispatch Centres (EMDC) also require IC training. Will aim to have this in place by April/May 2009. Need to confirm with training college that Paramedic course covers IC in relation to invasive procedures. Aim to complete on this April/May 2009
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. This also includes a cleaning matrix for re-usable patient equipment and devices. This document was added to policies and procedures in January. All stations were informed via a National Bulletin.
Action Point 21.1	All staff to have HAI objective in annual professional development plans
Status:	Green
Due Date:	April 2009
Comments:	PDPs that include an HAI objective will be developed as part of KSF

Section 2: HAI Reporting Template- Part 1

1 Hand Hygiene (HH) programme

1.1 The latest National hand hygiene audits completed in January 2009 showed a compliance rate of 93%. This demonstrates a further improvement in hand hygiene compliance. The graphical presentation below shows hand hygiene compliance over the last five audit periods.



Period 1 Feb 2008

Period 2 May 2008

Period 3 Aug 2008

Period 4 Nov 2008

Period 5 Jan. 2009

It should also be noted that during the January audit 2 Divisions East Central and South West and scored 100% and 98% for compliance.

1.2 Current/new initiatives in promoting HH

- The Hand Hygiene Coordinator has completed some local hand hygiene audits by going to Hospital out-patient Depts across the country and observing Patient transport Staff as they drop-off or uplift patients. In some situations it is very difficult to audit hand hygiene compliance against the 5 key moments for hand hygiene during healthcare as a significant amount of the patient contact these staff have is social contact.
- All Health Boards are required to have a Zero Tolerance to non Hand Hygiene Compliance as noted in CEL 5(2009) This CEL also requires that over and above the National hand hygiene audits local hand hygiene audits are completed at least monthly. It also notes that appropriate training must be in place for new and existing staff and that staff consistently apply hand hygiene policies and guidance. It further states that Managers supported by the Infection Control Team require to lead on implementation of policies and procedures.
- A National bulletin and Chief Executives weekly update bulletin were sent out in January to inform staff about zero tolerance to non-compliance with hand hygiene. Hand hygiene reports and newsletters also contain information regarding zero tolerance.
- SAS hand hygiene compliance results from 2 monthly National audits will be included in future NHS Scotland National hand hygiene reports.
- The Hand Hygiene Coordinator has produced and distributed a hand hygiene audit report following the January audits.
- The Hand Hygiene Coordinator produced a staff hand hygiene newsletter in February with update information for staff.
- A5 posters with the 5 key moments for hand hygiene have been distributed to be placed within all ambulances.
- The next National hand hygiene audits are due to start on 9th March 09.
- Further hand hygiene posters are to be distributed to Divisions from SGHD soon. There will be A3 posters for the stations and an A5 poster for ambulances.

1.3 Specific problems identified

- The latest National audit again highlighted that in some areas staff are still not carrying personal alcohol hand rub and this affects the audit results in these areas.
- It is a further challenge to the Service to meet the frequency of local hand hygiene compliance audits recommended in the zero tolerance CEL.

2 Cleaning Services Specification Compliance

2.1 The Service has implemented NHS Scotland National Cleaning Services Specification (NCSS) and Monitoring Framework in the stations within Lothian. All 6 Lothian stations have now implemented NCSS and monitoring data is now being collected and submitted to HFS. The 10 stations within GG&C health Board boundary implemented NCSS on 23rd Feb. and it is hoped that monitoring will be in place once the cleaning schedule is fully established, possibly from April 09

2.2 The Service is working in collaboration with NHS Lothian and GG&C Domestic Services to complete the necessary Service Level Agreements.

2.3 National Monitoring

- Health Facilities Scotland (HFS) require full implementation of monitoring against the NCSS across the Service during 2009.
- The first Service monitoring data was published in HFS quarterly report for February.

2.4 Current/new initiatives in improving cleaning

- A Cleaning Schedule for stations, vehicles and reusable patient equipment /medical devices based on the NCSS Is now available within the Health and Safety policies on Samson. This is a clearly documented guide on the standard of cleaning required that all ambulance staff and contracted cleaners should refer to.

2.5 Specific problems identified

- The Challenge to the Service remains the further roll-out of NCSS and Monitoring across Scotland. There is a training requirement to ensure staff can meet the standard and also a need to review the current service provided by cleaning contractors.
- There is a further challenge in respect to the resource required to complete the monitoring. It has been identified that additional staffing resource will be required. A request has been submitted to SGHD for some funding to support this.

3 Significant HAI incidents / outbreaks.

3.1

- 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.

- In February 4 ambulance crew in South West Division were exposed to Norwegian Scabies and required prophylactic treatment. Public health contacted the Division when they were made aware of the diagnosis and recommended the staff that had contact with the patient be treated.
- Datix incident reports are reviewed weekly by IC Team for specific IC/HAI incidents and followed up as necessary.

4 Progress on compliance with national HAI programme

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

18 of the 24 actions within the HAI action plan are relevant to the Ambulance Service. Current status against these actions is recorded in the table below. The table also gives a description of the RAG status requirement.

