

**Prevention and Control of Infection Bi-monthly Report for Board meeting- Sept 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:	<b>Complete</b>
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:	<b>Not Relevant</b>
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.) <b>Complete</b>
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:	<b>Complete</b>
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. Infection Control and Health &amp; safety audit programme will highlight further issues that require to be addressed through a maintenance programme. H&amp;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:	<b>Complete</b>
Due Date:	January 2009
Comments:	<p>Zero Tolerance statement sent out to staff via a National Bulletin on 5<sup>th</sup> 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.  Hand Hygiene Coordinator will challenge any poor practice observed during audits.  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:	<b>Complete</b>
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.  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:	<b>Complete</b>
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.  HAI requirements are being addressed through the current funded maintenance programme of station upgrades.  HAI annual programme and plan will prioritise new HAI spending within the Service.  Identified funding will be released by the H&amp;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:	<b>Complete</b>
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.  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:	<b>Complete</b>
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:	<b>Complete</b>
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:	<b>Not Relevant</b>
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:	<b>Complete</b>
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:	<b>Complete</b>
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 Board's infection control policies include primary and community care
Status:	<b>Not Relevant</b>
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"> <li>• Human resources</li> <li>• Equipment</li> <li>• Budget</li> </ul>
Status:	<b>Complete</b>
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.
Action Point 11.2	NHS Boards policy/guidance on completing death certificates reviewed to include documenting death associated with HAI
Status:	<b>Not Relevant</b>
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:	<b>Not Relevant</b>
Due Date:	December 2008
Comments:	
Action Point 13.1	NHS Boards Risk Register details HAI risks
Status:	<b>Complete</b>
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:	<b>Complete</b>
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:	<b>Complete</b>
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:	<b>Amber</b>
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) is being developed this will include infection control and hand hygiene. It is this part of the action that is yet to be completed. In the interim period HR dept will send out HAI induction information to all newly appointed staff.
Action Point 16.2	Infection Control staff undertake appropriate level of education and training
Status:	<b>Complete</b>
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:	<b>Complete</b>
Due Date:	September 2008
Comments:	Standard cleaning schedule/matrix for stations and vehicles

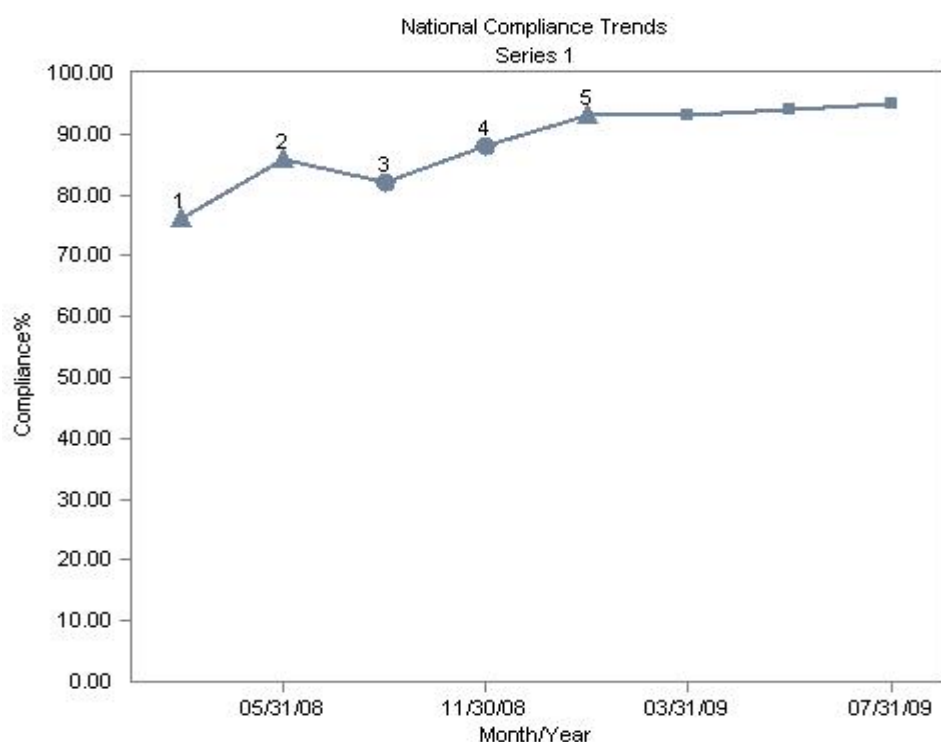
	<p>based on NCSS has been developed and is now in place. This also includes a cleaning matrix for re-usable patient equipment and devices.</p> <p>This document was added to policies and procedures in January. All stations were informed via a National Bulletin.</p>
<b>Action Point 21.1</b>	<b>All staff to have HAI objective in annual professional development plans</b>
<b>Status:</b>	<b>Complete</b>
<b>Due Date:</b>	April 2009
<b>Comments:</b>	<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 July 2009 showed a further improvement in hand hygiene compliance up again from 94% in May to 95% in July. **The results from the July audits are included for the first time in NHS Scotland National hand hygiene audit report published earlier this month.**

The graphical presentation below shows hand hygiene compliance trends over the last eight National audit periods and since personal alcohol hand rub, staff hand hygiene training and zero tolerance to non-compliance was introduced.



