

**Health Care Associated Infection (HAI) Bi-monthly Report to Board meeting- March 2010**

**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 Regional H&S Advisors.
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.</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:	<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.</p> <p>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. Zero tolerance is included in the updated hand hygiene policy.</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:	<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.</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:	<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.</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&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.</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:	<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 and Service lead for SPSP developed a care bundle/insertion checklist for PVC insertion.</p> <p>Progress with HAI elements of SPSP is also reported to Service Infection Control Committee meetings, Risk Management steering group 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- 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 Boards 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. <b>3 x NCSS auditors and administrator are now in post.</b>
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:	Web based self assessment completed in June.
<b>Action Point 16.1</b>	
	All healthcare workers receive appropriate level of HAI education and training in line with position, including antimicrobial prescribing and resistance
Status:	<b>Complete</b>
Due Date:	April 2009
Comments:	<p>Paramedic Clinical advisors working in the Emergency Dispatch Centres (EMDC) completed IC training delivered by the IC Team in April 09.</p> <p>IC team have developed learning materials on the risk of HAI associated with invasive procedures. This is now included in Paramedic course content.</p> <p>Technicians course includes a HAI training session and since April 09 the Cleanliness Champions Programme.</p> <p>ACAs basic training includes Infection Control and Hand hygiene.</p> <p>An induction programme for all staff (clinical &amp; non-clinical) has been implemented this includes infection control and hand hygiene. This action is now complete.</p>
<b>Action Point 16.2</b>	
	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.
<b>Action Point 19.2</b>	
	Cleaning matrix and schedule including discipline responsible for cleaning is available in all healthcare settings
Status:	<b>Complete</b>
Due Date:	September 2008
Comments:	<p>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.</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>
Status:	<b>Complete</b>
Due Date:	April 2009

Comments:

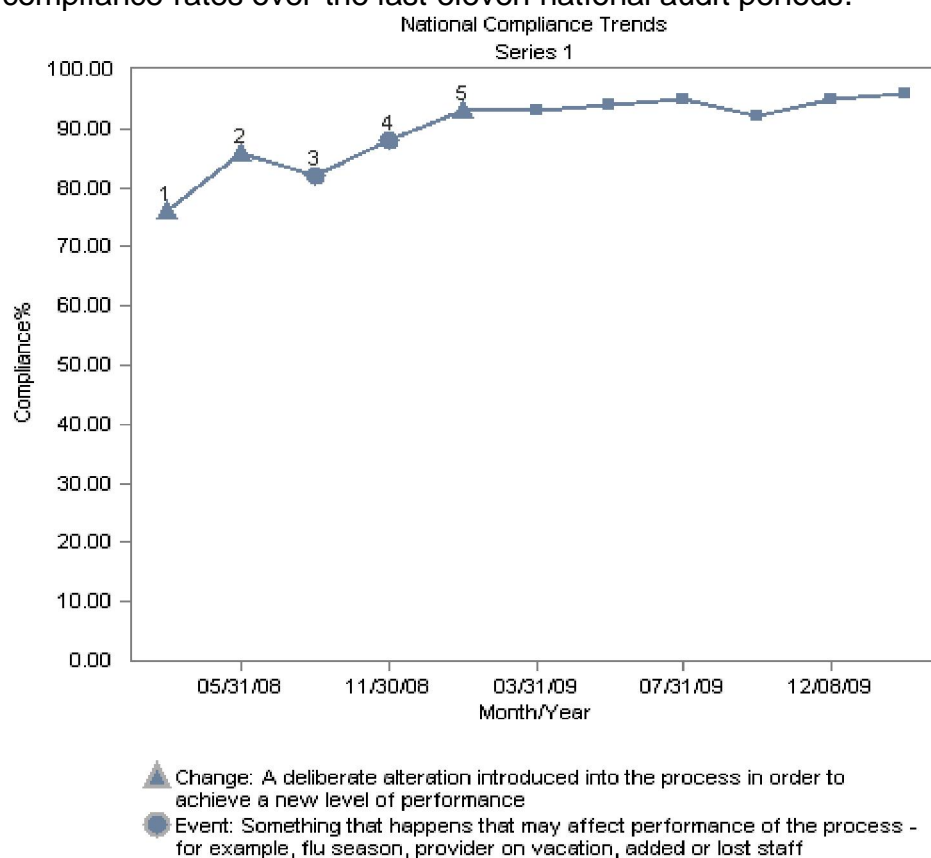
PDPs that include an HAI objective are being developed as part of KSF. This process is well underway for all Operational staff and will be completed in April with the exception of staff on long term sick leave.  
Divisional General Managers have HAI/Infection Control as one of their key objectives

## **Section 2: HAI Reporting Template- Part 1**

### **1 Hand Hygiene (HH) programme**

The thirteenth National hand hygiene audit completed between 25th January and 5<sup>th</sup> February 2010 showed a further increase in hand hygiene compliance up to 96%. This is the highest result obtained to date and compares to the current reported NHS Scotland average of 94%. This is an excellent result and demonstrates that staff awareness is high. However, there is always room for improvement and we continue to promote a zero tolerance approach to non compliance with hand hygiene.

The graphical presentation shows the trend in the Service hand hygiene compliance rates over the last eleven national audit periods.