- SGHD HAI Action Plan current status at Jan 09.

	Actions
PURPLE (complete)	13
GREEN (on track to complete by the deadline)	2
AMBER (substantially complete but either awaiting national materials or with some possibility of slippage beyond the deadline)	1
RED (unable to complete by the deadline)	3

- The 3 actions in the red status are:

Action 6.1 and 6.3 'All patients to receive information on HAI and this is available in a format that facilitates public understanding'

Whilst it has been identified as not practical for ambulances to carry information leaflets to be given to all patients when they will either have already received these leaflets or will receive them in the other healthcare settings; following a meeting with SGHD HAI representatives it has been agreed to have a few HAI leaflets available as required on PTS ambulances. The further plan is to proceed with an HAI assurance statement that will go on the saloon wall of all ambulances. This will also inform the public who they should contact for further information on HAI. Health Protection Scotland's (HPS) HAI information leaflet is now available this leaflet plus an information leaflet on C. diff and MRSA will be added to the Public website along with the link to HPS website.

Action 10.1 'Structure and resources to provide effective IC Service across NHS Board area assessed and agreed by NHS Boards including: human resources, equipment and budget'

The Service is currently reviewing the Management structure for HAI. The implementation and roll out of NCSS and monitoring will require the provision of additional resource for training, auditing and administration. Additional administration resource is also required to support the Infection Control Manager. Resources have been requested but not yet identified.

4.2 Compliance with HAI Task Force Delivery Plan .

NHS QIS HAI Standards (March 2008):

- An initial self assessment has been completed. An action plan is being developed to achieve compliance against the standards.
- QIS are to produce a web based self assessment tool. This will be completed and submitted by Boards along with the necessary supporting evidence. The results of this will be analysed by QIS and Boards informed of the areas HAI inspection will focus on. Validation of the self assessment will be carried out at 3 levels:
 - Executive team on accountability and Governance
 - Middle Management on Communications and delivery
 - Front line staff in their work place on their understanding and practice of infection control, including cleanliness

Inspection teams will include relevant experts and lay representatives.

Reports will be straight forward and widely available. Boards will require to provide a follow-up plan setting out key improvement priorities. Where necessary they may involve the HSE and/or escalate concerns to SGHD Performance Management team.

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. However this is being held up due to the need for extra resource to support further implementation.
- Implementation of Care Bundles- the IC Manager and Service lead for SPSP are working together on this. Initially looking at a care bundle/checklist for the insertion of peripheral vascular cannula. This is in line with the work in other Health boards to address the requirement to reduce Staphylococcus aureus bacteraemias (SABs).

The PVC maintenance care bundle developed by HPS used in other Health boards is not appropriate and has been adapted to cover cannula insertion in the ambulance setting. A first draft has gone to HPS for comment.

To start the implementation of the insertion care bundle/checklist a National Bulletin has gone out to inform staff of immediate changes to practice. This includes a change of skin preparation swab, a change of I/V dressing that includes the date and time of insertion and a change to single-use tourniquets.

Full implementation will require inclusion of the insertion care bundle/checklist in paramedic training/updates.

HAI Education:

- **Cleanliness Champions-** It is planned to incorporate this National Infection Control training programme into the Technicians training from April 09. Support has been provided by NHS Education Scotland (NES) to adapt the learning schedule around the Technician course. Students will start the programme in college and complete it in full by the end of their first 3 months probationary period.
- It is also hoped that in the future all team leaders will complete this training programme.
- Infection control and hand hygiene will be included in the course content for the staff induction programme.
- Further teaching material is being developed for the Paramedic course. This will ensure that staff are made aware of the increased risk of HAI during invasive procedures to include cannula insertion, intubation and wound care.

Susan Wilson

Infection Control Manager

03/03/09

Part 2 : HAI Reporting Template- Part 1 – Core Data

HAI REPORTING TEMPLATE						
PART 1: Core data						
BOARD: NHS Scottish Ambulance Service						
Report for: March 2009						
NB data are provisional and may change						
Issue	Board total	Divisions				
	BOARD TOTAL	South East Div.	South West Div.	East Central Div.	West Central Div.	North Division
Hand hygiene programme						
Compliance score Jan 09	93%	93%	98%	100%	93%	88%
No of observations Jan 09	240	40	40	20	60	80
N.B. North Division East scored 83% and North Division West scored 93% National audits only include A&E staff. The audit tool has been adapted for use locally with the PTS staff. Results of local audits with PTS are indicated below.						
Cleaning specification compliance						
Compliance rate Oct-Dec 08		95%				
Number of audits Oct-Dec 08		3				
Compliance rate previous quarter	94.8%	96%	92%			
Number of audits previous quarter	10	7	3			
National Cleaning Services Specification (NCSS) and Monitoring Framework is being implemented across the Service. To date stations within Lothian have implemented NCSS and monitoring. Stations within GG&C Health Board boundary implemented NCSS at the end of Feb. Monitoring in these stations will begin once the cleaning service is fully established. Monitoring data is submitted to HFS for publication in Quarterly monitoring compliance reports.						