



Introduction

The first part of this IPC monthly update is an overview of the audit results from **April 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

There were 452 A&E vehicle audits submitted for April. 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 A&E management teams for updating their vehicle numbers as they change. Each quarter the IPC Team verify the locality vehicle lists for accuracy.

Management area	Apr
HART	100%
OPS SECTOR EAST	89.7%
OPS SECTOR WEST	71.7%
Overall OPS SECTOR	87.1%

Table 1.1: A&E vehicle 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 vehicles.

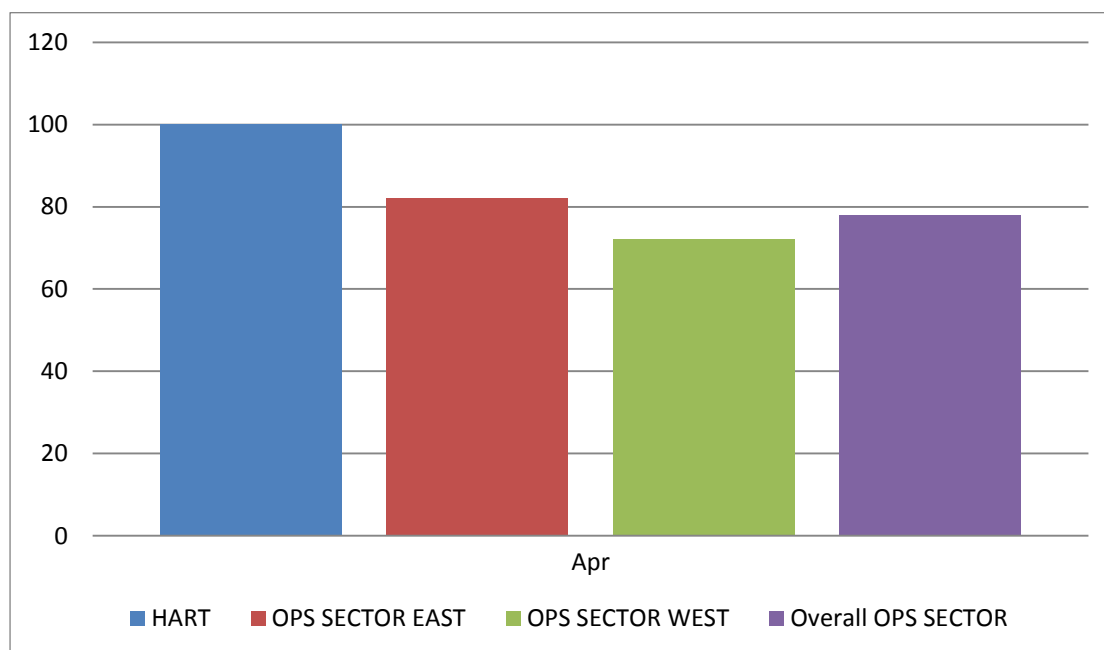


Chart 1: A&E Vehicle audit forms submitted

Vehicle Exceptions (Ops Sector West):

Management area	Performance	Action plan	Status	Actions taken
OPS SECTOR WEST-EAST HERTS	47.6%	As a locality we lost an AWD member of staff going on maternity leave the other AWD person we have available was used for several days in April to help with recruitment days as these are also a priority for Hertfordshire. This caused a backlog of vehicle audits. Closer monitoring on a weekly basis of all IPC audits to assess that we on a suitable trajectory to achieve the required levels. The local Supervisors are being used again to complete local audits on stations/ vehicles where available. Another local DLO has been tasked to assist with vehicle audits and monitor trajectory.		
OPS SECTOR WEST-SOUTH BEDS	4.2%	Assigned	Overdue	Comments go here!
OPS SECTOR WEST-WEST HERTS	73.7%	Assigned	Overdue	Comments go here!

Vehicle Exceptions (Ops Sector East):

Management area	Performance	Action plan	Status	Actions taken
OPS SECTOR EAST-NORTH ESSEX	43.8%	Vehicle Audits are normally completed by the HALO team. For some reason however, they failed to reach the required target. When challenged they informed me that it was an oversight because of the new audit system. They also had concerns over the time each audit was taking as asset tag numbers for the equipment need to be entered etc. I have had assurances that we should reach the target next month.		
OPS SECTOR EAST-WEST NORFOLK	75%	In terms of the uniform and vehicle IPC we have no AWD staff currently available in West Norfolk to undertake these tasks leaving me alone to complete the audits and that has to be done alongside all my other DLO responsibilities hence the low percentage.		



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

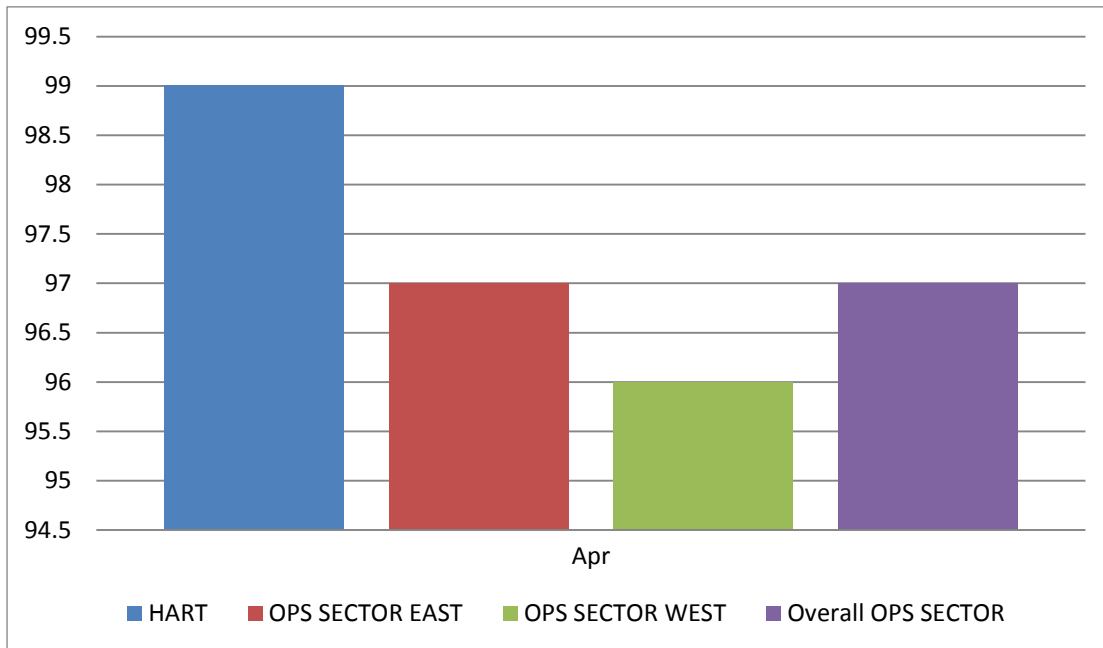


Chart 2: A&E Vehicle cleanliness compliance

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

	Exterior checks	Cab interior checks	Saloon interior checks	Equipment check list
HART - Apr	100%	100%	100%	99%
HART - Mar	NR	NR	NR	NR
OPS SECTOR EAST - Apr	100%	95%	95%	98%
OPS SECTOR EAST - Mar	100%	94%	87%	97%
OPS SECTOR WEST - Apr	99%	96%	90%	97%
OPS SECTOR WEST - Mar	96%	96%	91%	93%
Overall OPS SECTOR - Apr	100%	95%	93%	98%
Overall OPS SECTOR - Mar	98%	95%	90%	95%

Table 1.3: A&E Vehicle Patient/ Non-patient compliance

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

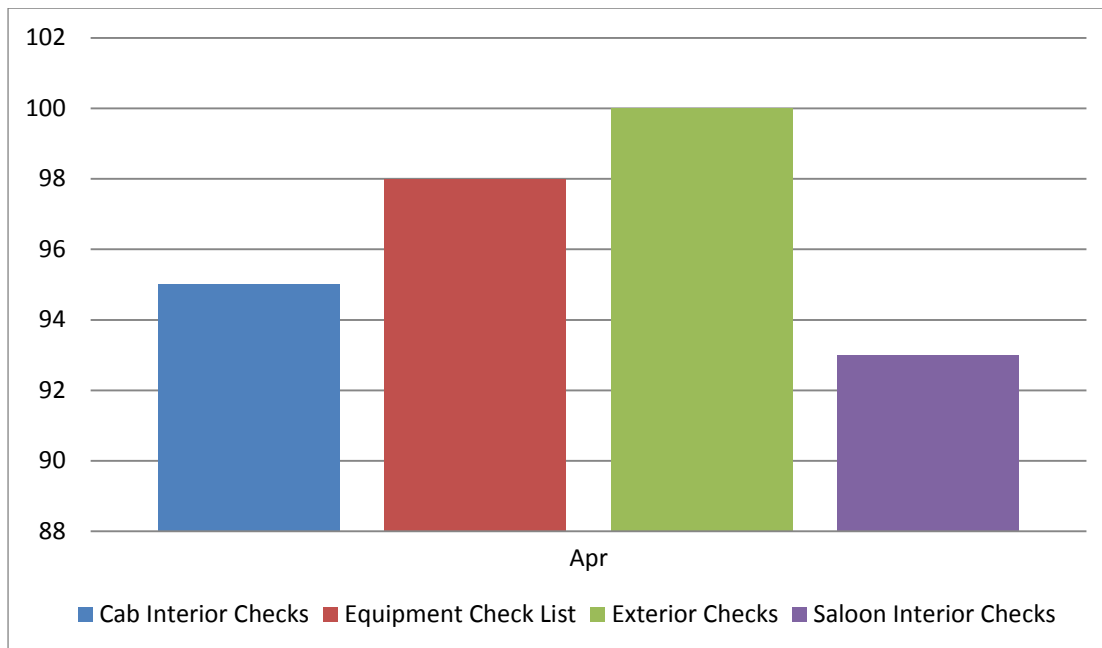


Chart 3: A&E Vehicle compliance by element

The table below depicts High Risk Action Plans for non-compliance of A&E Vehicle Cleanliness Audits