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

This National audit covered South East, South West and East Central Divisions. The individual overall hand hygiene compliance score for each Division was as follows:

**South East Division - 97%**

**South West Division - 100%**

**East Central Division - 96%**

The following stations were audited within each Division:

**South East** . Edinburgh and Galashiels

**South West** . Dumfries

**East Central** . Dundee, Perth, Falkirk and Arbroath

As well as observing compliance with opportunities for hand hygiene the auditor observed the hand hygiene technique applied, this also scored well being performed correctly 91% of the time.

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

- The Hand Hygiene Coordinator is planning a programme of hand hygiene awareness sessions for staff over the coming months.
- The Hand Hygiene Coordinator continues to complete local hand hygiene audits in between the bi-monthly national audit programme. These are conducted in Hospital out-patient/A&E Depts. The local audits support the HAI requirements of the Scottish Patient Safety programme and the recommendations within CEL 5 (2009) concerning zero tolerance policies.

Local audits were completed during February 2010 in South East Division, Livingston station. **(Refer to results under local hand hygiene audits documented in part 2 – HAI Reporting Template)**

The local audits observe compliance with opportunities for hand hygiene, hand hygiene technique and compliance with uniform policy in relation to jewellery, nails etc.

The Hand Hygiene Coordinators in the territorial boards also observe ambulance staff as part of their hand hygiene audits. Over recent months Coordinators from 3 different boards have informed us that they have observed very good practice by ambulance service staff.

### 1.2 Specific issues:

- The Hand Hygiene Coordinator will plan to ensure public representation on local hand hygiene audits.

## 2 Cleaning Services Specification Compliance

### 2.1 National Monitoring

- The monitoring results from stations in Lothian and GG&C are submitted monthly to Health Facilities Scotland (HFS) and published in HFS quarterly national reports. **(refer to results for December 09-February 2010 documented in part 2 – HAI reporting template)**

The Service will submit NCSS monitoring data to Health Facilities Scotland (HFS) for all stations from April.

- **National Cleaning Specifications – Independent Audit 2009-2010**

A second independent audit of SAS premises was completed at Inverness station during January whilst they were occupying temporary accommodation awaiting completion of a station upgrade.

Due to the situation the auditors (tribal consulting) were unable to complete a full station audit; however the ambulances cleanliness audited well.

- **National HAI Estates Monitoring:**

From April 2010 the NCSS monitoring tool will not just identify estates issues as it does at present but will compile a score for this. The estates score will be separate from the cleaning score. For the ambulance setting the estate issues identified will include the station and the ambulance environment. Rectifications will be prioritised based on the level of HAI risk. The ambulance environment will be the highest risk but some areas in stations will also be high risk.

A further Estates HAI monitoring tool (SCART) is also being developed by HFS. Estates, Infection Control and H&S staff are to attend training on this.

### **Significant HAI incidents / outbreaks**

- 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. Reporting as complete on the 19 actions relevant to the ambulance service. **(Refer to summary report on front page)**

3.2 Compliance with HAI Task Force Delivery Plan .

The web based HEI inspectorate self assessment was completed in June 2009. This will require updating prior to inspection. The ambulance service is not included in the first round of announced inspections this year.

### **Scottish Patient Safety Program (SPSP) (HAI elements)**

- Work continues with the promotion of improved hand hygiene compliance as noted under hand hygiene programme on page 1 .

- The full implementation of NCSS and Monitoring across the Service will provide frequent data on the cleanliness of the patient care area (ambulances)
- Implementation of Care Bundles- The epacer system now includes a section that records whether the Peripheral Vascular Cannula (PVC) insertion checklist/care bundle was applied.

**HAI Education:**

- As of March 74 staff have now completed NHS Education Scotland's Cleanliness Champion Programme. There has been a significant increase in the numbers over the last few months.

**Infection Control Policies:**

- Further updated IC policies have been added to Samson

Susan Wilson

Infection Control Manager

12<sup>th</sup> March 2010

## Part 2: HAI Reporting Template– Core Data

HAI REPORTING TEMPLATE							
Part 2 : Core data							
BOARD: NHS Scottish Ambulance Service							
Report for: <b>March 2010</b>							
	Board Total	Divisions					
	BOARD TOTAL	South East Div.	South West Div.	East Central Div.	West Central Div.	West	East North Division
<b>Hand Hygiene Programme</b>							
<b>National audit Compliance score- Jan-Feb 2010</b>	96%	97%	100%	96%			
Number of observations . Dec 09/Jan 2010	300	100	40	160			
<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 February 2010</b>		96.6%					-
<b>N.B.</b> The local audit scores are an overall total for compliance with WHO 5 moments for hand hygiene opportunity, hand hygiene technique, and compliance with proper dress code (jewellery, nails etc)							
	Board Total	Divisions					
	BOARD TOTAL	South East Div.	South West Div.	East Central Div.	West Central Div.	West	East North Division
<b>Cleaning Service Specification Monitoring Results</b>							
Compliance rate for <b>Dec 09-Feb 2010</b>	95%	94%	96%		94%		
Number of audits <b>Dec 09 – Feb 2010</b>	38	18	6		14		
Compliance rate <b>2 months Oct –Nov 09</b>	96%	97%	96%		94%		
Number of audits <b>previous 2 months Oct-Nov 09</b>	35	15	6		14		
The Cleaning monitoring figures above include the period- Dec 09 to Feb 2010 except for WC & SW Div. as Feb results for these areas were not available at the time of compiling this report.							
<b>National Cleaning Services Specification (NCSS) and Monitoring Framework is being implemented across the Service. To date only 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>							