

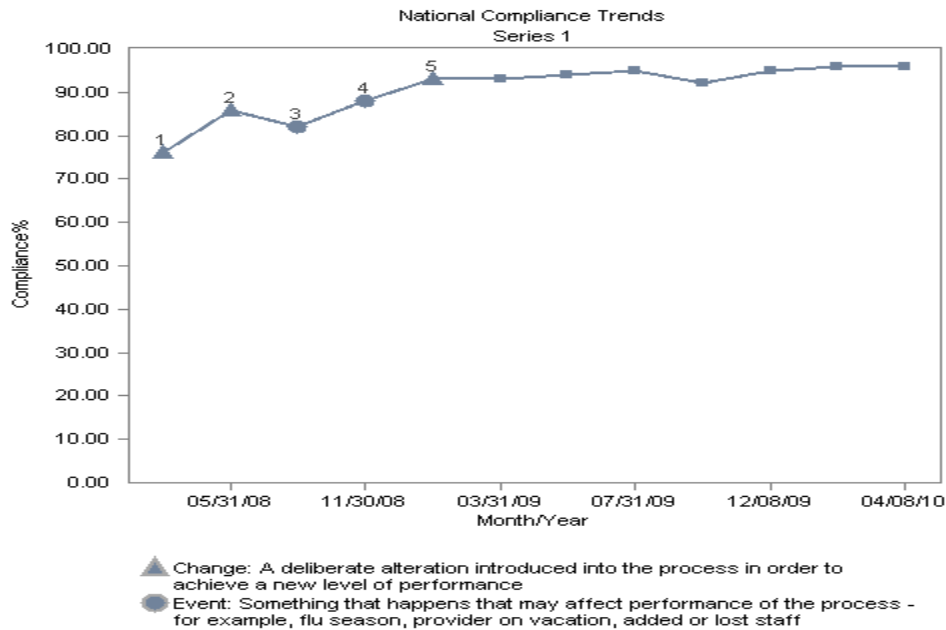
**Health Care Associated Infection (HAI) Bi-monthly Report to Board meeting-
May 2010**

HAI Reporting Template- Part 1

1 Hand Hygiene (HH) programme

The fourteenth National hand hygiene audit completed between 22nd March and 2nd April 2010 showed a consistent result for hand hygiene compliance at 96%. The current reported NHS Scotland national average compliance is 94%. Again this is an excellent result which demonstrates that staff awareness remains high. The service promotes a zero tolerance approach to non compliance with hand hygiene policy.

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



Month/Year Compliance%

28/02/2008	76
31/05/2008	86
31/08/2008	82
30/11/2008	88
31/01/2009	93
31/03/2009	93
26/05/2009	94
31/07/2009	95
02/10/2009	92
08/12/2009	95
09/02/2010	96
08/04/2010	96

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 North Division East and West and West Central Divisions. The individual overall hand hygiene compliance score for each Division was as follows:

North Division (East) - 94%

North Division (West) - 100%

West Central Division - 96%

The following stations were audited within each Division:

North Division (East) – Aberdeen and Banchory

North Division (West) – Wick

West Central –Clydebank, Hamilton, Kirkintilloch, Law and Motherwell

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 92% of the time.

1.1 Current/new initiatives in promoting Hand Hygiene

- 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. Local audits were completed during April 2010 in South West Division. **(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.

Over recent months we have received positive feedback from hand Hygiene Coordinators in several Health boards indicating that in the course of their local audits they have observed very good hand hygiene practice by ambulance staff.

- The Hand Hygiene Coordinator continues to provide hand hygiene awareness sessions for groups of staff as required or requested.

1.2 Specific issues:

- The Hand Hygiene Coordinator is arranging for the public representative who sits on the Infection Control Committee to participate in some local hand hygiene audits.
- Some staff experience sensitivity to the alcohol hand rub currently used. The Hand Hygiene Coordinator has sourced alternative hand rub

products and has tried these with relevant staff with good outcomes. These alternatives will be made available for staff as required.

2 Cleaning Services Specification Compliance

2.1 National Monitoring

- Up until March 2010 monitoring results from stations in Lothian and GG&C regions were submitted monthly to Health Facilities Scotland (HFS) **(refer to results for March 2010 & results for April 2009-March 2010 documented in part 2 – HAI reporting template)**

These were the early implementer sites for the National Cleaning Services Specification (NCSS) and national monitoring framework and the cleaning service is provided by the local NHS Health board domestic services Depts.

From April 2010 monitoring against NCSS was rolled out to all other stations. The monthly results for April will be reported to HFS by the required date in May. These results will be reported as an overall compliance score for each of the 5 Divisions.

