



Infection Prevention & Control Update October 2018





Introduction

The first part of this IPC monthly update is an overview of the audit results from **October 2018** and includes data on:

- Vehicle Cleanliness Audits:
 - Emergency Care Operations (A&E and HART)
 - Scheduled Transport (PTS)
- Station and Premises Cleanliness Audits
- Uniform Policy Compliance
- Hand Hygiene Compliance
- Quality Assurance (QA10) forms
- Quality assurance audit data- carried out by CEG, CCG and the Clinical Quality team.

The Audit Schedule and audit tools were reviewed and updated in the final quarter of 2016/17, using the data collected throughout the year and also information from all of the work streams. Full details of the audit schedule, tools and requirements can be found on [East24](#). In brief the audit requirements for the 2017/18 audit year are:

- **Vehicle Audits:**
 - A&E, HART & PTS: 85% of operational vehicles to be audited every month (every vehicle must be audited at least once per quarter)
 - All patient carrying vehicles should be deep cleaned every six weeks.
- **Station Audits:**
 - A&E, HART & PTS: 100% of operational stations to be audited monthly
- **Staff Audits:**
 - A&E, HART & PTS: 15 Uniform compliance audits per management area monthly
 - IPC Practice audits relating to the clinical staffs knowledge of IPC practices
- **Quality Assurance Audits:**
 - A&E, HART & PTS: IPC Auditor will be carrying out audits on Vehicles, Stations & staff on a proactive basis opposed to a set schedule to enable a comparison with local audits.
 - CEG will be undertaking these audits throughout the year.

The second part of this update is an overview of reported IPC incidents, including data on:

- Occupational exposure incidents
- Incidents which have potential to cause harm to patients, staff or the public



RAG rating guide

All of the audit data is red, amber & green (RAG) rated to make it easier to visualise the compliance levels, the standards for each element are given in the table below:

	Audit submissions		Audit compliance to criteria
	Vehicles	Stations	
RED	<75%	<85%	<85%
AMBER	75-84%	85-94%	85-94%
GREEN	85% and above	95% and above	95% and above

Table 1: R.A.G. rating guide

Part 1: Overview of IPC audit results

Vehicle Audits

There is a general flex of operational vehicles availability at any given time throughout the month, for general repairs/ servicing etc. In most occasions where vehicles are unavailable due to servicing/ repairs this is for a short period, however on some occasions the nature of the repairs/ service can be such that vehicles are unavailable for prolonged periods. Where this period is greater than three weeks we exclude these vehicles from the reporting as they are not in operational use.

Emergency Care Operations (A&E) and HART and PTS

There were 628 vehicle audits submitted for October 2018. The table below depicts the percentage of audit forms submitted by each locality. Due to variation in the numbers of vehicles in each locality during each month, and vehicle movements throughout the Trust the IPC team is reliant on, and the responsibility lies with the management teams for updating their vehicle numbers as they change. Each quarter the IPC Team verify the locality vehicle lists for accuracy.

Management area	Oct
HART	57.1%
OPS SECTOR EAST	70.8%
OPS SECTOR WEST	91.2%
PTS	90.3%
Overall OPS SECTOR	81%

Table 1.1: Vehicle audits submitted

(R.A.G Red- <75%, Amber- 75-84%, Green- 85% & above)



The chart below depicts the percentage of forms submitted for Trust vehicles.

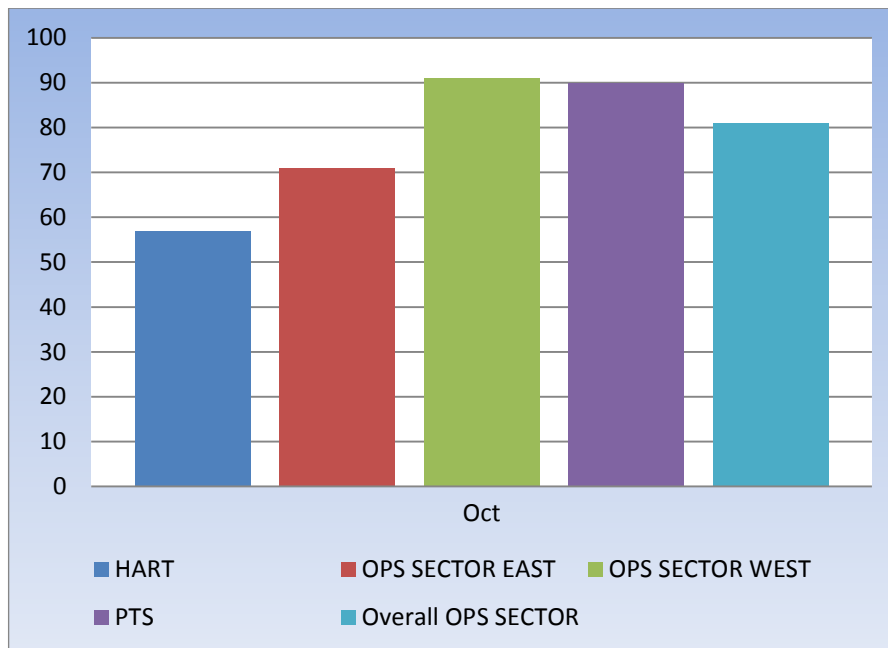


Chart 1: Vehicle audit forms submitted

Cleanliness Compliance: The overall compliance for vehicle cleanliness is depicted in the following chart:

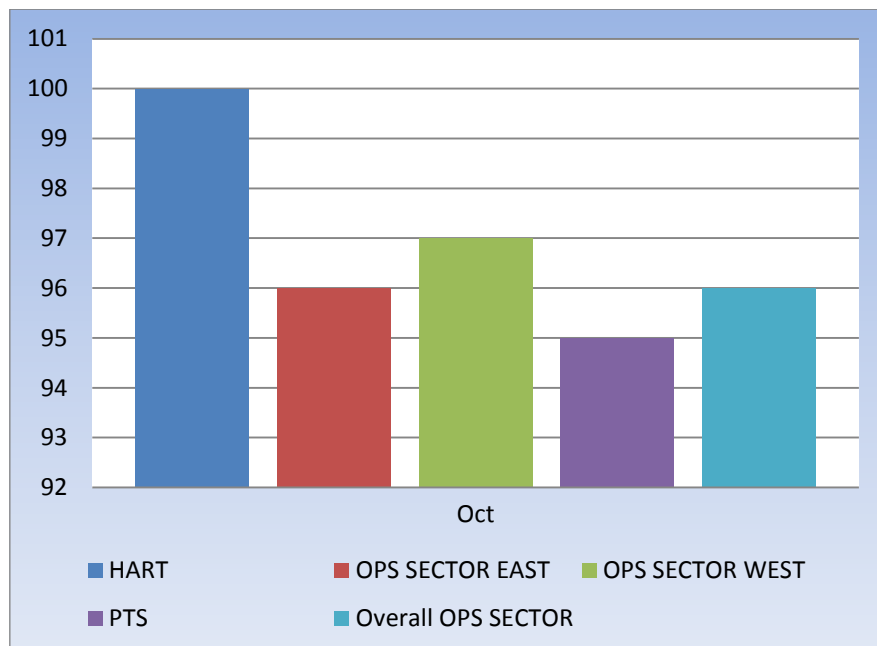


Chart 2: Vehicle cleanliness compliance



The table below depicts sector comparisons for patient and non-patient areas for this month and last month.

