

Prevention and Control of Infection Monthly Report for Board meeting- May 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.

	<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>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 Services 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:	<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 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:	Each Division has a limited budget that includes repairs and replacement of equipment, which is accessible by the local management team.

	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.
Action Point 6.1	All patients to receive information on HAI
Status:	Red
Due Date:	November 2008
Comments:	HAI assurance statement for ambulances still awaited expected this week from printers. This will be positioned on the interior wall of all ambulances by Fleet Dept. Divisional workshops. It will include an address, telephone number and the external website address for further information. HPS HAI information leaflets and hand hygiene leaflets are now available on the Service public website. The updated website also includes a link to HPS website. Aim to have assurance statement in ambulances by the end of May. HPS still to supply HAI information leaflets to go into PTS ambulances.
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 website informs the public that different formats are available for all information 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:	Red
Due Date:	October 2008
Comments:	A request for additional Funds to support full implementation of NCSS and Monitoring Framework has been submitted to SGHD but not yet agreed. This funding is to increase staff resource to include 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 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.

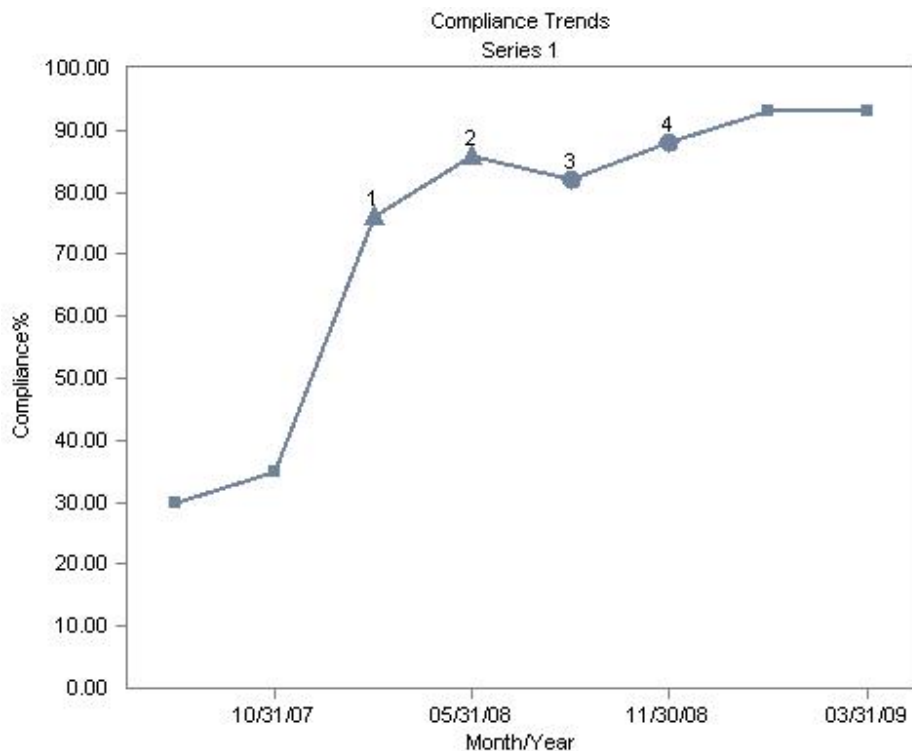
Action Point 13.2	HAI incidents and issues recorded on NHS Boards Risk Register reporting systems and reported to 2 monthly Board meetings
Status:	Complete
Due Date:	January 2009
Comments:	Relevant HAI incidents will be reported to Board meetings from Jan 09. HAI incidents and issues are reported on 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:	Amber
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. 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 Cleanliness Champions Programme from April 09. Staff induction programme being developed this will include infection control and hand hygiene. 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:	Complete
Due Date:	April 2009
Comments:	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. Divisional General Managers have HAI/Infection Control as one of their key objectives

Section 2: HAI Reporting Template- Part 1

1 Hand Hygiene (HH) programme

1.1 The latest National hand hygiene audits completed in March 2009 show a consistent standard of hand hygiene compliance at 93%. This demonstrates staff are maintaining good practice. The graphical presentation below shows hand hygiene compliance over the last eight National audit periods.