Management area	Opening balance	Added in period	Closed in period	Over due	Closing balance
OPS SECTOR WEST	233	97	168	69	162
OPS SECTOR EAST	214	86	109	97	191
HART	1	1	1	1	1

Table 1.4: Action Plans for A&E Vehicle Cleanliness Audit non-compliance

The schedule is for all patient carrying vehicles to be cleaned daily and after every patient conveyance with an enhanced vehicle deep clean every six weeks. Table 1.4 below highlights the number of A&E vehicles compliant with the Deep Clean Schedule.

In addition to the table showing the compliance levels 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	Apr
HART	100%
OPS SECTOR EAST	69%
OPS SECTOR WEST	78%

Table 1.5: Vehicle Deep Clean Compliance

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

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	91.2%	0%	0%	0%	8.8%
OPS SECTOR EAST - EAST SUFFOLK	63.6%	4.5%	0%	4.5%	27.3%



Description	Compliant	1 week	2 weeks	3 weeks	3 weeks +
OPS SECTOR EAST - MID ESSEX	64%	0%	0%	0%	36%
OPS SECTOR EAST - NORTH ESSEX	39.6%	1.9%	1.9%	0%	56.6%
OPS SECTOR EAST - SOUTH EAST ESSEX	94.7%	5.3%	0%	0%	0%
OPS SECTOR EAST - SOUTH WEST ESSEX	95.2%	4.8%	0%	0%	0%
OPS SECTOR EAST - WAVENEY	90.9%	9.1%	0%	0%	0%
OPS SECTOR EAST - WEST NORFOLK	63.2%	10.5%	5.3%	5.3%	15.8%
OPS SECTOR EAST - WEST SUFFOLK	55%	0%	5%	20%	20%
OPS SECTOR WEST - EAST HERTS	88%	4%	4%	0%	4%
OPS SECTOR WEST - NORTH BEDS	85.7%	7.1%	0%	7.1%	0%
OPS SECTOR WEST - NORTH CAMBS	51.7%	34.5%	3.4%	6.9%	3.4%
OPS SECTOR WEST - SOUTH BEDS	18.8%	6.3%	6.3%	12.5%	56.3%
OPS SECTOR WEST - SOUTH CAMBS	90%	5%	0%	0%	5%
OPS SECTOR WEST - WEST ESSEX	96.8%	3.2%	0%	0%	0%
OPS SECTOR WEST - WEST HERTS	100%	0%	0%	0%	0%

Table 1.6: A&E Vehicle Decontamination Overdue Analysis

Management area	Performance	Action plan	Status	Actions taken
OPS SECTOR EAST-NORTH ESSEX	39.6	VCO/AFA unable to complete sufficient Vehicle Decontamination Audits 65.2 , The short fall I believe is due to staffing levels. I have been informed that there is a budget to recruit a Supervisor. This is now in the SLM hands to start the process and secure this staff member. This will obviously help in attaining the target required.The AFA/VCO team are now experimenting in a roster change that is incorporating night shifts. The reason for this is many more vehicles are available during the night because the UHP is lower. I have been informed that there is a budget to recruit a Supervisor. This is now in the SLM hands to start the process and secure this staff member. This will obviously help in attaining the target required. This has been the case for several months and needs chasing. The roster change mentioned above should help significantly in attaining the required target..		
OPS SECTOR EAST-WEST NORFOLK	63.2	We have constant fleet issues here in West Norfolk so very rarely do we have vehicles sat spare that can be deep cleaned.That combined with having one of our AFA's on long term sick and our only VCO also on long term sick we will always struggle on the vehicle deep cleans.		



Quality Assurance Audits

1 A&E vehicle quality assurance audits have been completed this month, in comparison against the most recent local audit the below findings were made:

Management area	Apr
HART	
OPS SECTOR EAST	1
OPS SECTOR WEST	
Overall OPS SECTOR	1

Table 1.7: Trust A&E Vehicle Quality Assurance Audit Vs Local audit compliance

Entity qc â€™d	Management area	Local audit	Qa audit	Time gap (days)	Exception details
AY14CVH	OPS SECTOR EAST - MID ESSEX	100%	94.4%	11	

Table 1.8: Trust A&E Vehicle Quality Assurance Audit Vs Local audit compliance

The following chart depicts the Quality Assurance A&E vehicle cleanliness compliance.

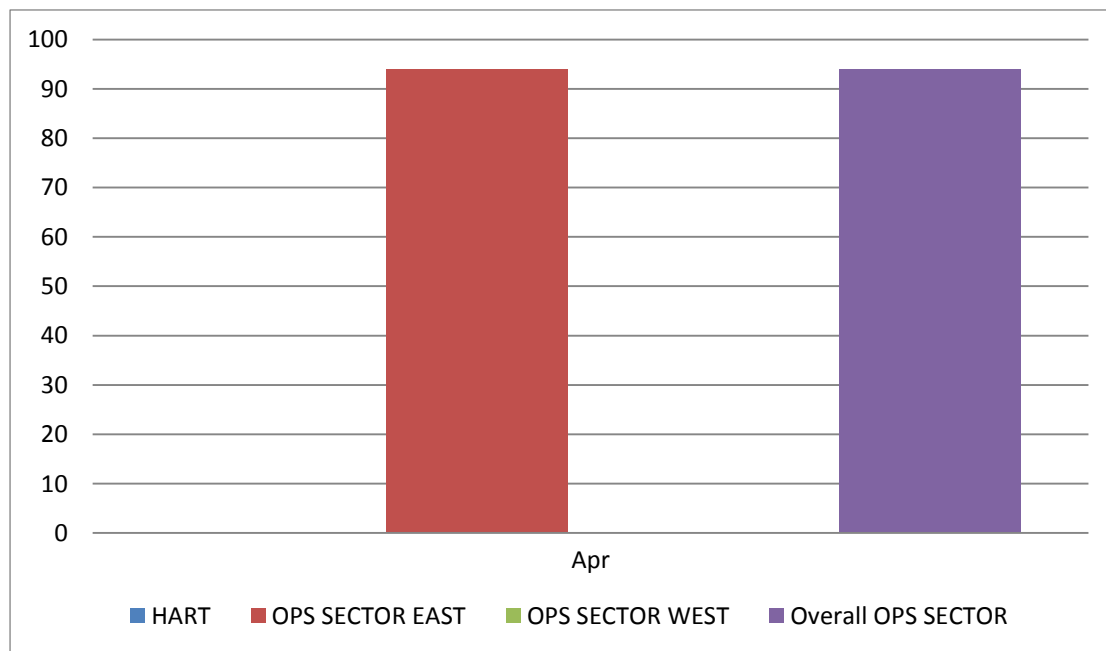


Chart 5: Quality Assurance Vehicle Cleanliness Compliance



Patient Transport Service (PTS)

There were 101 PTS vehicle audits submitted for April. 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 PTS management teams for updating their vehicle numbers as they change. Each quarter the IPC Team verify the locality vehicle lists for accuracy.

The PTS submissions result has been adversely affected due to changes with the PTS management structure and these changes being implemented mid-month. The PTS hierarchy is now being amended to reflect these changes and future reports should display an accurate representation of compliance.

