

# Infection Prevention & Control Update July 2018





## Introduction

The first part of this IPC monthly update is an overview of the audit results from **July 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	
<b>RED</b>	<75%	<85%	<85%
<b>AMBER</b>	75-84%	85-94%	85-94%
<b>GREEN</b>	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 663 vehicle audits submitted in July by area management teams.** 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	Jul
HART	100%
OPS SECTOR EAST	90.5%
OPS SECTOR WEST	90.6%
PTS	82.4%
Overall OPS SECTOR	87.8%

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

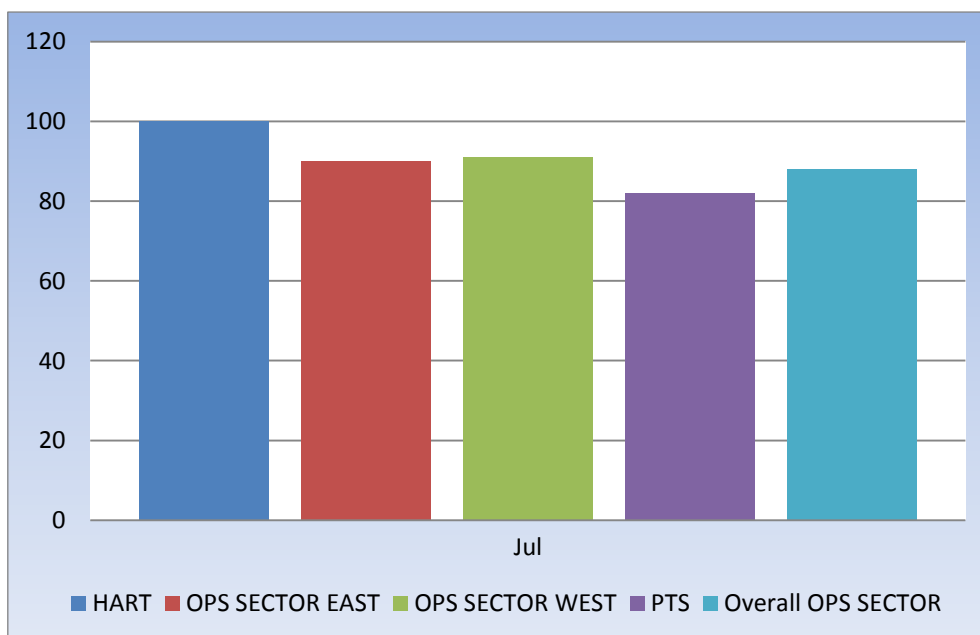


Chart 1: Vehicle audit forms submitted



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

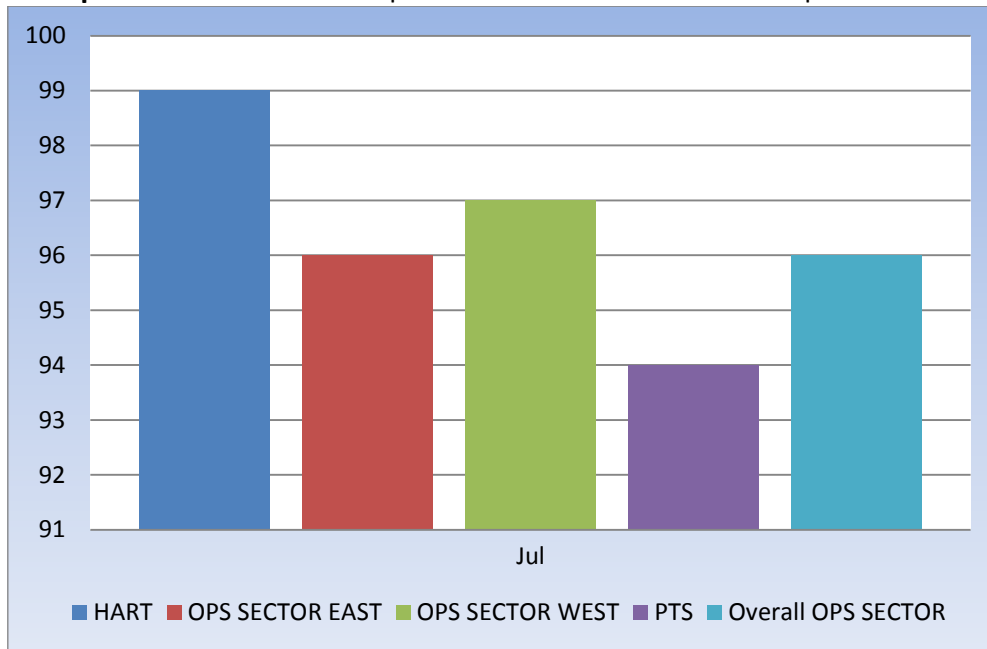


Chart 2: Vehicle cleanliness compliance

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 - Jul	100%	100%	100%	98%
HART - Jun	100%	100%	96%	100%
OPS SECTOR EAST - Jul	99%	96%	91%	97%
OPS SECTOR EAST - Jun	100%	92%	91%	97%
OPS SECTOR WEST - Jul	100%	97%	93%	99%
OPS SECTOR WEST - Jun	98%	96%	90%	97%
PTS - Jul	99%	94%	93%	93%
PTS - Jun	94%	93%	88%	93%
Overall OPS SECTOR - Jul	99%	96%	92%	97%
Overall OPS SECTOR - Jun	98%	94%	90%	96%