- ▲ 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

- 1 awareness training had been introduced
- 2 Personal ABHR had been issued
- 3 not all staff carrying ABHR
- 4 All staff still not carrying ABHR
- 5 Zero tolerance announced

In order to meet the increased national audit requirement of 15 audits, each National audit covers 3 Divisions. This is rotated each 2 months to ensure that each Division is included equally in the national audit programme. For the July audits- Hand hygiene compliance for the 3 Division was:

**South East Div. - 94%**

**South West Div. - 96%**

**West Central Div- 94%**

Within each Division the following stations were audited:

South East- Galashiels, Edinburgh, Haddington

South West- Ayr and Kilwinning

West Central- Shieldhall, Motherwell, Cumbernauld, Kirkintilloch and Springburn.

#### 1.1 Current/new initiatives in promoting Hand Hygiene

- 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 have been distributed evenly across the Service to the Training department and stations who have a cleanliness champion.
- The Hand Hygiene Coordinator now completes 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 July in South East and East Central 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 however it was observed that staff sometimes wear jewellery that does not conform with uniform policy. These issues are drawn to the attention of local management to ensure action is taken.
- The overall aim as per the requirements within CEL 5 (2009) is to increase the number of local hand hygiene audits undertaken. A request for funding to release staff to assist with this auditing was submitted to SGHD. A response is still awaited.

#### 1.2 Specific issues:

- As noted above, 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) simply because of our wide geographical spread.

- 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)**
- 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 2009. A bid for funding to support implementation of this was approved by SGHD. The recruitment process is well underway to appoint the regional monitoring posts.
- The Service along with other Health Boards also received extra funding to provide improved cleaning services. This along with further funding from within the Service has been allocated to create extra cleaning staff across all Divisions.
- Regular review meetings of the cleaning service provided by GG&C for the Glasgow stations continue at present. Area Service Managers communicate directly with the Domestic Manager responsible for their station.

### **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 18 of these with one action in amber status. The table also gives a description of the RAG status requirement.

- SGHD HAI Action Plan current status at Sept 09.

	Actions
PURPLE (complete)	18
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)	0

### 3.2 Compliance with HAI Task Force Delivery Plan .

#### **NHS QIS HAI Standards (March 2008)**

The initial self assessment which is the 1<sup>st</sup> phase of the Healthcare Environment Inspectorate was completed and submitted on 19th June. This will require to be updated on a regular basis.

#### **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 Infection Control Manager and Service lead for SPSP are working together on this. The checklist and care bundle for insertion of peripheral vascular cannula (PVC) is included on the Paramedic training course and this years annual Post Proficiency Training.

#### **HAI Education:**

- An HAI Training and Development Strategy has been compiled by the Infection Control team in conjunction with the Training Department.
- The Infection Control Team in collaboration with Jim Whyte, e-learning Manager are currently reviewing and updating the HAI e-learning module available on the learning zone of Samson.

#### **Infection Control Policies:**

- The existing Infection Control Policies that cover Standard Infection Control Precautions to include Hand Hygiene, Personal Protective Equipment etc. are currently being reviewed and updated as part of the annual Infection Control work Programme.

## Part 2: HAI Reporting Template– Core Data

HAI REPORTING TEMPLATE							
PART 1: Core data							
BOARD: NHS Scottish Ambulance Service							
Report for: April-Aug 2009							
	Board total	Divisions					
	BOARD TOTAL	South East Div.	South West Div.	East Central Div.	West Central Div.	North Division East West	
<b>Hand hygiene programme</b>							
Compliance score May 09 & July 09	94%	94%	96%	96%	94%	92%	100%
No of observations May 09 & July 09	620	80	80	140	140	100	80
<b>National audits only include A&amp;E staff. The audit tool has been adapted for use locally with both A&amp;E and PTS staff. Results of local audits for April are indicated below.</b>							
<b>Local hand hygiene audit scores per Division for April, June &amp; August 09</b>				90% 90% 95% 93%			-
local audits were completed in EC Div (Stirling Royal Infirmary and Nine wells Hospital-Dundee in April and Perth in June) SW Div- (Dumfries) was audited in June. SE Div (RIE) and EC Div (QMH) in August. These audits only included ambulance staff not hospital staff.							
<b>Cleaning Specification Compliance rate April-August 09</b>	94.4%	92.6%	96.1%		94.6%		
Number of audits April- Aug 09	65	29	12		24		
Compliance rate previous quarter-Jan . March 09	96.1%	96%	96.3%		-		
Number of audits previous quarter- Jan-March 09	12	9	3		-		
<a href="#">The figures above do not include the August monitoring data for WC or SW Divisions</a>							
<b>National Cleaning Services Specification (NCSS) and Monitoring Framework is being implemented across the Service. To date stations within Lothian &amp; GG&amp;C boundaries have implemented the national monitoring. Monitoring data is submitted to HFS for publication in Quarterly compliance reports.</b>							