Management area	Apr
East Herts PTS	26.9%
Mid Cambs PTS	11.1%
North Beds PTS	
North Cambs PTS	100%
North Essex PTS	96.2%
South Beds PTS	
South Cambs PTS	100%
South Essex PTS	100%
West Essex PTS	76.9%
West Herts PTS	
Overall PTS	52.6%

Table 1.9: PTS Vehicle audits submitted

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

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

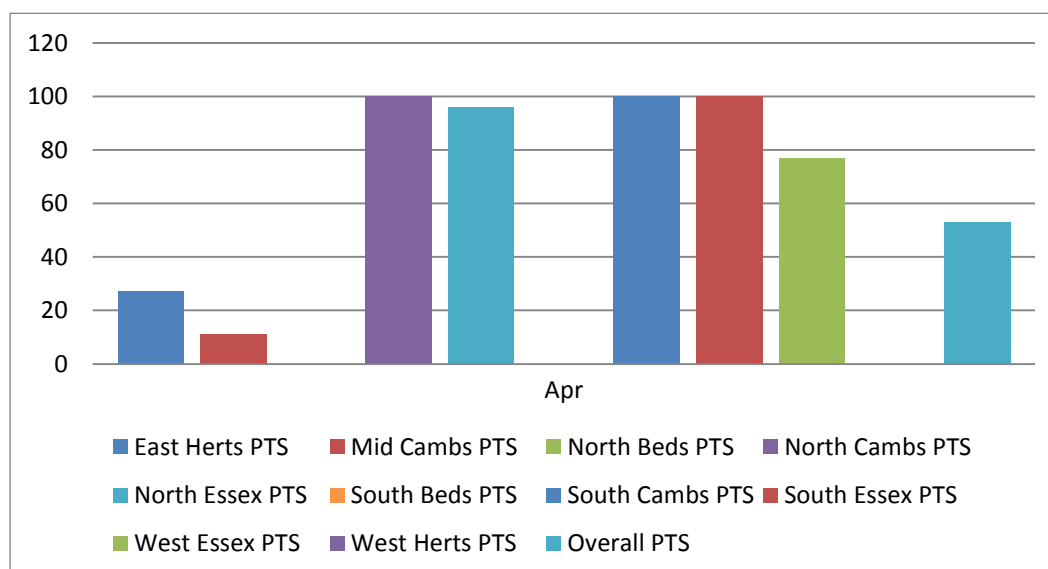


Chart 6: PTS Vehicle audit forms submitted



PTS Vehicle Exceptions for West Essex:

Management area	Performance	Action plan	Status	Actions taken
West Essex PTS	76.9%	Assigned	Overdue	Comments go here!

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

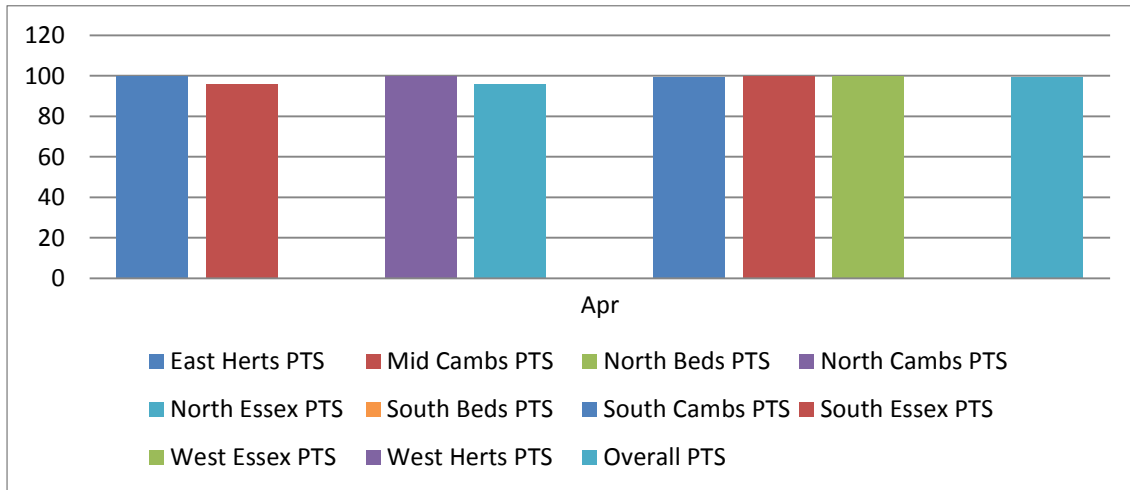


Chart 7: PTS Vehicle cleanliness compliance

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

	Exterior checks	Cab interior checks	Saloon interior checks	Equipment check list
East Herts PTS - Apr	100%	100%	100%	100%
East Herts PTS - Mar	NR	NR	NR	NR
Mid Cambs PTS - Apr	100%	100%	83%	100%
Mid Cambs PTS - Mar	100%	67%	83%	100%
North Beds PTS - Apr	NR	NR	NR	NR
North Beds PTS - Mar	NR	NR	NR	NR
North Cambs PTS - Apr	100%	100%	100%	100%
North Cambs PTS - Mar	NR	NR	NR	NR
North Essex PTS - Apr	96%	100%	99%	94%
North Essex PTS - Mar	100%	100%	100%	100%
South Beds PTS - Apr	NR	NR	NR	NR
South Beds PTS - Mar	NR	NR	NR	NR
South Cambs PTS - Apr	100%	97%	100%	98%
South Cambs PTS - Mar	NR	NR	NR	NR
South Essex PTS - Apr	100%	100%	100%	100%
South Essex PTS - Mar	NR	NR	NR	NR
West Essex PTS - Apr	100%	100%	100%	100%
West Essex PTS - Mar	100%	100%	100%	100%
West Herts PTS - Apr	NR	NR	NR	NR
West Herts PTS - Mar	NR	NR	NR	NR
Overall PTS - Apr	99%	99%	99%	98%
Overall PTS - Mar	100%	89%	93%	100%

Table 1.10: PTS Vehicle Patient/ Non-patient Compliance

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



The schedule is for all patient carrying vehicles to be cleaned daily and after every patient conveyance with an enhanced vehicle deep clean every six weeks. Table 1.11 below highlights the number of PTS vehicles compliant with the Deep Clean Schedule.

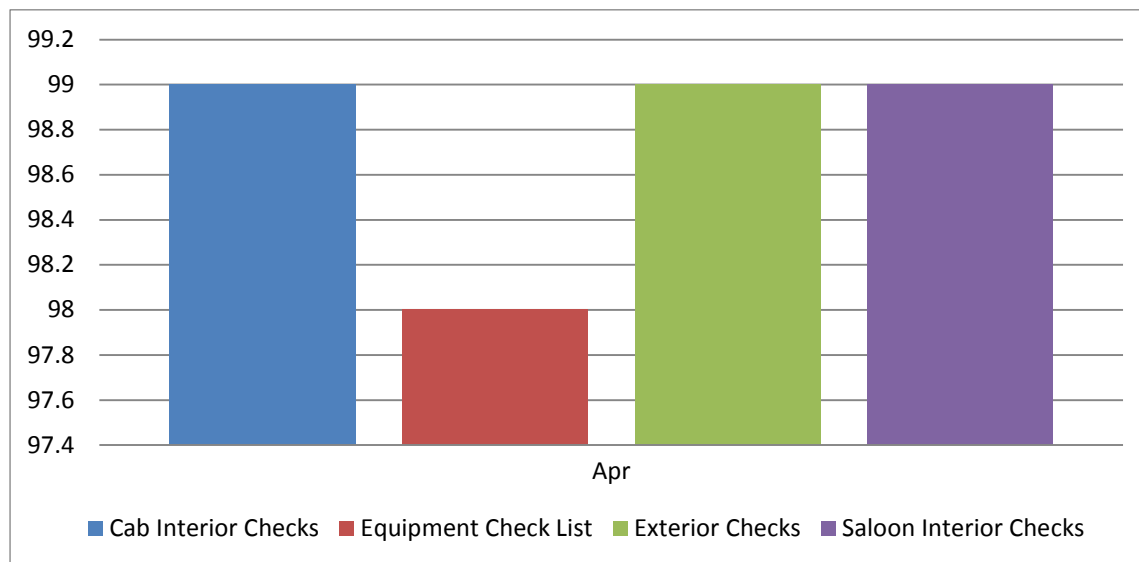


Chart 8: PTS Vehicle Audit element compliance

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

Management area	Opening balance	Added in period	Closed in period	Over due	Closing balance
West Herts PTS	0	0	0	0	0
West Essex PTS	1	1	1	1	1
South Essex PTS	0	0	0	0	0
South Cambs PTS	2	2	0	2	4
South Beds PTS	0	0	0	0	0
North Essex PTS	34	10	6	14	38
North Cambs PTS	3	0	2	0	1
North Beds PTS	0	0	0	0	0
Mid Cambs PTS	1	1	0	1	2
East Herts PTS	0	0	0	0	0

The schedule is for all patient carrying vehicles to be cleaned daily and after every patient conveyance with an enhanced vehicle deep clean every six weeks. Table 1.11 below highlights the number of PTS vehicles compliant with the Deep Clean Schedule.

In addition to the table showing the compliance levels chart 9 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	Apr
East Herts PTS	4%
Mid Cambs PTS	67%



Description	Apr
North Beds PTS	0%
North Cambs PTS	53%
North Essex PTS	0%
South Beds PTS	0%
South Cambs PTS	86%
South Essex PTS	62%
West Essex PTS	58%
West Herts PTS	0%

Table 1.11: Vehicle Deep Clean Compliance

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

Description	Compliant	1 week	2 weeks	3 weeks	3 weeks +
East Herts PTS	3.8%	0%	0%	0%	96.2%
Mid Cambs PTS	66.7%	5.6%	5.6%	0%	22.2%
North Beds PTS	0%	0%	0%	0%	100%
North Cambs PTS	53.3%	0%	0%	0%	46.7%
North Essex PTS	0%	0%	0%	0%	100%
South Beds PTS	0%	0%	0%	0%	100%
South Cambs PTS	85.7%	9.5%	4.8%	0%	0%
South Essex PTS	61.9%	0%	0%	0%	38.1%
West Essex PTS	58.3%	16.7%	16.7%	8.3%	0%
West Herts PTS	0%	0%	0%	0%	100%

Table 1.12: PTS Vehicle Decontamination Aged Analysis

PTS Vehicle decontamination Exceptions for North Essex:

Management area	Performance	Action plan	Status	Actions taken
North Essex PTS	0%	Assigned	Overdue	Comments go here!