Table 1.2: Vehicle Patient/ Non-patient compliance  
(R.A.G Red- <85%, Amber- 85-94%, Green- 95% & above)

The chart below depicts Trust percentages for patient and non-patient areas

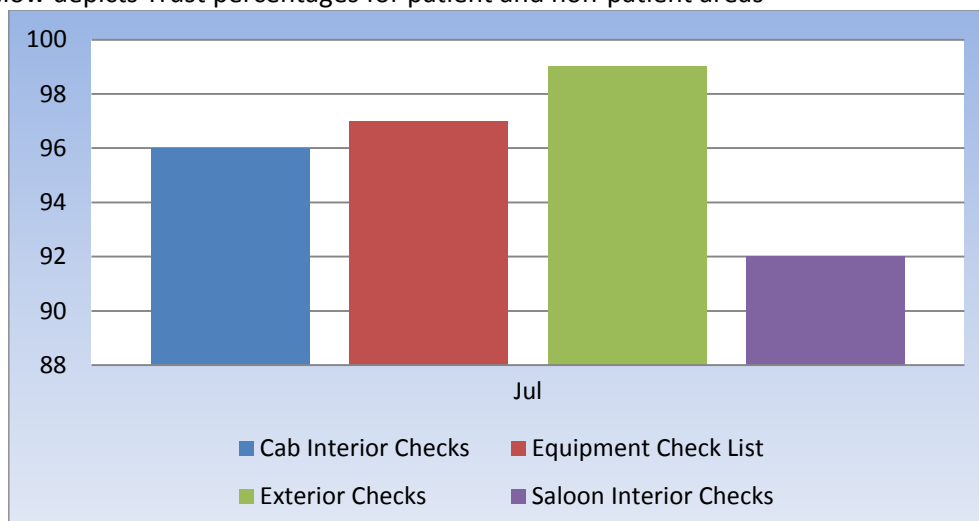


Chart 3: Vehicle compliance by element



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	73	58	4	49	127
OPS SECTOR WEST	57	34	21	13	70
OPS SECTOR EAST	63	83	34	68	112
HART	1	0	0	0	1

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

### Trust vehicles: Areas for improvement

Area	Risk	Element name	Avg . score	Compliance
Saloon Interior Checks	High	Waste (DSA)	85.38	292 of 342
Saloon Interior Checks	High	Cleanliness (DSA, PTS)	88.82	453 of 510
Saloon Interior Checks	High	Waste (RRV)	90.32	140 of 155
Equipment Check List	High	Safety (A+E, PTS)	92.76	359 of 387
Equipment Check List	High	Carry chair (A+E, PTS)	93.05	415 of 446
Equipment Check List	High	IPC/ PPE equipment (A+E, PTS)	93.4	623 of 667
Equipment Check List	High	Board cleanliness (DSA)	94.67	302 of 319
Saloon Interior Checks	High	Waste (PTS)	95.38	124 of 130
Equipment Check List	High	Medical Equipment (A+E)	96.08	319 of 332
Equipment Check List	High	Medical Gases & Flow Meters (A+E, PTS)	96.46	409 of 424