	Exterior checks	Cab interior checks	Saloon interior checks	Equipment check list
HART - Oct	100%	100%	100%	100%
HART - Sep	100%	100%	100%	100%
OPS SECTOR EAST - Oct	96%	94%	93%	97%
OPS SECTOR EAST - Sep	99%	94%	93%	99%
OPS SECTOR WEST - Oct	99%	97%	94%	98%
OPS SECTOR WEST - Sep	99%	98%	92%	98%
PTS - Oct	98%	96%	96%	94%
PTS - Sep	100%	96%	96%	97%
Overall OPS SECTOR - Oct	97%	96%	94%	97%
Overall OPS SECTOR - Sep	99%	96%	93%	98%

Table 1.2: Vehicle Patient/ Non-patient compliance

(R.A.G Red- <85%, Amber- 85-94%, Green- 95% & above)

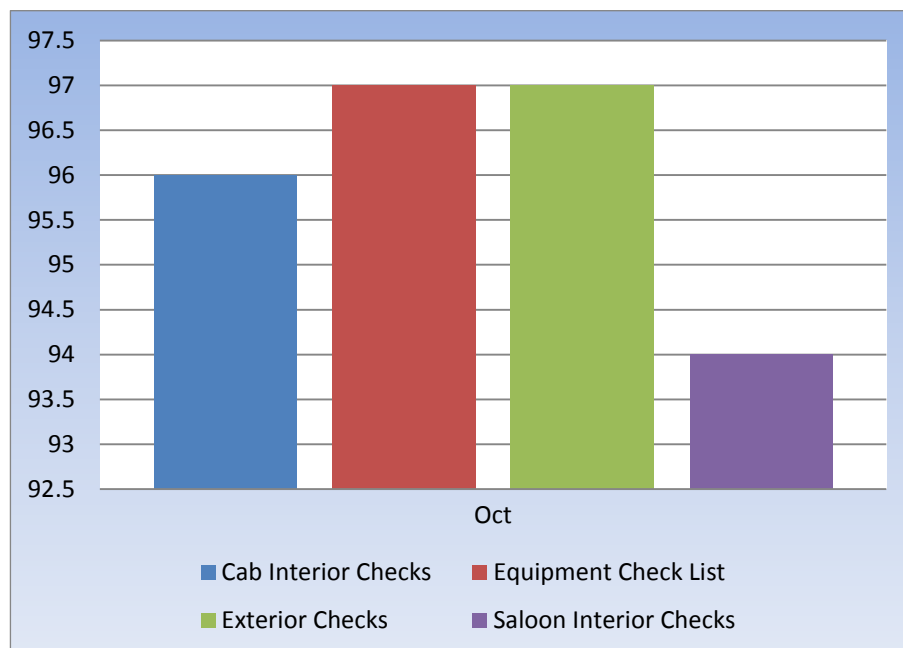


Chart 3: Vehicle compliance by element



The table below depicts Action Plans for non-compliance of Vehicle Cleanliness Audits

Management area	Opening balance	Added in period	Closed in period	Over due	Closing balance
PTS	37	30	42	8	25
OPS SECTOR WEST	37	23	53	3	7
OPS SECTOR EAST	63	47	82	4	28
HART	0	0	0	0	0

Table 1.3: Action Plans for Vehicle Cleanliness Audit non-compliance

Vehicle Cleaning Schedules

The schedule for all vehicles has changed on the 1st October 2018 to be cleaned at an interim frequency of every 48 hours for patient carrying vehicles and every 96 hours for non patient carrying as well as after every patient conveyance, with an enhanced vehicle service clean every 12 weeks. Table 1.4 below highlights the number of Trust vehicles compliant with the Service Clean Schedule.

In addition to the table showing the compliance levels with the service cleaning schedule, chart 4 also shows the level of non-compliance broken down into the number of weeks overdue e.g. 1 week, 2 weeks, 3 weeks or greater than 3 weeks.

Description	Oct
HART	100%
OPS SECTOR EAST	79%
OPS SECTOR WEST	85%
PTS	78%
Overall Trust	81%

Table 1.4: Vehicle Service Clean Compliance

(R.A.G Red- <80%, Amber <90%, Green-90% & above)

Vehicle Service cleaning schedule

The table below depicts each management areas compliance with the 12 weekly service cleaning schedule and aged analysis of weeks overdue. The schedule has now introduced the recording of non patient carrying vehicles.

Description	Compliant	1 week	2 weeks	3 weeks	3 weeks +
HART - HART Great Notley	100%	0%	0%	0%	0%
HART - HART Melbourn	100%	0%	0%	0%	0%
OPS SECTOR EAST - EAST NORFOLK	78.7%	0%	0%	0%	21.3%
OPS SECTOR EAST -	100%	0%	0%	0%	0%



Description	Compliant	1 week	2 weeks	3 weeks	3 weeks +
EAST SUFFOLK					
OPS SECTOR EAST - MID ESSEX	86.5%	2.7%	0%	0%	10.8%
OPS SECTOR EAST - NORTH ESSEX	56.1%	2.4%	4.9%	2.4%	34.1%
OPS SECTOR EAST - SOUTH EAST ESSEX	88.2%	2.9%	0%	0%	8.8%
OPS SECTOR EAST - SOUTH WEST ESSEX	100%	0%	0%	0%	0%
OPS SECTOR EAST - WAVENEY	70.3%	5.4%	2.7%	0%	21.6%
OPS SECTOR EAST - WEST NORFOLK	38.9%	2.8%	8.3%	11.1%	38.9%
OPS SECTOR EAST - WEST SUFFOLK	100%	0%	0%	0%	0%
OPS SECTOR WEST - EAST HERTS	57.1%	0%	0%	0%	42.9%
OPS SECTOR WEST - NORTH BEDS	100%	0%	0%	0%	0%
OPS SECTOR WEST - NORTH CAMBS	100%	0%	0%	0%	0%
OPS SECTOR WEST - SOUTH BEDS	100%	0%	0%	0%	0%
OPS SECTOR WEST - SOUTH CAMBS	89.3%	0%	0%	3.6%	7.1%
OPS SECTOR WEST - WEST ESSEX	78.1%	6.3%	6.3%	0%	9.4%
OPS SECTOR WEST - WEST HERTS	81.1%	0%	0%	0%	18.9%
PTS - East Herts PTS	100%	0%	0%	0%	0%
PTS - Mid Cambs PTS	11.1%	0%	16.7%	16.7%	55.6%
PTS - North Beds PTS	100%	0%	0%	0%	0%
PTS - North Cambs PTS	53.3%	0%	0%	0%	46.7%
PTS - North Essex PTS	81.5%	0%	0%	3.7%	14.8%
PTS - South Beds PTS	100%	0%	0%	0%	0%
PTS - South Cambs PTS	33.3%	4.8%	14.3%	4.8%	42.9%
PTS - South Essex PTS	100%	0%	0%	0%	0%
PTS - West Essex PTS	100%	0%	0%	0%	0%
PTS - West Herts PTS	100%	0%	0%	0%	0%