Over the course of the last 2-3 months the 3 regional NCSS auditors have spent significant time going round stations within their areas providing support to assist compliance with the NCSS standard. The auditors have advised stations on implementing the Service Cleaning Schedule and ensuring the appropriate cleaning equipment is available to achieve the required cleaning standard. **(refer to results for April 2010 in part 2 –HAI reporting template)**

Audit data for April 2010 shows that with the exception of South East Division all Divisions are currently achieving an amber score i.e. below the required 90%. However all Divisions are scoring in the mid to high eighties. Recent audits have indicated an improvement in cleaning standards achieved over the last few months and it is anticipated that this trend will continue and that all Divisions will achieve the required standard.

The challenge remains that the majority of station premises (except South East Division and Glasgow stations) have a cleaning service provided by either private contracted companies or the ambulance staff themselves and it will take time to ensure the higher standard of cleaning to the NCSS J code specification is achieved. There has been an increase in the number of cleaning staff hours within every division over the last few months.

Some stations have also been provided with a steam cleaner to assist with ambulance cleaning. 20 steam cleaners were provided by Health Facilities Scotland and these have been distributed to larger stations that have dedicated vehicle cleaning staff.

- **National HAI Estates Monitoring:**

The NCSS monitoring tool also identifies estates issues that impact on the ability to clean the area. A separate score is recorded for Estates issues and based on the level of risk involved the issue needs to be rectified. Estates issues within the patient care environment (ambulance) are the highest risk and should be rectified as a priority. Some areas within the station premises are also high risk to include: kitchen, toilet and changing room facilities.

A further Estates HAI monitoring tool (SCART) is also being developed by HFS. HFS have identified that the tool being developed for the hospital environment will require to be adapted for the ambulance setting.

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 SGHD HAI Action Plan (2008). As per the summary provided in the previous HAI report now reporting as complete on the 19 actions relevant to the ambulance service. A monthly RAG update report is submitted to SGHD

Healthcare Environment Inspectorate (HEI):

The Infection Control Manager and Head of Health and Safety met with representatives from the Healthcare Environment Inspectorate at Edinburgh City station in April. The purpose of this meeting at their request was to provide information regarding the Operational and Management structures across the service, to discuss how the current inspection tools may require adaption to reflect the ambulance setting and also for them to visit an ambulance station. It was agreed that they will probably inspect both the station premises and ambulances and that the inspection tools will require adaption.

The HEI will arrange to work alongside the service to agree the content of the inspection tool.

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 ensure cleanliness standards are maintained.
- Implementation of Care Bundles- The epacer system now includes a section that records whether the Peripheral Vascular Cannula (PVC) insertion care bundle is applied.

HAI Education:

- As of April 106 staff have completed NHS Education Scotland's Cleanliness Champion Programme. There has been a significant increase in the numbers of staff both registering for and completing this programme over the last few months; due both to its inclusion on the Paramedic Foundation (Technician) Course and the requirement for staff to complete this as a pre-entry for the Paramedic Practice course.
- The IC team have provided update sessions on HAI/Infection Control as part of the staff development programme for the Education and Professional Development Dept.
- Members of the infection control team are attending the NHS QIS Infection Improvement and implementation programme (iiiP) learning sessions. The purpose of this programme is to build capacity and capability in improvement methodologies. It is anticipated that attendance at these sessions will equip IC teams with the required skills and knowledge to apply this as a means of achieving ongoing improvement and sustainability.

Infection Control Policies:

- A further new IC policy: Meningococcal Disease has been added to Samson

Susan Wilson

Infection Control Manager

12th May 2010

Part 2: HAI Reporting Template– Core Data

HAI REPORTING TEMPLATE							
Part 2 : Core data							
BOARD: NHS Scottish Ambulance Service							
Report for: May 2010							
	Board Total	Divisions					
	BOARD TOTAL	South East Div.	South West Div.	East Central Div.	West Central Div.	West	East North Division
Hand Hygiene Programme							
National audit Compliance score- March-April 2010	96%				96%	100%	94%
Number of observations –Dec 09/Jan 2010	300				180	40	80
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 per Division for April 2010			90%			-	
N.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	North Division
Cleaning Service Specification Monitoring Results							
Compliance rate for month- March 2010	94%	93%	95%		92.5%		
Number of audits completed for March 2010	17	7	3		7		
Compliance rate year April 2009-March 2010	95%	94%	96%		94%		
Number audits for April 2009-March 2010	180	65	36		79		
Compliance rate for month- April 2010	88.5%	90%	89%	87%	89%		87.5%
Number of audits completed for April 2010	49	10	8	11	12		8
The Cleaning monitoring figures above include the month of March 2010 for early implementer sites- Lothian and GG&C stations (7 stations in WC Div & 3 stations in SW Div) and the period April 2009-March 2010 for these areas. N.B. April 2010 results are for all 5 Divisions.							