PTS Vehicle decontamination Exceptions for West Essex:

Management area	Performance	Action plan	Status	Actions taken
West Essex PTS	58%	Assigned	Overdue	Comments go here!

Quality Assurance Audits

1 PTS vehicle quality assurance audits have been completed this month and compared against the local audit compliance producing the below findings:

Management area	Apr
East Herts PTS	
Mid Cambs PTS	
North Beds PTS	
North Cambs PTS	
North Essex PTS	
South Beds PTS	
South Cambs PTS	
South Essex PTS	



Management area	Apr
West Essex PTS	1
West Herts PTS	
Overall PTS	1

Table 1.13: PTS Vehicle Quality Assurance Audit Vs Local audit compliance

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

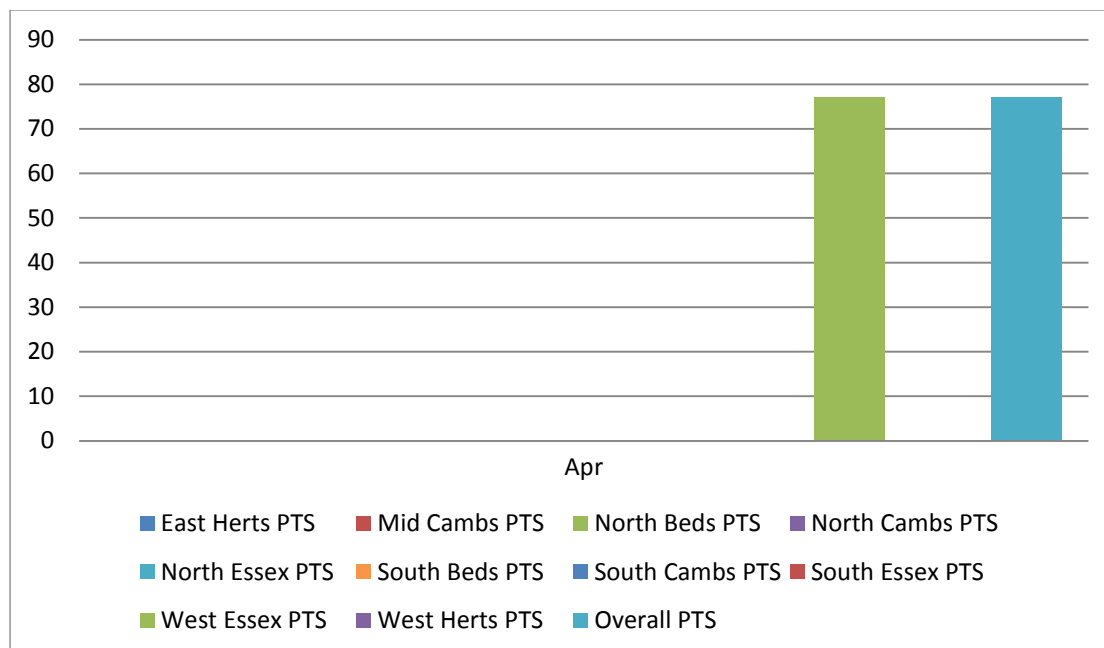


Chart 10: Quality Assurance PTS Vehicle Cleanliness Compliance

Station and Premises Cleanliness Audits

A&E, HART & PTS

There were 78 station audits submitted for April. 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 as such care should be taken in interpreting their submission compliance as if a single station is missed will result in a 50% submission level.

The PTS station submissions result has been adversely affected due to changes with the PTS management structure and these changes being implemented mid-month. The PTS hierarchy is now



being amended to reflect these changes and future reports should display an accurate representation of compliance.

Management area	Apr
HART	100%
Ops Sector East	93.9%
Ops Sector West	93.5%
Overall EEAST	89.7%

Table 1.14: 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.

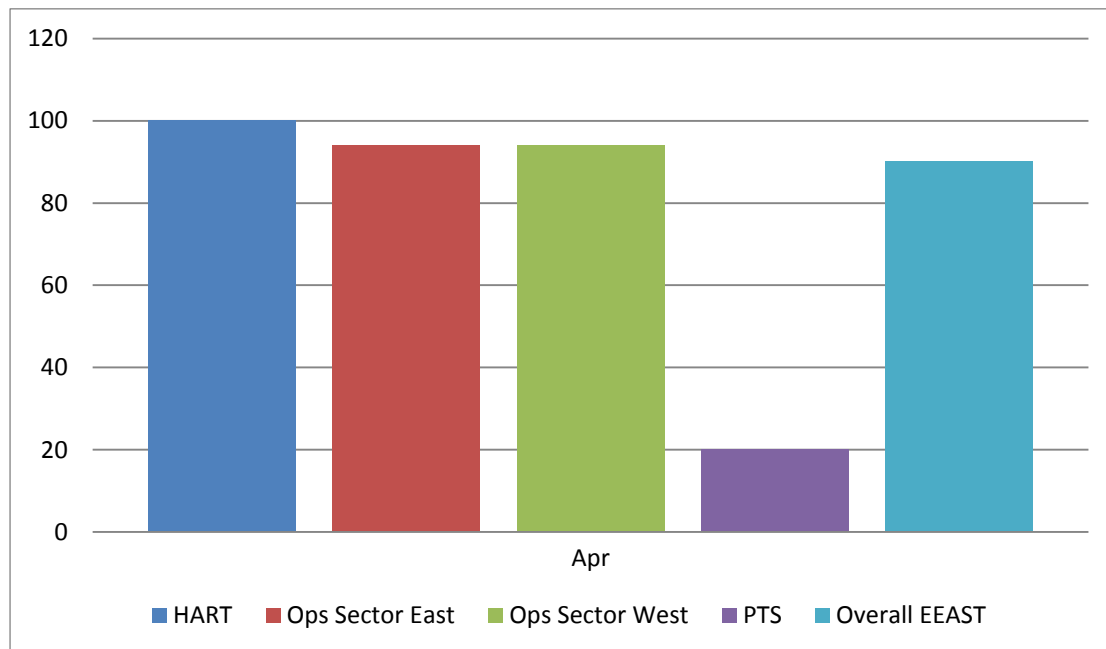


Chart 11: Station Audit Forms Submitted

Station audit exceptions for ops sector east:

Management area	Performance	Action plan	Status	Actions taken
OPS SECTOR EAST-EAST NORFOLK	83.3%	Assigned	Overdue	Comments go here!
OPS SECTOR EAST-SOUTH EAST ESSEX	75%	Assigned	Overdue	Comments go here!
OPS SECTOR EAST-WEST SUFFOLK	83.3%	Assigned	Overdue	Comments go here!

Station audit exceptions for ops sector west:

Management area	Performance	Action plan	Status	Actions taken
OPS SECTOR WEST-SOUTH BEDS	50%	Assigned	Overdue	Comments go here!
OPS SECTOR WEST-WEST ESSEX	83.3%	Stansted Ambulance Station not audited. The station will be audited in future.		