Table 1.5: Vehicle Service Clean Overdue Analysis

Vehicle Interim and Service Cleaning Overall Compliance

The compliance figures below (Table 1.6b) are the figures that relate to the overall compliance with both service clean and the 48 hour interim clean. This figure is calculated by taking the service clean date as producing a 100% compliant vehicle and reducing the compliance accordingly with each interim clean that is missed. Some areas of the Trust had begun recording these cleans on the system prior to others and others are implementing processes in order to ensure the cleans are recorded. In order for these figures to be accurate to full historical cleaning data since the service clean must be included or else the



figure is not a true representation of the compliance with the schedule. The IPC team had increased the quantity of quality assurance vehicle audits conducted in October and the Trust average compliance was increased by 4% meaning the Trust locally submitted average for vehicle cleanliness is 96% and the quality assurance Trust average is 93%. In most cases cleanliness compliance was high and this targeted monitoring should continue indefinitely, but will be a key focus for reporting whilst the management areas adapt and conform to the new robust cleaning and recording schedule. Further instruction and assistance is being disseminated to facilitate the accurate recording of these cleans.

Overall compliance with the cleaning schedule			
Area	Overall compliance	Area	Overall compliance
PTS South Essex Average Compliance	93%	North East Herts Average Compliance	47%
South West Essex Average Compliance	90%	Waveney Average Compliance	44%
South Beds Average Compliance	88%	HART Melbourn Average Compliance	42%
West Suffolk Average Compliance	87%	West Essex Average Compliance	40%
PTS South Beds Average Compliance	79%	PTS East Herts Average Compliance	39%
North CAMBS Average Compliance	76%	PTS West Herts Average Compliance	38%
East Suffolk Average Compliance	73%	North Essex Average Compliance	34%
Mid Essex Average Compliance	72%	PTS North CAMBS Average Compliance	32%
North Beds Average Compliance	69%	PTS North Beds Average Compliance	29%
South CAMBS Average Compliance	57%	East Norfolk Average Compliance	25%
South East Essex Average Compliance	49%	West Norfolk Average Compliance	25%
South West Herts Average Compliance	49%	PTS North Essex Average Compliance	23%
North West Herts Average Compliance	49%	PTS Mid CAMBS Average Compliance	20%
PTS West Essex Average Compliance	19%	PTS South CAMBS Average Compliance	20%
HART Great Notley Average Compliance	100%		
Average Area Compliance	50%		
Average East sector Compliance	54%		
Average Trust Compliance	52%		

Table 1.6 Overall compliance with the vehicle Cleaning Schedule



Quality Assurance Vehicle Audits

95 Vehicle quality assurance audits were completed in October. The QA vehicle audits comprise of either a full vehicle audit which mirrors the same elements as the locally submitted vehicle audit and/or a vehicle 'Ready to Go Audit' (RTG). The RTG audits are conducted by the IPC team and are performed primarily at A & E departments to record compliance levels of the patient treatment areas of DSA and PTS vehicles prior to further patient conveyance.

Management area	Oct
HART	
OPS SECTOR EAST	42
OPS SECTOR WEST	35
PTS	18
Overall OPS SECTOR	95

Table 1.7: Trust Vehicle Quality Assurance Audit quantity

The following chart depicts the **Quality Assurance vehicle cleanliness** compliance.

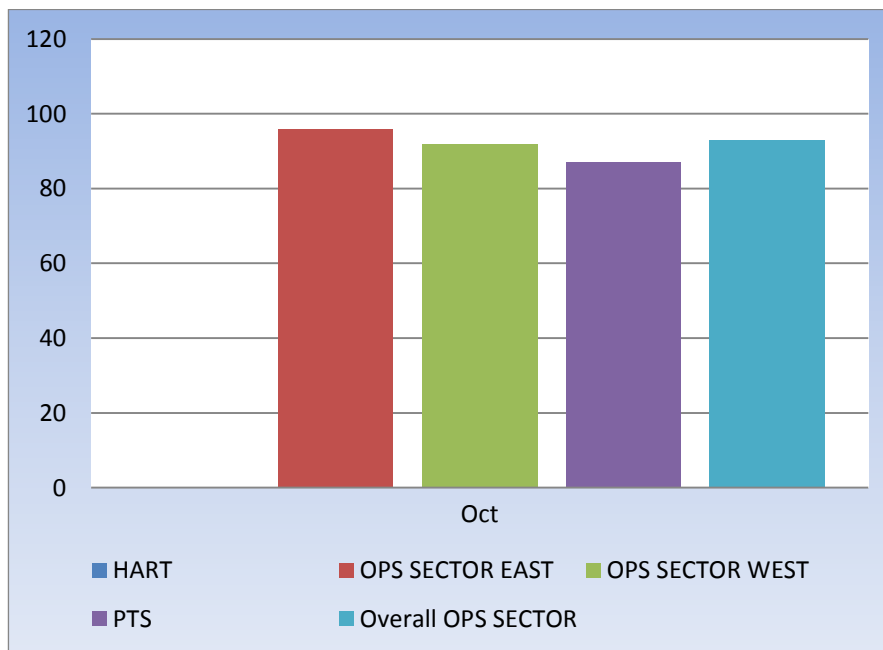


Chart 4: Quality Assurance Vehicle Cleanliness Compliance



Station and Premises Cleanliness Audits

A&E, HART & PTS

74 EEAST premises were audited by local management in October 18. The Trust has a comprehensive station cleanliness audit form in place and a standard that 100% of all operational stations are to be audited monthly, this only applies to stations where patient facing staff are based. This standard does not incorporate the Trust emergency operations centres or locality offices which are audited and reported on through the monthly contract cleaners report. The premises utilised by PTS are primarily shared with the Emergency Operations Teams and as such are audited through these teams.

HART teams only have responsibility for auditing two dedicated stations and PTS have only 4 so such care should be taken in interpreting their submission compliance as if a single station is missed will result in a 50% or 25% submission level.

Management area	Oct
HART	50%
OPS SECTOR EAST	93.9%
OPS SECTOR WEST	80.6%
PTS	100%
Overall OPS SECTOR	91.9%

Table 2: Station audits submitted

(R.A.G Red- <75%, Amber- 75%-84%, Green-85% & above)

The chart below depicts the percentage of forms submitted for **A&E, HART & PTS stations** for audit.

