

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

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| 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. |
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| Action Point 2.2 | Implement the recommendations in the Senior Charge Nurse Review |
| Status: | Not Relevant |
| Due Date: | December 2010 |
| Comments: | . |
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| 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 |

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| | <p>specifications.</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>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 |

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| 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> |
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| 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> |
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| 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> |
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| 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 |

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| | <p>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: | |

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| 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> |
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| 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> |
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| Action Point 9.3.1 | NHS Boards infection control policies include primary and community care |
| Status: | Not Relevant |
| Due Date: | December 2008 |
| Comments: | |

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| 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. |
| 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 |

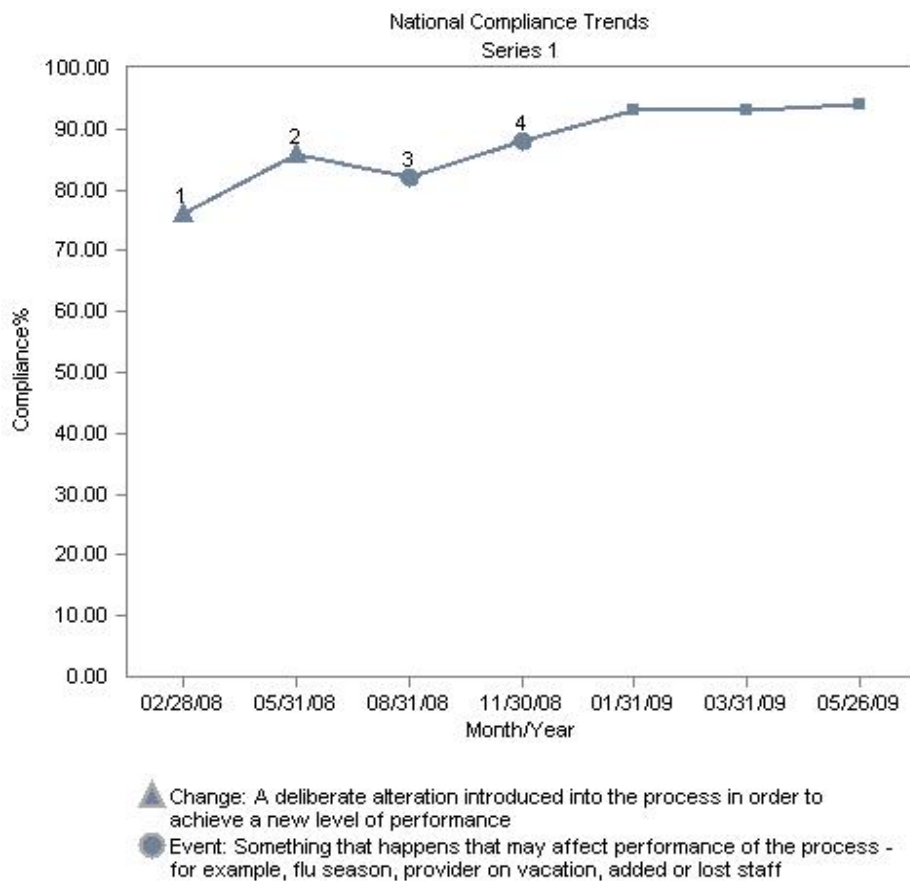
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| | Register reporting systems and reported to 2 monthly Board meetings |
| Status: | Complete |
| Due Date: | January 2009 |
| Comments: | Relevant HAI incidents will be reported to Board meetings from Jan 09. HAI incidents and issues are reported 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. It is this part of the action that is yet to be completed. In the interim period we will aim to get HR dept to send out HAI information to all newly appointed staff. complete on this July/Aug 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 |

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| | both have an infection control qualification. |
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| 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. |
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| 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 May 2009 show a consistent standard of hand hygiene compliance up slightly from 93% in March to 94% in May. This demonstrates staff are maintaining good practice. The graphical presentation below shows hand hygiene compliance trends over the last seven National audit periods and since personal alcohol hand rub and staff hand hygiene training was introduced.