### Vehicle audit exception details

Action	Details	Status	Notes
Actions to resolve non-compliance to: PTS-West Essex PTS Completing a sufficient level of Vehicle audits, only 7.1%, in Jul 2018	New management in area, timetable has been set for this process to be completed from August onwards. August will be completed. Need to address training with the new management.	Complete	
Actions to resolve non-compliance to: PTS-North Beds PTS Completing a sufficient level of Vehicle audits, only 73.7%, in Jul 2018	Beds PTS do not have an AFA at present and audits are completed by my ALO and I, this has improved for August as all vehicles have now been audited.	Complete	
Actions to resolve non-compliance to: PTS-South Beds PTS Completing a sufficient level of Vehicle audits, only 72.7%, in Jul 2018	All staff now have logins and able to do this work. AFA will primarily responsible for getting these done	Complete	
Actions to resolve non-compliance to: PTS-Mid Cambs PTS Completing a sufficient level of Vehicle audits, only 72.2%, in Jul 2018		Pending Acceptance	Nil Return – Exception requested
Actions to resolve non-compliance to: OPS SECTOR EAST-NORTH ESSEX Achieving a sufficient percentage score in Vehicle audits, only 77.6%, in Jul 2018	The failure has been due to sickness and annual leave of both individuals, lack of resource to backfill, and no replacement vehicles to boost the fleet and allow some resilience for cleans / deep clean. My AFA team are also responsible for PTS vehicles, of which there are approx. 25 in Nth Essex. The DLO who leads this is off work and will not be returning till end of September. There is no Unable to state when we will be back on target, have spoken to neighbouring areas asking for support but they working to capacity so have no slack to assist.	Complete	
Actions to resolve non-compliance to: PTS-South	All staff now have logins and able to do this work. AFA will primarily responsible for getting these done	Complete	



Action	Details	Status	Notes
Beds PTS Achieving a sufficient percentage score in Vehicle audits, only 83.5%, in Jul 2018			
Actions to resolve non-compliance to: PTS-West Herts PTS Achieving a sufficient percentage score in Vehicle audits, only 80.7%, in Jul 2018	ALO commenced at Watford the end of the 1st week of July it was then highlighted to me that the previous ALO had not completed any audits. To ensure ALOs are compliant	Complete	
Actions to resolve non-compliance to: OPS SECTOR WEST-WEST HERTS Completing a sufficient level of Vehicle audits, only 67.6%, in Jul 2018	Trouble accessing the system and the lack of availability of DLO's/staff with access Email staff who have access to online audits August On-going discussions with staff	Complete	

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 Trust 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	Jul
HART	100%
OPS SECTOR EAST	72%
OPS SECTOR WEST	91%
PTS	65%
Overall Trust	75%

Table 1.5: Vehicle Deep Clean Compliance  
(R.A.G Red- <90%, Green-90% & above)

## Vehicle Decontamination Tool

The table below depicts each management area's compliance with the 6 weekly service cleaning schedule and aged analysis of weeks overdue.

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	91.7%	0%	5.6%	0%	2.8%
OPS SECTOR EAST - EAST SUFFOLK	40.9%	0%	9.1%	18.2%	31.8%
OPS SECTOR EAST - MID ESSEX	52%	32%	16%	0%	0%
OPS SECTOR EAST - NORTH ESSEX	34.6%	3.8%	11.5%	3.8%	46.2%
OPS SECTOR EAST - SOUTH EAST ESSEX	89.5%	5.3%	5.3%	0%	0%
OPS SECTOR EAST - SOUTH WEST ESSEX	81%	0%	14.3%	4.8%	0%
OPS SECTOR EAST - WAVENEY	92%	4%	0%	4%	0%
OPS SECTOR EAST - WEST NORFOLK	78.9%	0%	0%	5.3%	15.8%
OPS SECTOR EAST - WEST SUFFOLK	85%	0%	0%	5%	10%
OPS SECTOR WEST - EAST HERTS	100%	0%	0%	0%	0%
OPS SECTOR WEST - NORTH BEDS	100%	0%	0%	0%	0%
OPS SECTOR WEST - NORTH CAMBS	93.1%	3.4%	0%	0%	3.4%