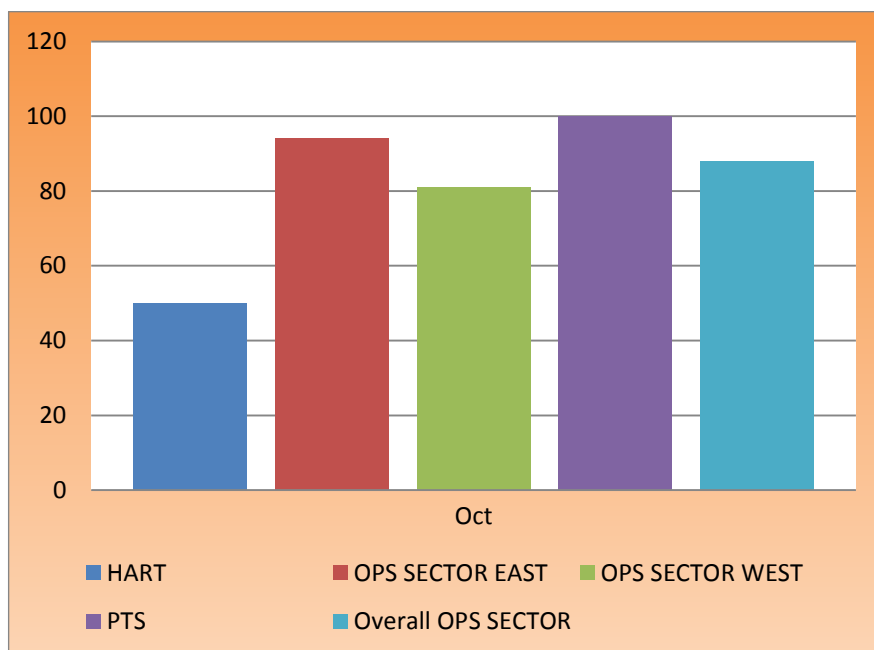


Chart 5: Station Audit Forms Submitted



Cleanliness Compliance: The overall compliance for station cleanliness is depicted in the following chart.

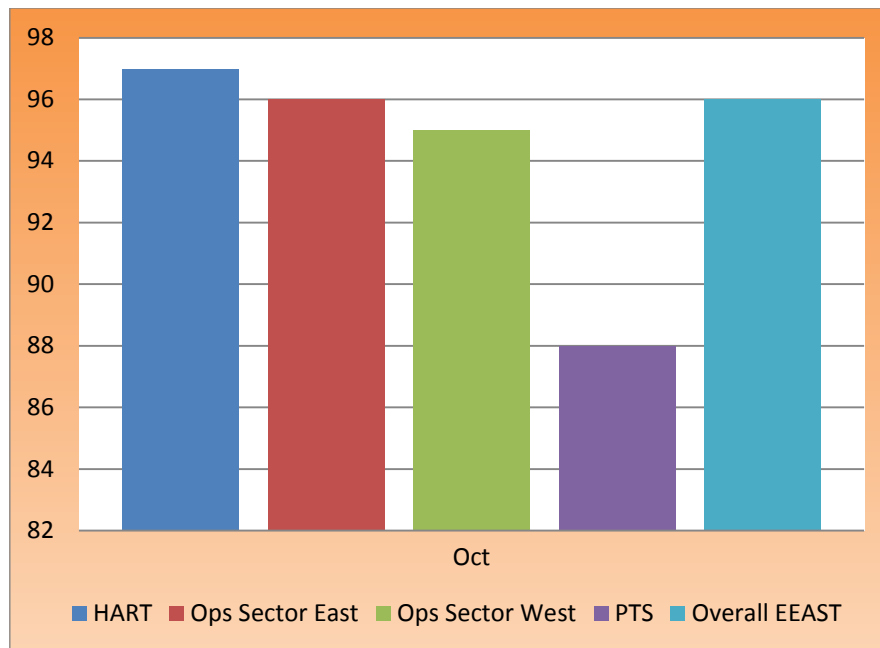


Chart 6: Station Cleanliness Compliance

The table below depicts sector comparisons for patient and non-patient areas for this month.

	General	Running medical equipment / consumables store	Dirty utility	Washrooms and locker rooms	Kitchen area	Handling and disposal of linen	Sharps and waste management	Cleaning contractors store / cupboard
HART - Oct	100%	100%	100%	100%	67%	100%	100%	100%
HART - Sep	75%	100%	83%	100%	100%	0%	88%	100%
OPS SECTOR EAST - Oct	91%	96%	95%	99%	93%	97%	91%	98%
OPS SECTOR EAST - Sep	94%	99%	96%	98%	97%	99%	96%	97%
OPS SECTOR WEST - Oct	92%	98%	96%	97%	91%	100%	92%	90%
OPS SECTOR WEST - Sep	93%	91%	95%	96%	94%	100%	98%	97%
PTS -	86%	100%	100%	100%	83%	100%	100%	64%



	General	Running medical equipment / consumables store	Dirty utility	Washrooms and locker rooms	Kitchen area	Handling and disposal of linen	Sharps and waste management	Cleaning contractors store / cupboard
Oct								
PTS - Sep	100%	88%	100%	89%	92%	100%	100%	83%
Overall OPS SECTOR - Oct	91%	97%	96%	98%	92%	98%	92%	93%
Overall OPS SECTOR - Sep	93%	95%	96%	97%	96%	99%	97%	96%

Table 2.1: Trust Wide Station Compliance Element Comparison

(R.A.G Red- <85%, Amber- 85-94%, Green- 95% & above)

The audit form is grouped into five different themes: Information availability, Procedural compliance, Cleaning Standards, Clinical areas, Waste management (including clinical, sharps & domestic). The NPSA standard for risk areas is a cleanliness score of 85% for significant risk areas and 95% for high risk areas. The Trust has set a target of 95% for all areas.

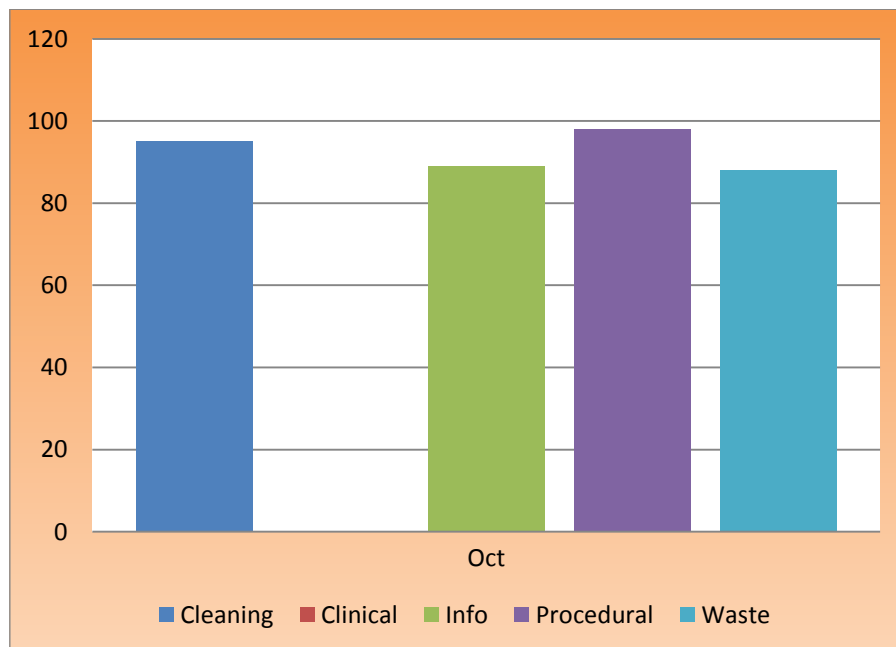


Chart 7: Station audit individual element compliance



The table below depicts Action Plans for non-compliance of Station cleanliness audits

Management area	Opening balance	Added in period	Closed in period	Over due	Closing balance
PTS	2	2	2	0	2
OPS SECTOR WEST	27	16	12	16	31
OPS SECTOR EAST	31	12	10	22	33
HART	0	1	1	0	0

Table 2.2: Action plans for non-compliance of Station cleanliness

Quality Assurance Audits

There were **21** premise audits quality assured by the IPC Team in October 18.