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

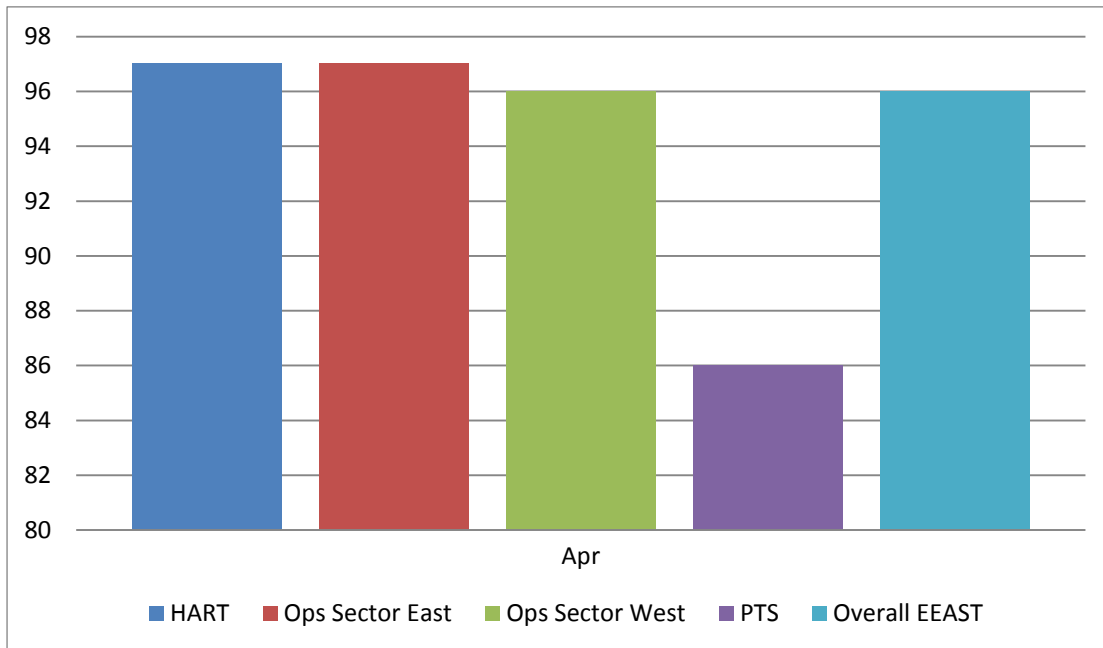


Chart 12: Station Cleanliness Compliance

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	Safety & ; security	Cleaning contractors store / cupboard
HART - Apr	100%	100%	92%	100%	83%	100%	100%	NR	100%
HART - Mar	50%	100%	67%	78%	100%	0%	100%	NR	67%
Ops Sector East - Apr	88%	94%	94%	99%	96%	99%	97%	NR	98%
Ops Sector East - Mar	100%	100%	100%	100%	100%	100%	100%	NR	94%
Ops Sector West - Apr	92%	91%	97%	96%	95%	98%	96%	NR	92%
Ops Sector West - Mar	100%	100%	100%	100%	100%	100%	100%	NR	100%
PTS - Apr	75%	100%	100%	100%	67%	100%	75%	NR	67%
PTS - Mar	NR	NR	NR	NR	NR	NR	NR	NR	NR
Overall EEAST - Apr	90%	93%	95%	98%	95%	99%	96%	NR	95%
Overall EEAST - Mar	95%	100%	97%	98%	100%	100%	100%	NR	94%

Table 1.15: 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.

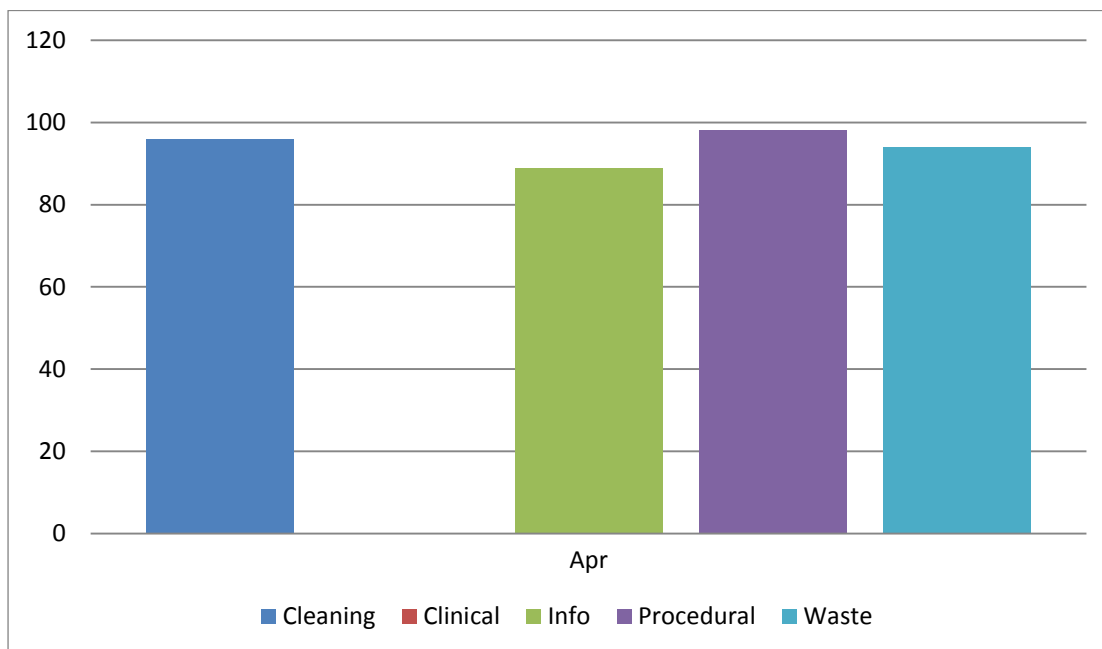


Chart 13: Station audit individual element compliance

Quality Assurance Audits.

30 Station quality assurance audits have been completed this month and compared against the local audit compliance producing the below findings:

Management area	Apr
HART	
Ops Sector East	23
Ops Sector West	6
PTS	1
Overall EEST	30

Table 1.16: Trust Station Quality Assurance Audit Vs Local audit compliance

Trust Station Quality Assurance Audit exceptions reporting:

Entity qc â€™d	Management area	Local audit	Qa audit	Time gap (days)	Exception details
Attleborough	Ops Sector East	97.7%	85%	5	
Beccles	Ops Sector East	92.7%	91.9%	6	
Beccles	Ops Sector East	97.6%	84.6%	19	
Bishops Stortford	Ops Sector West	87.2%	88.9%	1	
Burnham on Crouch	Ops Sector East	97.5%	95.2%	5	
Bury St Edmunds (Brooklands)	Ops Sector East	100%	92.5%	7	
Bury St Edmunds (Parkway)	Ops Sector East	100%	97.4%	7	



Entity qc â€™d	Management area	Local audit	Qa audit	Time gap (days)	Exception details
Cambridge The Paddocks	PTS	86.5%	86.2%	4	
Canvey	Ops Sector East	95%	87.8%	3	
Cheshunt	Ops Sector West	96.8%	87.5%	2	
Clacton	Ops Sector East	92.5%	71.8%	21	
Dereham	Ops Sector East	97.4%	100%	27	
Diss	Ops Sector East	100%	74.3%	24	
Downham Market	Ops Sector East	100%	90%	6	
Dunmow	Ops Sector East	97.2%	86.1%	3	
Fakenham	Ops Sector East	95%	94.6%	6	
Hunstanton	Ops Sector East	97.4%	97.4%	4	
Kings Lynn	Ops Sector East	97.7%	100%	3	
Maldon	Ops Sector East	97.7%	95%	5	
Newmarket	Ops Sector East	100%	91.9%	3	
North Walsham	Ops Sector East	100%	92.5%	12	
Peterborough	Ops Sector West	94.6%	83.3%	3	
Potter Heigham	Ops Sector East	91.4%	82.8%	2	
Potter Heigham	Ops Sector East	100%	75%	19	
Royston	Ops Sector West	100%	87.5%	8	
Saffron Walden	Ops Sector West	90.5%	95.3%	6	
St Ives	Ops Sector West	100%	88.6%	10	
Swaffham	Ops Sector East	97.6%	91.9%	0	
Waveney	Ops Sector East	97.2%	89.2%	6	
Waveney	Ops Sector East	100%	80%	12	
Weeley	Ops Sector East	97.4%	100%	21	
Wisbech	Ops Sector East	100%	83.7%	10	
Witham	Ops Sector East	100%	87.8%	5	

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

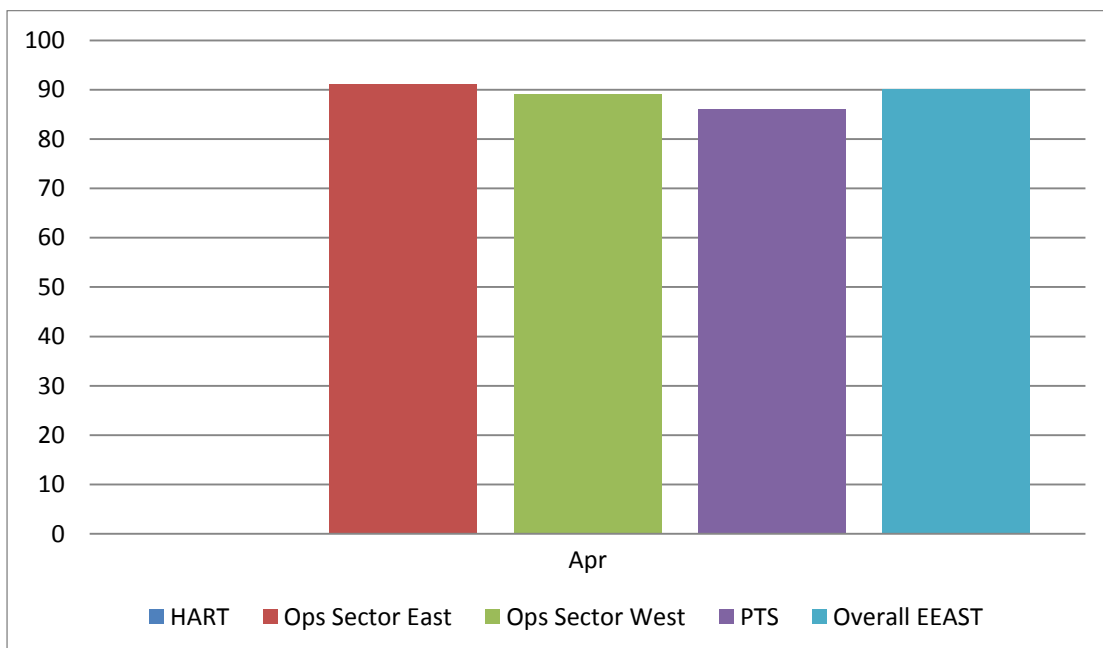


Chart 14: Quality Assurance Stations Sections Compliance



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.