Description	Compliant	1 week	2 weeks	3 weeks	3 weeks +
OPS SECTOR WEST - SOUTH BEDS	100%	0%	0%	0%	0%
OPS SECTOR WEST - SOUTH CAMBS	100%	0%	0%	0%	0%
OPS SECTOR WEST - WEST ESSEX	67.7%	12.9%	0%	3.2%	16.1%
OPS SECTOR WEST - WEST HERTS	88%	4%	4%	0%	4%
PTS - East Herts PTS	96.3%	3.7%	0%	0%	0%
PTS - Mid Cambs PTS	50%	11.1%	11.1%	16.7%	11.1%
PTS - North Beds PTS	36.8%	36.8%	10.5%	0%	15.8%
PTS - North Cambs PTS	60%	13.3%	6.7%	0%	20%
PTS - North Essex PTS	44.4%	33.3%	3.7%	0%	18.5%
PTS - South Beds PTS	77.3%	0%	0%	0%	22.7%
PTS - South Cambs PTS	81%	14.3%	4.8%	0%	0%
PTS - South Essex PTS	100%	0%	0%	0%	0%
PTS - West Essex PTS	92.9%	7.1%	0%	0%	0%
PTS - West Herts PTS	0%	6.3%	0%	0%	93.8%

Table 1.6: Vehicle Decontamination Overdue Analysis

## Vehicle Decontamination Exceptions

Management Area	Reason for Exception Report	% Achieved	Exception Response
East Suffolk	Insufficient Vehicle Deep Clean Audits Submitted (<80%)	41.0%	The AFA team capacity is reduced to annual leave having to be taken. Annual leave was not taken by most of the team during the winter to assist with winter pressures. New fleet is being introduced which is requiring extended time to service clean to achieve the Trust standards. Due to a reduction in staff, the focus has been to ensure that the interim cleaning of the vehicles occurs to maintain a high level of compliance. Local audits for July showed an overall vehicle compliance of 98%. From the 13 <sup>th</sup> of August the team will be at full capacity for 2 weeks and will endeavour to bring compliance of deep cleans back up. AWD staff are being utilised where necessary.
Mid Essex	Insufficient Vehicle Deep Clean Audits Submitted (<80%)	52.0%	[Please provide what was the cause]lack of capacity.[What actions are being taken to address this] recruiting 2 x additional AFA[When is it expected to be back on track]once they commence employment [What lessons can be learned from this] not enough resources to meet demand
North Essex	Insufficient Vehicle Deep Clean Audits Submitted (<80%)	35.0%	The failure has been due to sickness and annual leave of both individuals, lack of resource to backfill, and no replacement vehicles to boost the fleet and allow some resilience for cleans / deep clean. My AFA team are also responsible for PTS vehicles, of which there are approx. 25 in Nth Essex. The DLO who leads this is off work and will not be returning till end of September. There is no Unable to state when we will be back on target, have spoken to neighbouring areas asking for support but they working to capacity so have no slack to assist.
West Norfolk	Insufficient Vehicle Deep Clean Audits Submitted (<80%)	79.0%	Nil return - requested
West Essex	Insufficient Vehicle Deep Clean Audits Submitted (<80%)	68.0%	Nil return - requested
PTS Mid Cambs	Insufficient Vehicle Deep Clean Audits Submitted (<80%)	50.0%	Nil return – requested
PTS North Beds	Insufficient Vehicle Deep Clean Audits Submitted (<80%)	37.0%	North Beds has no AFA facility, deep cleans were covered by a member of staff on AWD who had leave in July. He has now returned to complete August's deep cleans however he retires 1st Sept which will leave a risk for September.
PTS North Cambs	Insufficient Vehicle Deep Clean Audits Submitted (<80%)	60.0%	I am currently new in post so can't provide much information about this at the moment. The most likely cause seems to be confusion over who is responsible for carrying out the cleans.
PTS North Essex	Insufficient Vehicle Deep Clean Audits Submitted	44.0%	Deep cleans started in North Essex PTS half way through last month, as we currently have a member of staff on alternate duties. Staff member