Management area	Oct
HART	
Ops Sector East	13
Ops Sector West	8
PTS	
Overall EEAST	21

Table 2.3: Quantity of QA Station audits by sector

Trust Station Quality Assurance Audits

Entity	Management area	Local audit	Qa audit	Time gap (days)	Exception details
Ampthill	Ops Sector West	94.1%	90.3%	2	
Biggleswade	Ops Sector West	97.2%	93.5%	5	
Braintree	Ops Sector East	100%	100%	2	
Bury St Edmunds (Brooklands)	Ops Sector East	100%	100%	4	
Bury St Edmunds (Parkway)	Ops Sector East	100%	100%	11	
Canvey	Ops Sector East	100%	100%	4	
Dunmow	Ops Sector East	100%	96.9%	9	
Ely	Ops Sector West	88.2%	79.4%	6	
Huntingdon	Ops Sector West	100%	81.8%	1	
Leighton Buzzard	Ops Sector West	100%	84.8%	3	
Maldon	Ops Sector East	100%	100%	5	
Mildenhall	Ops Sector East	100%	100%	4	
Rayleigh	Ops Sector East	100%	100%	3	



Entity	Management area	Local audit	Qa audit	Time gap (days)	Exception details
Saffron Walden	Ops Sector West	100%	87.9%	2	
Shoebury	Ops Sector East	100%	100%	17	
Southend	Ops Sector East	100%	100%	23	
Stansted	Ops Sector West	100%	87.1%	2	
Stowmarket	Ops Sector East	100%	86.7%	14	
Sudbury	Ops Sector East	100%	100%	11	
Welwyn Garden City	Ops Sector West	100%	84.4%	3	
Witham	Ops Sector East	100%	100%	7	

The chart below depicts the Quality Assurance station cleanliness compliance percentage.

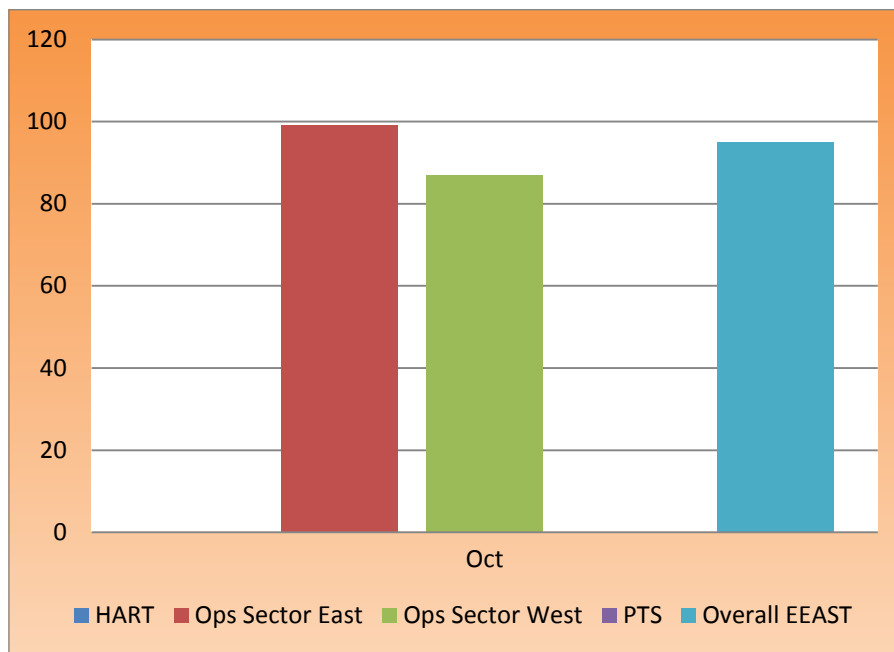


Chart 8: Quality Assurance Stations Sections Compliance



Staff Audits

There are a variety of staff audits performed throughout the year on clinical staff, these include:

- Uniform compliance
 - These are reported monthly for all A&E, HART & PTS staff.
- QA10 compliance (includes Hand Hygiene at point of care)
 - These are reported monthly for A&E & HART staff.
- IPC Practice Compliance (theory based audit for A&E and HART staff)
 - These are conducted by the IPC Auditor and are reported monthly.

Uniform compliance audits are carried out on all A&E, HART & PTS staff at any point throughout their period of duty and consider the IPC related elements of the Trust Uniform policy. A requirement of 15 Uniform audits per management area is to be submitted monthly.

The QA10 compliance audits cover IPC aspects of clinical procedures and carried out at the point of care during operational observational ride outs with clinical staff. Due to the high resource requirements versus output the numbers of these audits are low. The IPC team is continuously reviewing this process and ways to increase the numbers with the available resources.

The IPC Practice compliance audits cover IPC aspects of hygiene prior, during and post patient contact, uniform compliance, use of PPE and performance of IPC practices. These carried out through discussion/ scenario reviews with clinical staff to assess the knowledge base relating to IPC practice.

300 Uniform audits were submitted by local management in October 18

The table below depicts the percentage of audit forms submitted by each locality.

Management area	Oct
HART	83%
OPS SECTOR EAST	84%
OPS SECTOR WEST	70%
PTS	90%
Overall OPS SECTOR	89%

Table 3: Uniform audits submitted

(R.A.G Red- <75%, Amber- 75-84%, Green- 85% & above)



Cleanliness Compliance: The overall Uniform compliance for all groups is depicted in the following chart.

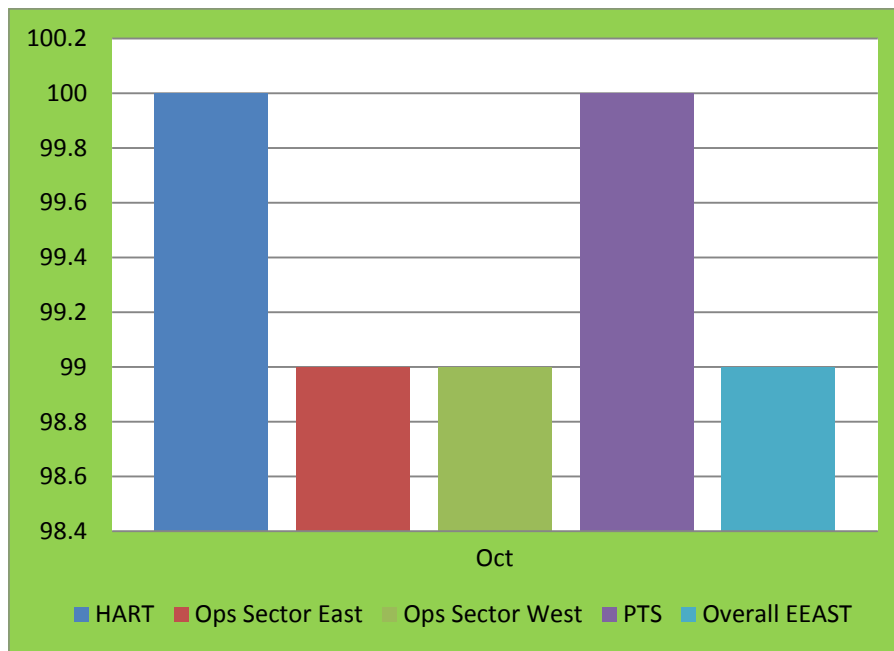


Chart 9: Uniform Compliance Results

The audit form is made up of two primary themes:

- Bare below the elbow compliance
 - Compliance with Wrist watch policy
 - No wearing wrist Jewellery
 - No wearing of stoned rings
- Hair off collar/ tied back
-

Due to the nature of when these audits are carried out the percentage of audits performed during episodes of patient care has been included to highlight the percentage which are observed/ discussed. Also as the Trust has a policy which permits staff to wear a wrist watch providing it is removed for hand hygiene, and decontaminated after each patient care episode the percentage of staff audited who wear a fob watch has been highlighted as this may impact on the wrist watch policy compliance figure (as they will be N/A if wearing a fob watch).

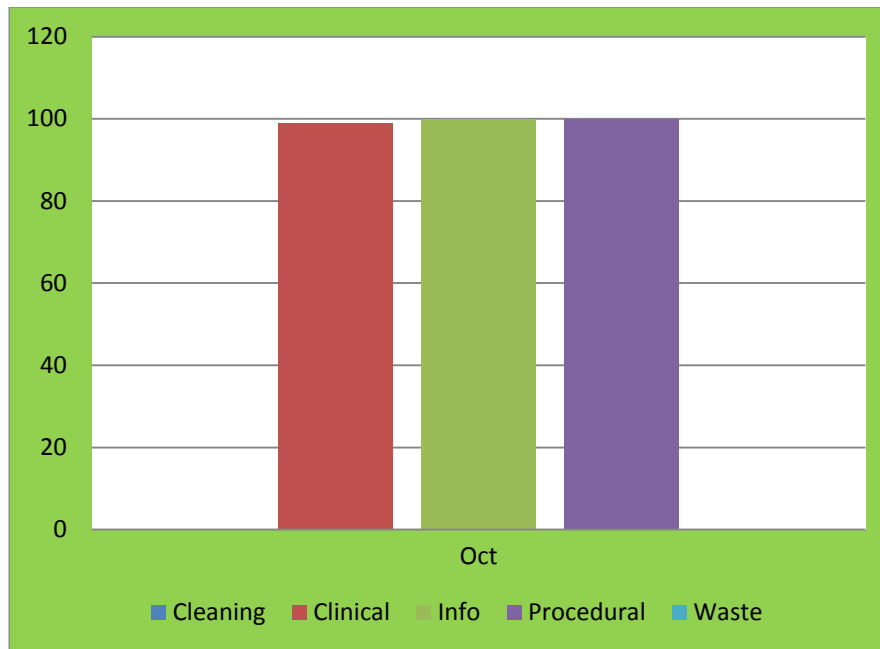


Chart 10: Uniform Compliance Results

Quality Assurance Uniform Audits

81 quality assurance uniform audits were carried out by the IPC Team in October 18.

Management area	Oct
HART	
OPS SECTOR EAST	47
OPS SECTOR WEST	30
PTS	4
Overall OPS SECTOR	81

Table 3.1: QA Uniform quantity by sector



Quality assurance: Uniform audit Trust compliance

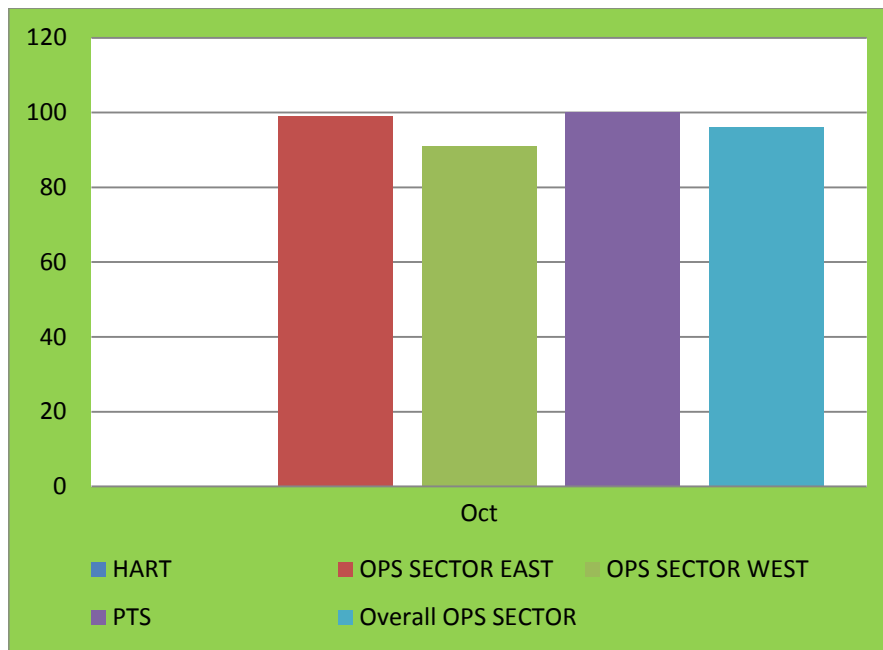


Chart 11: QA Uniform audit compliance

QA10 Compliance Audits

The QA10 compliance audit measures compliance against IPC procedures during patient care e.g. Aseptic Non-Touch Technique (ANTT), hand hygiene, uniform compliance and post-patient decontamination.