Uniform Compliance Audits

These audits are based on the IPC related elements of the Trust Uniform policy and will be reported monthly for all clinical groups.

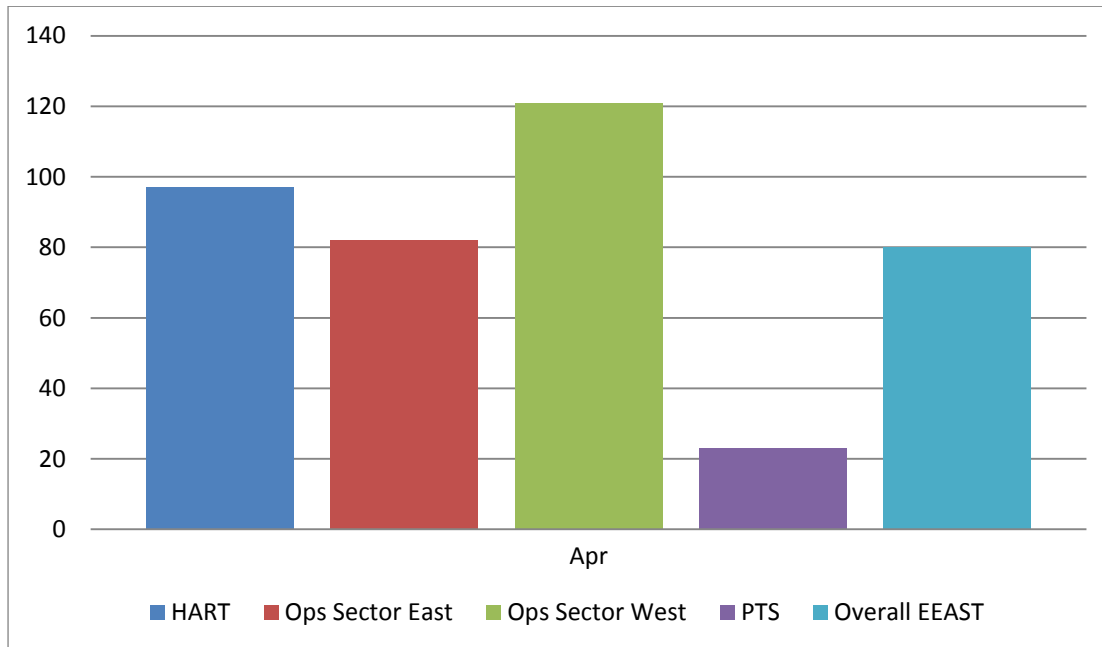


Chart 15: Uniform Compliance Audits Submitted

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

Management area	Apr
HART	100%
Ops Sector East	88.9%
Ops Sector West	100%
PTS	25.6%
Overall EEAST	86.7%

Table 1.17: Uniform audits submitted

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

Management area	Opening balance	Added in period	Closed in period	Over due	Closing balance
PTS	4	0	0	0	4
Ops Sector West	14	6	6	1	14
Ops Sector East	7	8	10	0	5
HART	1	1	2	0	0

Table 1.18: Action Plans for Trust Wide Uniform audits submitted

Exception reports for Ops Sector East Uniform compliance:

Management area	Performance	Action plan	Status	Actions taken
OPS SECTOR EAST-EAST SUFFOLK	62.5%	Assigned	Overdue	Comments go here!
OPS SECTOR EAST-MID ESSEX	37.5%	From your email, I understand that the previous way the dashboard		



Management area	Performance	Action plan	Status	Actions taken
		displayed has caused an unclear view of what is left to be submitted. The new dashboard display is clear and you will see only the audits logged during that current month. SW		
OPS SECTOR EAST-NORTH ESSEX	43.8%	Uniform Audits are normally completed by the HALO team. For some reason however, they failed to reach the required target. When challenged they informed me that it was an oversight because of the new audit system. I have had assurances that we should reach the target next month.		
OPS SECTOR EAST-WAVENEY	68.8%	Assigned	Overdue	Comments go here!
OPS SECTOR EAST-WEST NORFOLK	56.3%	In terms of the uniform and vehicle IPC we have no AWD staff currently available in West Norfolk to undertake these tasks leaving me alone to complete the audits and that has to be done alongside all my other DLO responsibilities hence the low percentage.		

Exception reports for Ops Sector West Uniform compliance:

Management area	Performance	Action plan	Status	Actions taken
OPS SECTOR WEST-SOUTH BEDS	50%	Assigned	Overdue	Comments go here!

Exception reports for HART Uniform compliance:

Management area	Performance	Action plan	Status	Actions taken
HART-HART Melbourn	68.8%	Assigned	Overdue	Comments go here!

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

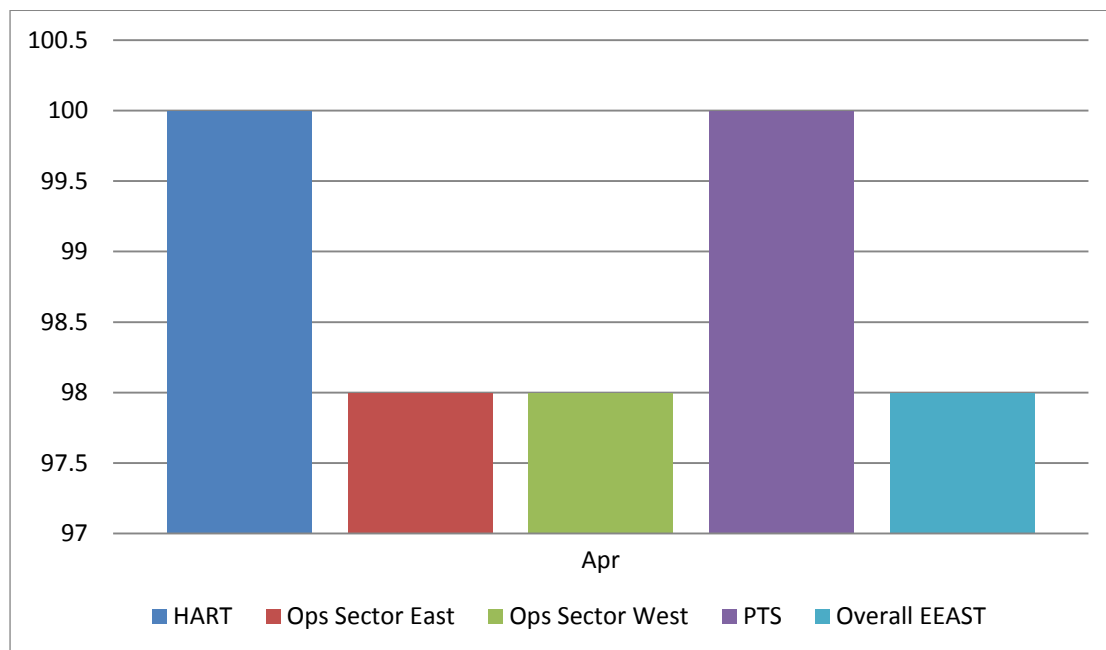


Chart 16: Uniform Compliance Results



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

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

	Uniform compliance
HART - Apr	100%
HART - Mar	100%
Ops Sector East - Apr	98%
Ops Sector East - Mar	100%
Ops Sector West - Apr	98%
Ops Sector West - Mar	100%
PTS - Apr	100%
PTS - Mar	100%
Overall EEAST - Apr	98%
Overall EEAST - Mar	100%

Table 1.19: Uniform compliance by element

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

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).

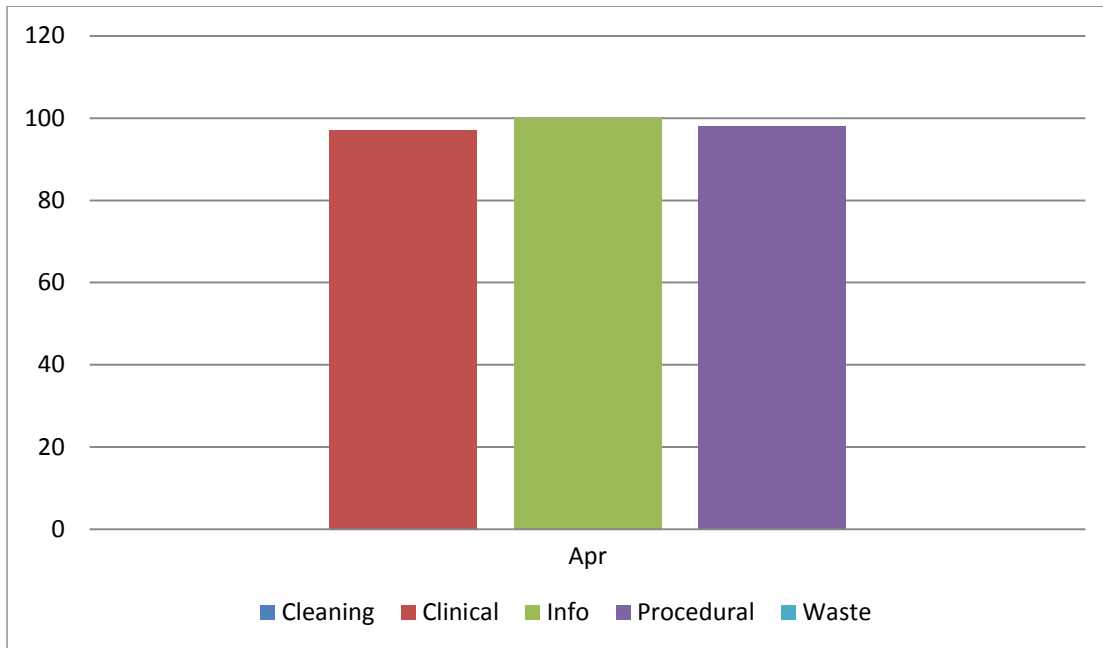


Chart 17: Uniform Compliance Results

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.