	(<80%)		will be ensuring deep cleans are completed. July was showing as compliant, until the last couple of days of the month, when vehicles came up for expiry. Staff on annual leave.
PTS South Beds	Insufficient Vehicle Deep Clean Audits Submitted (<80%)	77.0%	AFA has been on leave .Vehicle deep clean compliance should improve from now.
PTS West Herts	Insufficient Vehicle Deep Clean Audits Submitted (<80%)	0%	No AFA for Watford – previous ALO did not highlight the issues [What actions are being taken to address this] I am working with the AFA at Watford to correct this 2 have already been completed [What lessons can be learned from this – to ensure ALO is compliant

## Quality Assurance Audits

**57 Vehicle quality assurance audits have been completed by the IPC team this month.** 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	Jul
HART	
OPS SECTOR EAST	19
OPS SECTOR WEST	31
PTS	6
Overall OPS SECTOR	57

Table 1.7: Trust Vehicle Quality Assurance Audit quantity

The following chart depicts the Quality Assurance vehicle cleanliness compliance

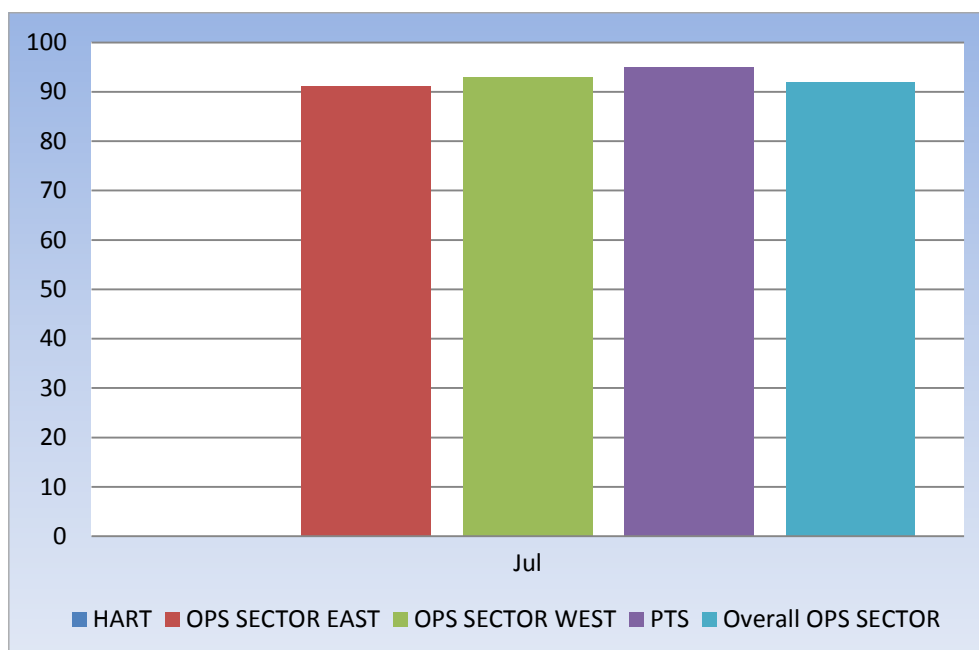


Chart 4: Quality Assurance Vehicle Cleanliness Compliance





## Station and Premises Cleanliness Audits

### A&E, HART & PTS

There were **82 station audits submitted by Trust management areas for July 2018**. 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. Both the HART and PTS 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.

Management area	Jul
HART	100%
OPS SECTOR EAST	98%
OPS SECTOR WEST	100%
PTS	75%
Overall OPS SECTOR	97.7%

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.