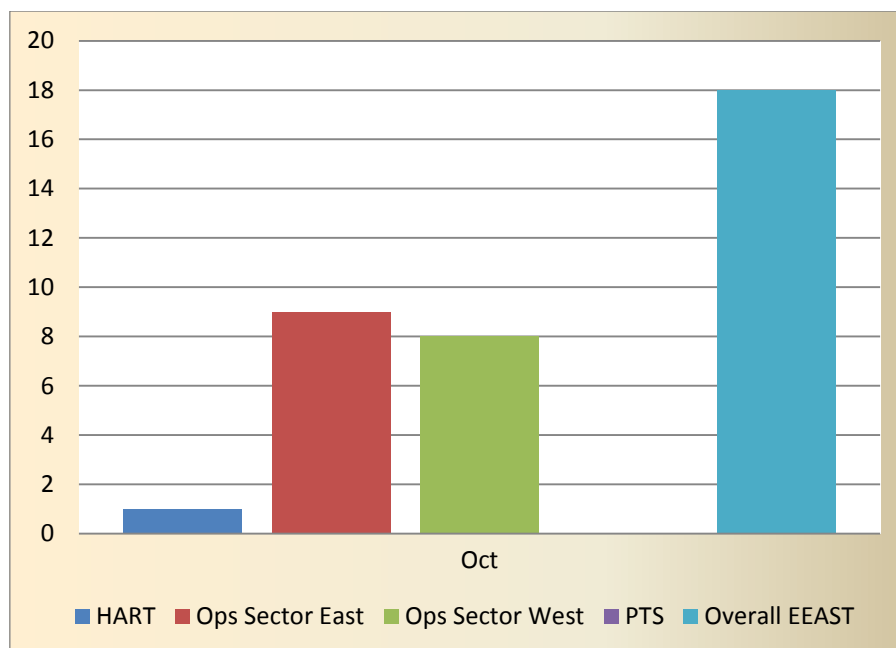


Chart 12: QA10 Compliance Audits Submitted

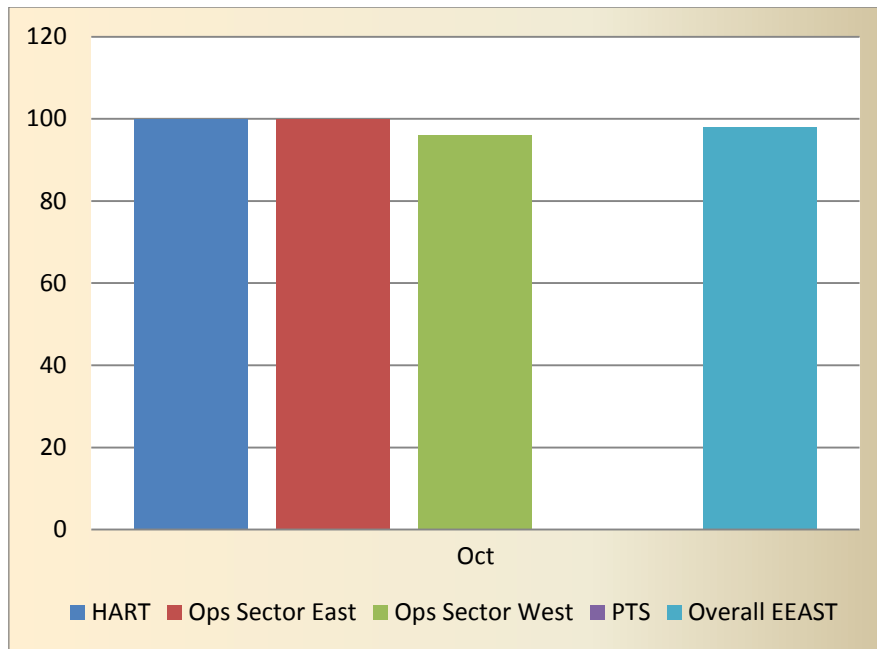


Chart 13: QA10 Section Compliance Results

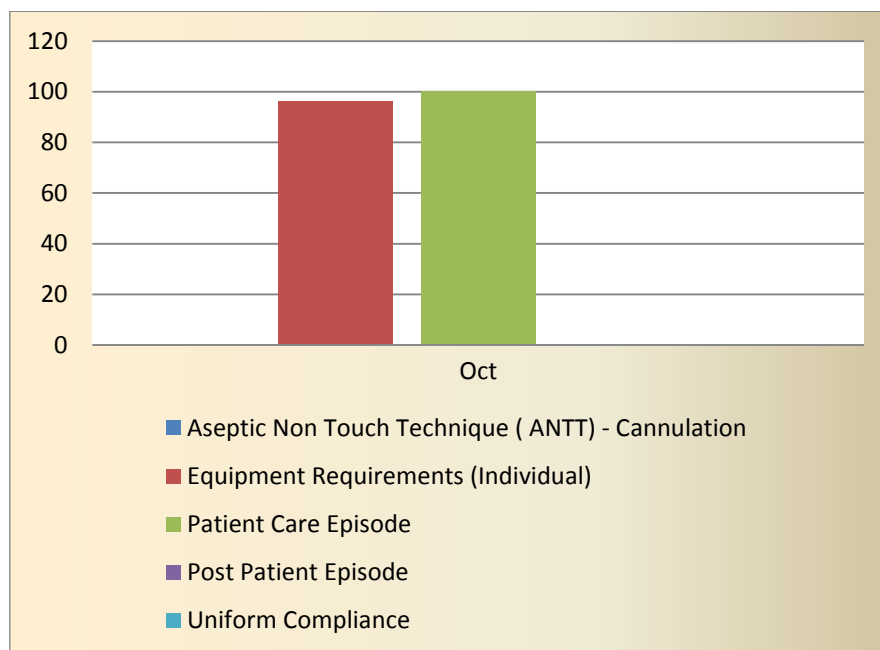


Chart 14: QA10 Section Compliance Results By Element

IPC Practice Compliance Audits

The IPC Practice compliance audit measures compliance against IPC procedures during patient care e.g. Hand hygiene, bare below the elbows which includes the wearing of watches, PPE, knowledge of occupational exposure procedures. Part of the audit includes the possibility to include a practical for hand hygiene utilising a light box, however due to the



availability of staff during these audits it is often interrupted for emergency calls. Where the practical element has been completed the results will be included within chart 22 below.

Numbers submitted:

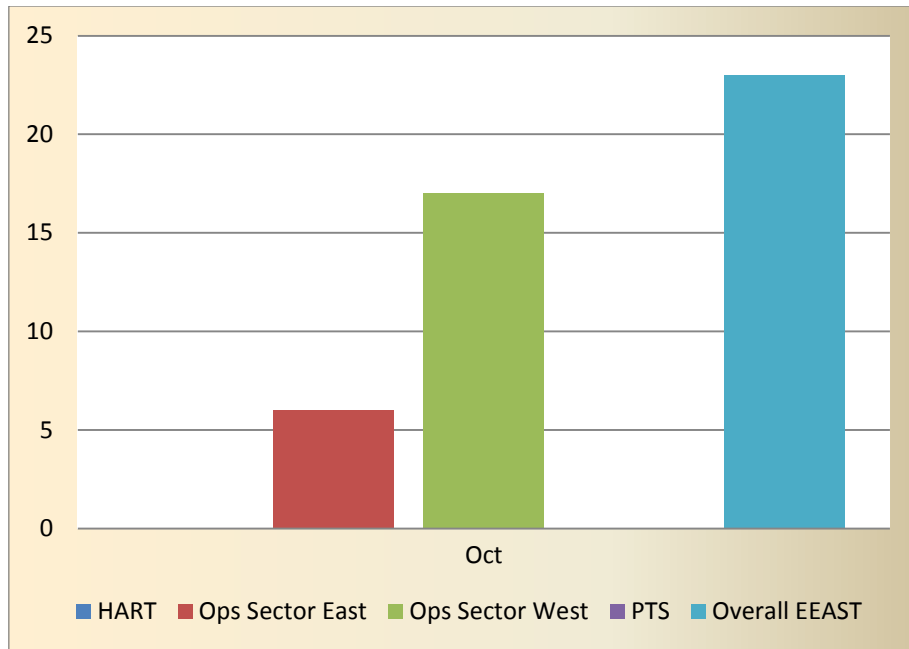


Chart 15: IPC Practice Compliance Audits Submitted

The chart below depicts the IPC Practice compliance percentage.