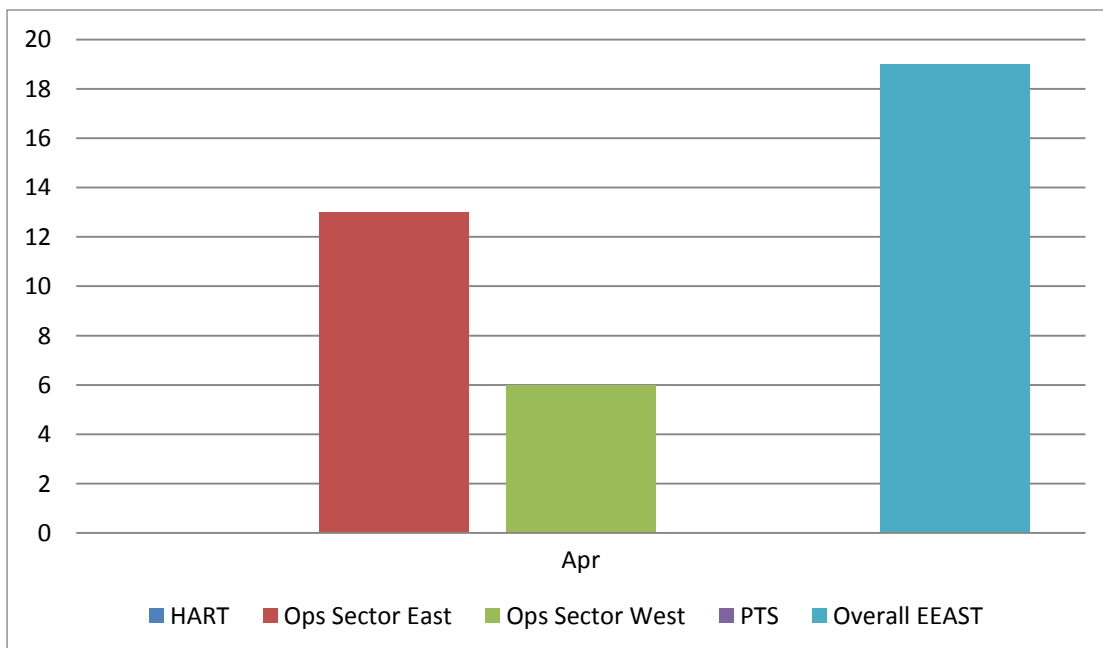


Chart 19: QA10 Compliance Audits Submitted

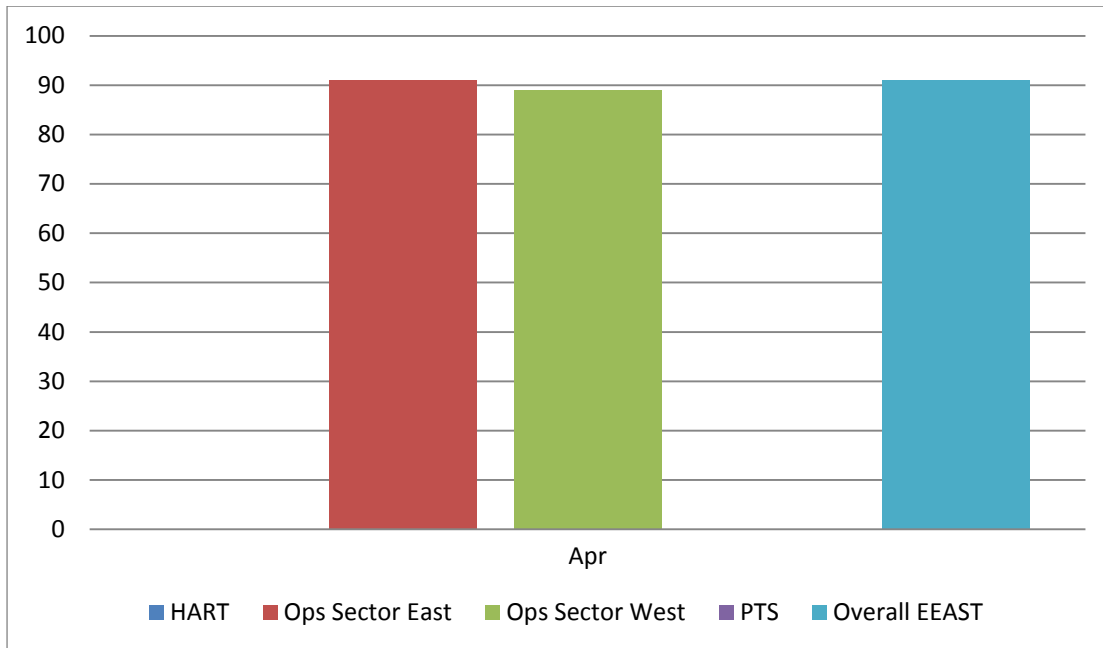


Chart 20: QA10 Section Compliance Results

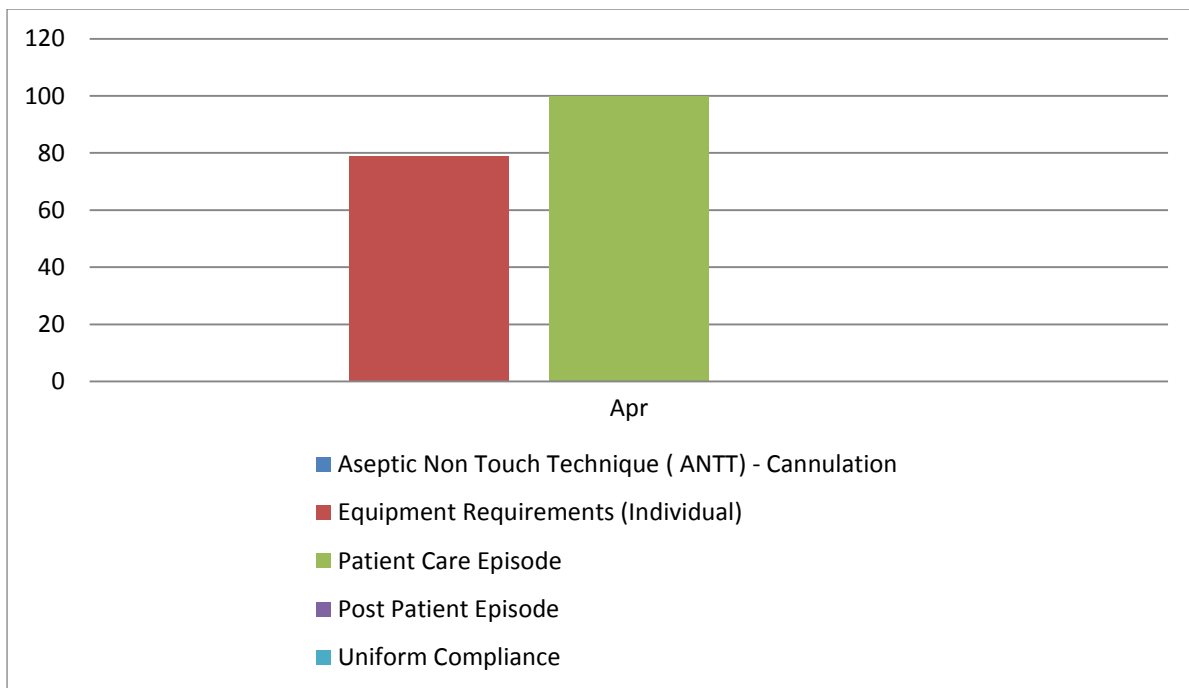


Chart 21: QA10 Section Compliance Results By Element



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:

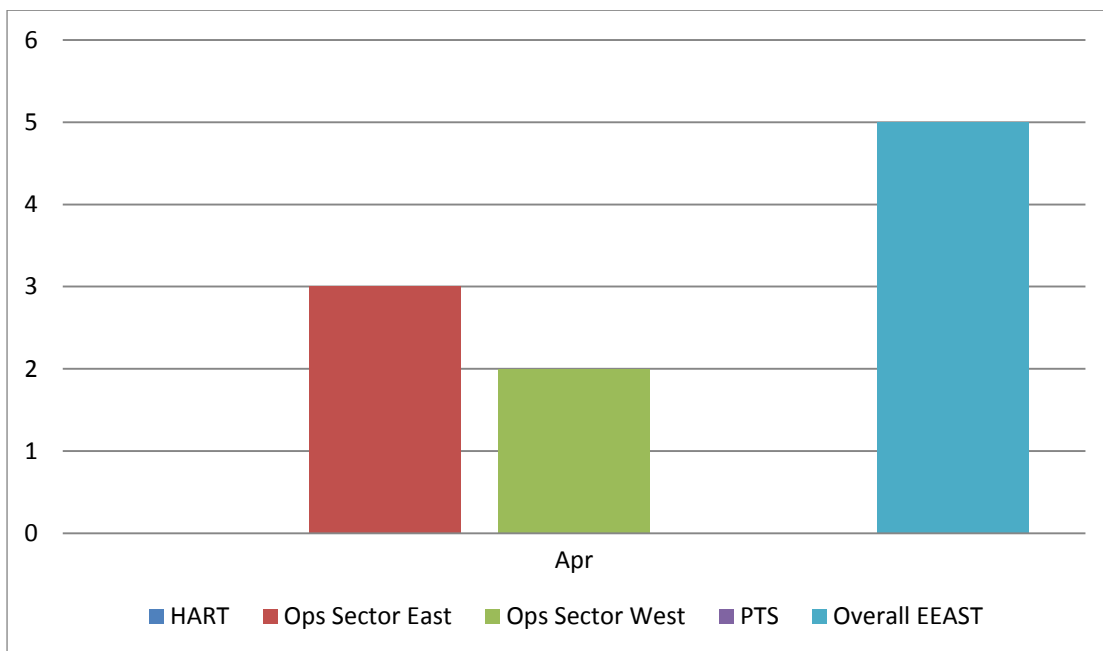


Chart 22: IPC Practice Compliance Audits Submitted



The chart below depicts the IPC Practice compliance percentage.

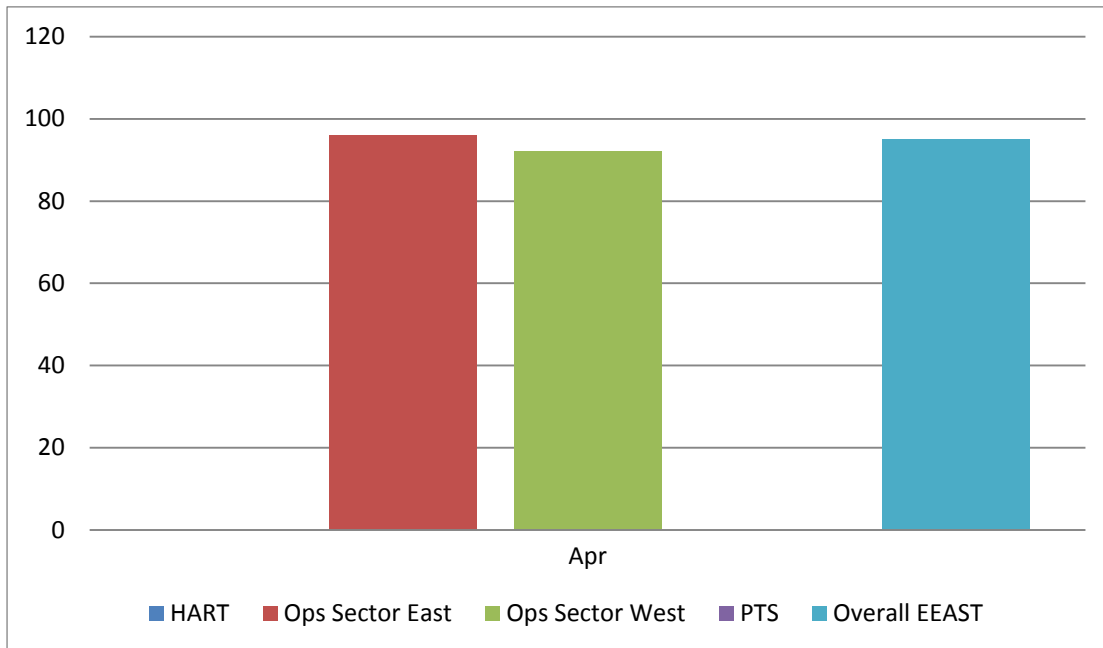


Chart 23: IPC Practice Compliance Results

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.

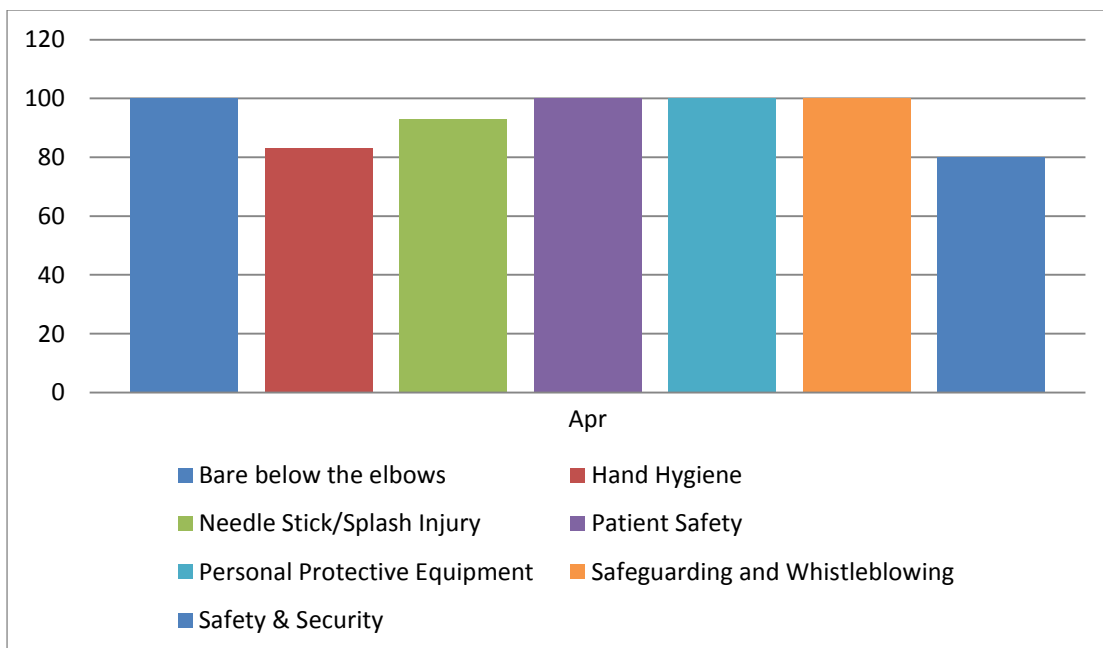


Chart 24: IPC Practice section Compliance Results



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 **5** incidents relating to contaminated sharps were:

- 1 related to IO needle stick whilst disposing of device. DLO was informed and A+E assessment was performed. Incident was determined low risk and OH follow up advised.
- 1 incident occurred whilst taking blood resulting in injury to the thumb. DLO was informed and A+E assessment was performed. Incident was determined low risk and OH follow up advised. DLO dealing with ACL regarding taking bloods at A+E.
- 1 related to a minor NSI whilst searching a patient's pocket. DLO was informed. A+E was attended for blood test and HEP B booster was given. OH were advised.
- 1 occurred during cannulation. DLO was informed and A+E was attended. Incident determined as high risk and HIV meds were given. HEP B booster was advised. OH made aware.
- 1 NSI was noticed by member of staff following removal of gloves. Patient was HEP B positive. Manager was advised and A+E was attended.

The **3** incidents relating to clean sharps were:

- 2 relating to glass vile injuries. 1 resulted in no action and the other resulted in member of staff visiting GP and A+E to treat wound.
- 1 relating to IM needle stick. DLO was informed. Injury was bled and plaster applied.

The **4** incidents relating to splash injuries were:

- 2 incidents of spitting in the staff members faces/eye. In 1 instance the DLO and A+E were informed but the incident was determined as low risk. OH follow up was advised. In the other instance no action was taken.
- 1 related to a splash back of blood from a cannula to the staff members eye. Incident was reported to the DLO and the A+E but was deemed as low risk and follow up with OH was advised.
- 1 blood splash to the eye resulting in disposal of a giving set. Eye was washed, DLO informed and A+E visited. Incident was stated as low risk and OH were made aware. Staff member advised to take care when disposing of such items.

The **1** incident relating to an exposure incident was:

- 1 incident occurred when a crew attended a patient with chest pain. Following exposure to the patient it was discovered that the patient was taking antiviral TB drugs. At this point PPE was used. DLO and OH were informed. OH advised that no A+E attendance is necessary. EOC were not informed patient had TB.



The **6** incidents relating to poor practice were:

- 2 related to incorrect clinical waste disposal, which were rectified. In 1 instance staff were emailed to clarify the correct procedure.
- 1 relates to a sharps box potentially left at the patients address. Patient was contacted but the box is untraceable. Crew were asked to be more aware of placement of equipment.
- 1 related to a crew not utilising the correct PPE or risk assessment.
- 1 incident related to a vehicle being left insufficiently decontaminated. The crew discovered contamination and returned to station to rectify the issue.
- 1 relates to unserviceable equipment being left on a vehicle that is contaminated.