- ▲ Change: A deliberate alteration introduced into the process in order to achieve a new level of performance
- Event: Something that happens that may affect performance of the process - for example, flu season, provider on vacation, added or lost staff

Annotations

- 1 Awareness training had been introduced
- 2 Personal Alcohol Hand Rub had been issued
- 3 Not all staff carrying Personal Alcohol Hand Rub

4 A few staff still not carrying Personal Alcohol Hand Rub

Data

Series: Series 1

Month/Year Compliance%

May 2007	30
Oct 2007	35
Feb 2008	76
May 2008	86
Aug 2008	82
Nov 2008	88
Jan 2009	93
Mar 2009	93

In order to meet the increased national audit requirement of 15 audits. The March audit only included 3 Divisions. Hand hygiene compliance for each Division was:

South East Div. - 96%

West Central Div- 89%

South west Div- 93%

1.2 Current/new initiatives in promoting HH

- As part of the ongoing National Hand Hygiene Campaign Health Boards have been supplied with a number of hand hygiene UV light boxes for demonstrating/practising effective hand hygiene. These will be distributed evenly across the Service to Training departments and larger stations.
- The Hand Hygiene Coordinator has completed some 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. 2 audits were completed for April in Stirling Royal Infirmary and Dundee Ninewells Hospital. These audits only included ambulance staff.
- The overall aim as per the requirements within CEL 5 (2009) is to develop local hand hygiene audits. A request for funding to release staff to complete this auditing was submitted to SGHD. A response is still awaited.
- SAS hand hygiene compliance results from 2 monthly National audits will be included in future NHS Scotland National hand hygiene reports.

1.3 Specific problems identified

- It remains a challenge to the Service to meet the frequency of local hand hygiene compliance audits recommended in the zero tolerance CEL. (at least monthly)

- The National audit programme is a further challenge for the Hand Hygiene Coordinator as the requirements is now 15 audits over a 2 week period. Due to the time involved in completing each audit it is not possible to achieve this. This has been discussed with HPS.
- 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 The Service is working in collaboration with NHS Lothian and GG&C Domestic Services to finalise the Service Level Agreements for the cleaning services provided.

2.2 National Monitoring

- Health Facilities Scotland (HFS) requires full implementation of monitoring against the NCSS across the Service as soon as possible. The Service aim to have this in place during 2009. A bid for funding to support implementation of this has been submitted to SGHD. This funding is still to be confirmed. Further funding to implement NCSS across the Service has been agreed by the Board.
- The Service along with other Health boards has received extra funding to provide improved cleaning services.
- The monitoring results that are available from Lothian are being submitted to HFS and will be published in future quarterly national reports.
- Sample monitoring of the stations covered by GG&C Health board will commence over the next few weeks. Once established this monitoring data will also be submitted to HFS for publication.
- Regular review meetings of the cleaning service provided by GG&C for the Glasgow stations continue at present whilst the service is being fully established throughout. ASMs communicate directly with the Domestic Manager responsible for their station.

2.3 Current/new initiatives in improving cleaning

- The Service Cleaning Schedule for stations, vehicles and reusable patient equipment /medical devices is available within the Health and Safety policies on Samson (H&S 003a) this schedule is based on the NCSS and clearly documents the standard of cleaning required for stations, vehicles and the re-usable equipment within the vehicles. Ambulance staff and contracted cleaners should be aware of this document for local implementation.

2.4 Specific problems identified

- The Challenge to the Service remains the further roll-out of NCSS and Monitoring across Scotland. This will depend on the funding to support the appointment of monitoring staff.