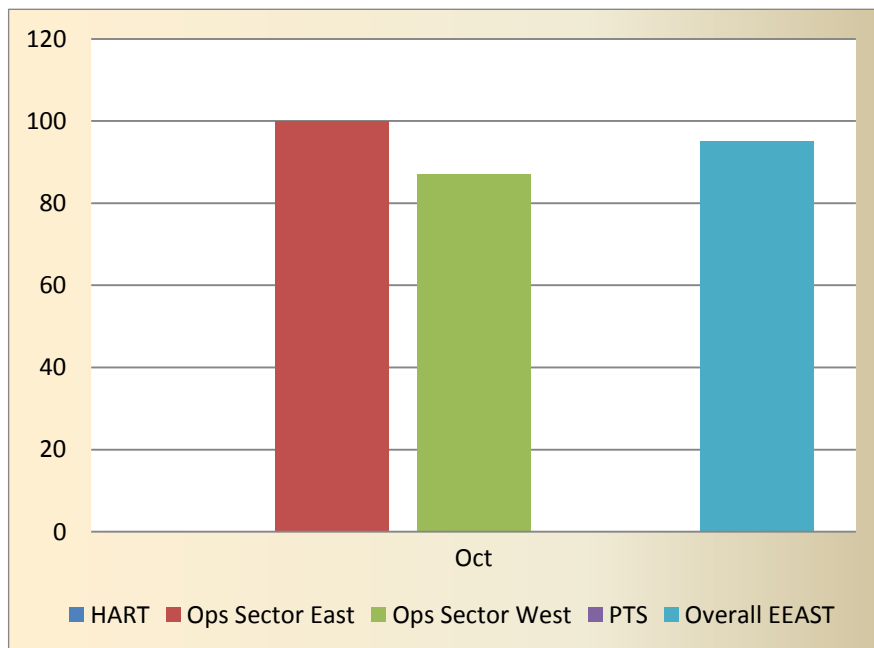


Chart 16: IPC Practice Compliance Results



The chart below shows overall compliance against the four sections of the audit form; Hand hygiene recognition, Bare below the Elbows, Occupational exposure procedures and PPE requirements, during patient contact.

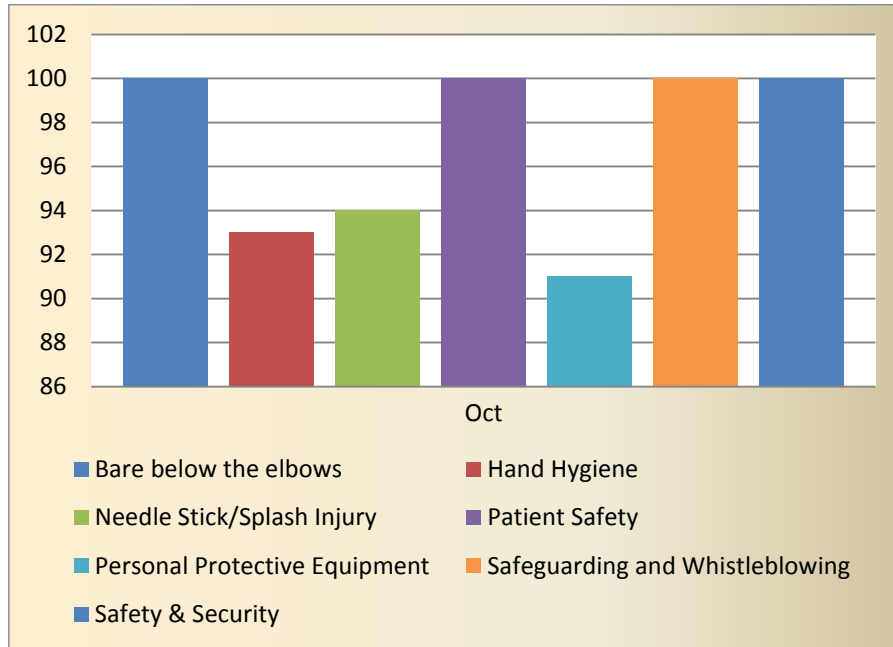


Chart 17: IPC Practice section Compliance Results



Part 2: Overview of IPC related hazards and Incidents

Incident Numbers

There have been some alterations to the questions within the Datix report which specifically relate to IPC incidents, these have been included to act as a reminder to staff regarding the procedures to follow and to ensure more details of the incident are captured for reviewing the incidents.

Incident details

The **4** incidents relating to clean sharps were:

- A member of staff sustained a sharps injury whilst attempting to open a glass morphine vial. The wound was bled, cleaned and dressed. Lessons learned about the use of ampoule openers.
- A member of staff cut the top of their thumb whilst attempting to take the cover off a razor. A&E was attended where the wound was cleaned, closed & dressed.
- A member of staff sustained a cut to the elbow from shattered glass whilst attending to a patient involved in an RTC. A&E was attended where the wound was cleaned & dressed. OH was notified.
- A crew member cut their hand on a broken window pane, whilst treating a known HIV patient. A+E was attended and was low risk.

The **8** incidents relating to contaminated sharps were:

- A member of staff sustained a needle stick injury whilst attempting to cannulate a patient. A&E was attended where bloods were taken the wound was cleaned & dressed. Advised to contact Occupational Health.
- A member of staff was putting a piece of equipment away and cut themselves on an unsheathed razor. A&E was attended where the wound was cleaned & dressed. Occupational Health was contacted.
- A member of staff sustained a sharps injury whilst attempting to cannulate a patient. A&E was attended where the wound was cleaned & dressed, Occupational Health were contacted.
- A staff member sustained a needlestick injury whilst attempting to pick up an open sharps box which contained a badly disposed of sharp. A&E was attended. Occupational Health was contacted.
- A crew member was attempting to cannulate a patient and sustained a needlestick injury. The wound was bled, cleaned & dressed. The incident was reported to Occupational Health.
- A member of staff sustained a needlestick injury whilst attempting to cannulate a patient. A&E was attended where the wound was cleaned & dressed. Occupational Health was contacted.
- A member of staff sustained a needlestick injury whilst cannulating a patient. A&E was attended where blood tests were taken, the wound was cleaned & dressed. Occupational Health was contacted.



- A member of staff was bitten on the leg by a dog. A&E was attended, advised to attend GP for a Tetanus injection. An email was sent via Datix to remind staff of the importance to contact Occupational Health and for this to be documented with in the Datix report.

The 5 incidents relating to splash were:

- A member of staff was splashed in the face and eye with the bodily fluids from a patient who was being resuscitated. The face and eye were cleaned. Staff member advised to seek advice from Occupational Health.
- A staff member was splashed in the face and eye whilst attempting to take the blood sugar reading from a patient. A&E was attended and an Occupational Health referral made.
- A member of staff was carrying out testing the blood sugar of a patient when they were splashed in the eye with the blood of the patient. A&E was attended where bloods were taken.
- A staff member was splashed in the face & eye whilst taking a blood sugar reading from a patient. A&E was attended where bloods were taken and an Occupational Health referral was made.
- A staff member was splashed in the face and eye by the blood of a patient with facial injuries. A&E was attended where bloods were taken. Occupational Health have been contacted.