Annotations

- 1 awareness training had been introduced
- 2 Personal Alcohol Based Hand Rub (ABHR) had been issued
- 3 not all staff carrying personal alcohol based hand rub (ABHR)
- 4 All staff still not carrying ABHR

Data

| Month/Year | Compliance % |
|------------|--------------|
| 2/28/2008 | 76 |
| 5/31/2008 | 86 |
| 8/31/2008 | 82 |
| 11/30/2008 | 88 |
| 1/31/2009 | 93 |
| 3/31/2009 | 93 |
| 5/31/2009 | 94 |

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

East Central Div. - 96%

North Div (West)- 100%

North Div (East)- 92%

Within each Division the following stations were audited:

East Central . Falkirk, Stirling, Dundee, Perth and Dunfermline.

North Div. West- Forth William and Inverness.

North Div. East- Elgin and Aberdeen.

1.2 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 April in Stirling Royal Infirmary and Dundee Ninewells Hospital and 2 audits for June in Perth and Dumfries. 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.
- SAS hand hygiene compliance results from 2 monthly National audits are to be included in future NHS Scotland National hand hygiene reports. To date no timescale has been given for this.

1.3 Specific problems identified

- 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 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 Health Protection Scotland.
- 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 Level Agreement has been finalised for the cleaning services provided by NHS Lothian. The service is still working with NHS Greater Glasgow & Clyde Domestic Services to finalise and sign off the Service Level Agreements for that area.

2.2 National Monitoring

- 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 has been submitted to SGHD. This funding is still to be confirmed. Further funding to implement NCSS monitoring 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 from Lothian are submitted to HFS and will be published in quarterly national reports.

- Monitoring of the stations covered by NHS GG&C started in April/May. This monitoring data will also be submitted to HFS for publication. Most stations in this area achieved 90% and above except for 2 stations where further work is required to establish the cleaning standard in full. It is anticipated that this will be resolved soon. The overall monitoring score for all Glasgow stations and the 3 South west stations within GG&C boundary was 92%. The overall monitoring compliance across the Service including Lothian and GG&C stations was 93.5% (**see part 2 - HAI reporting template**)
- 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. Area Service Managers 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 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 two further actions have 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 June 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):

- NHS QIS produced a web based self assessment tool. The initial self assessment was required to be completed by 22nd June. This was completed and submitted on 19th June.

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 Infection Control 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. The insertion checklist/care bundle is included in Paramedic training and annual PP training.

HAI Education:

- **Cleanliness Champions-** This is included in Technician training from April 09. 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 the Knowledge and Skills Framework that in the future all Team leaders will complete this training programme. This will be rolled out over approximately 3 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 the EMDC received IC training at recent training days on 3rd April and 30th June. 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.

4. Progress against SAS annual Infection control programme 2009-2010:

- 4.1 See first quarter update report in **appendix 1-attached.**

Part 2: HAI Reporting Template– Core Data

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| 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 Div-East. |
| | | | | | | North Div-West |
| Hand hygiene programme | | | | | | |
| Compliance score May 09 | 94% | | | 96% | | 92% 100% |
| No of observations May 09 | 320 | | | 140 | | 100 80 |
| 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% 95% | | - |
| local audits were completed at Stirling Royal Infirmary and Nine wells Hospital- Dundee in April and Perth & Dumfries in June. The audits only included ambulance staff. | | | | | | |
| Cleaning Specification Compliance | | | | | | |
| Compliance rate April-May09 | 93.5% | 94.7% | 95.7% | | 91.5% | |
| Number of audits April-May 09 | 24 | 8 | 6 | | 10 | |
| Compliance rate previous quarter | 96.1% | 96% | 96.3% | | | |
| Number of audits previous quarter | 12 | 9 | 3 | | | |
| National Cleaning Services Specification (NCSS) and Monitoring Framework is being implemented across the Service. To date stations within Lothian & GG&C boundaries have implemented NCSS and monitoring. Monitoring data is submitted to HFS for publication in Quarterly compliance reports. | | | | | | |