Significant HAI incidents / outbreaks

- The Infection Control Team is working alongside the Risk and Resilience Dept. to address relevant issues concerning swine flu. A swine flu information sheet compiled by the Infection Control Team was distributed across the Service on 30th April. This clearly indicates the level of PPE staff should wear depending on the situation.
- 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. Since the last report one further action has progressed from red to complete. 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)	16
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)	1
RED (unable to complete by the deadline)	2

- The 2 actions in the red status are:

Action 6.1 All patients to receive information on HAI'

A supply of HAI patient information leaflets has been requested from HPS. A small number of these will be made available on PTS ambulances to be given to patients as required. These leaflets are still awaited as HPS have

had problems with distribution, it is anticipated that these should be available soon. An HAI assurance statement to go on the saloon wall of all ambulances is currently being printed. These should be available in the next week and will be placed into ambulances by the Fleet Department. Health Protection Scotland's (HPS) HAI and Clostridium difficile information leaflets and a MRSA information leaflet are now available on the Service public website. The website also includes a 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. Funding has been requested from SGHD. Confirmation of this funding is still awaited. SAS Board has agreed further funding for this.

3.2 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 full compliance against the standards.
- QIS have developed a web based self assessment tool. The Infection Control Team has received initial training in the use of this. This will be issued soon for completion by Boards. The tool allows for supporting evidence to be attached.

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. A checklist and care bundle for insertion of peripheral vascular cannula (PVC) has been developed. This is in line with the work in other Health boards to address the requirement to reduce Staphylococcus aureus bacteraemias (SABs).

To start the implementation of the PVC insertion checklist and care bundle some immediate changes to practice have been introduced to address best practice guidance. Best practice guidance and the insertion checklist are now included in Paramedic training.

HAI Education:

- **Cleanliness Champions-** This is included in Technicians training from April. Students start the programme in college and complete it in full by the end of their first 3 months probationary period. The adapted learning schedule will assist them to achieve this.
- It is planned as part of Ksf that in the future all ASMs and Team leaders will complete this training programme. This will be rolled out over a few years
- Infection control and hand hygiene will form part of the course content for the new staff induction programme that is being developed.
- The Paramedic course will now cover the increased risk of HAI during invasive procedures to include cannula insertion, intubation and wound care. The learning materials for this were developed by the Infection Control team.
- Paramedic clinical advisors in EMDC received IC training at their recent training day on 3rd April. This was delivered by the IC Team and covered Standard Infection Control precautions, hand hygiene and Transmission based precautions.

Infection Control Policies:

- 5 new policies to include: Norovirus, Clostridium difficile, Outbreak Management, Transmission based Precautions and Single-use medical devices are now available on Samson. A National Bulletin went out to inform the Service that these are available. The existing Infection Control Policies are currently being reviewed and updated.

Susan Wilson

Infection Control Manager

15/05/09

Part 2: HAI Reporting Template– Core Data

HAI REPORTING TEMPLATE						
PART 1: Core data						
BOARD: NHS Scottish Ambulance Service						
Report for: May 2009						
NB data are provisional and may change						
	Board total	Divisions				
	BOARD TOTAL	South East Div.	South West Div.	East Central Div.	West Central Div.	North Division
Hand hygiene programme						
Compliance score March 09	93%	96%	93%		89%	
No of observations March 09	300	120	80		100	
N.B. Only 3 divisions were included in the National audits on this occasion. 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- April 09	90%			90%		-
2 local audits were completed at Stirling Royal Infirmary and Nine wells Hospital-Dundee. The audits only included ambulance staff. Both audits scored 90%						
Cleaning specification compliance						
Compliance rate Jan-March 09	96.1%	96%	96.3%			
Number of audits Jan. March 09	12	9	3			
Compliance rate previous quarter	96.5%	95%	98%			
Number of audits previous quarter	8	7	1			
NB. The above results are for monitoring between Jan & March. Monitoring from April will be available in the July report.						
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.