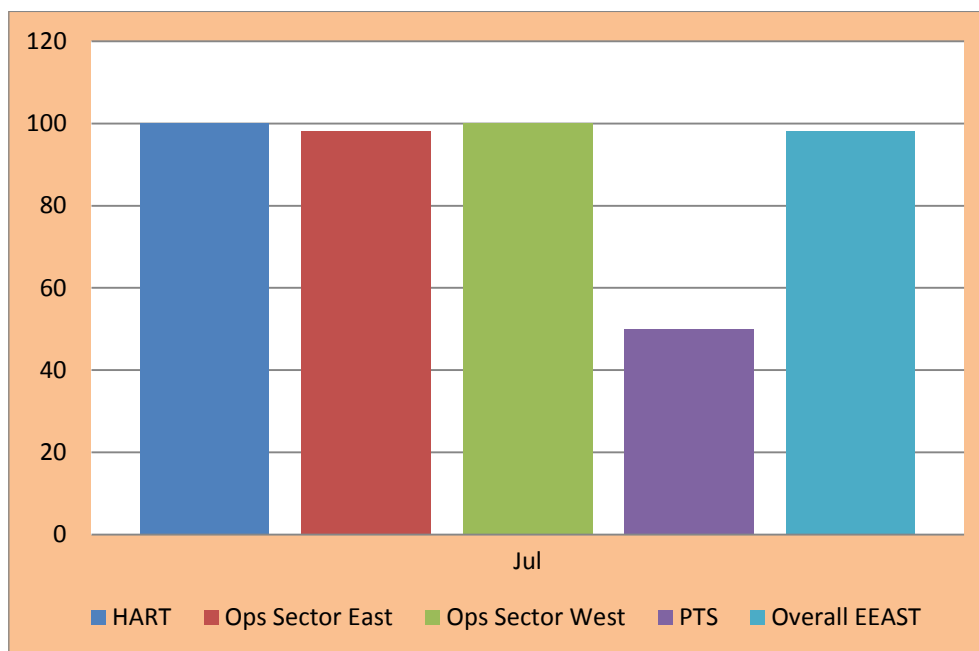


Chart 5: Station Audit Forms Submitted



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

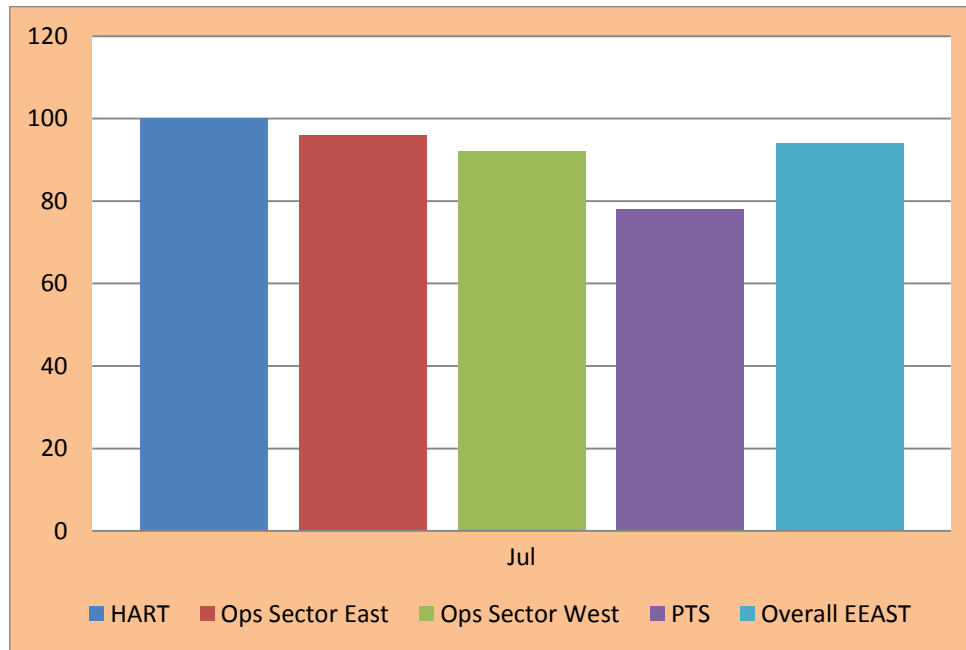


Chart 6: Station Cleanliness Compliance

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 - Jul	100%	100%	100%	100%	100%	100%	100%	100%
HART - Jun	100%	100%	100%	100%	100%	100%	100%	100%
OPS SECTOR EAST - Jul	89%	93%	94%	98%	92%	99%	96%	96%
OPS SECTOR EAST - Jun	86%	91%	94%	96%	87%	98%	95%	95%
OPS SECTOR WEST - Jul	88%	88%	90%	93%	84%	96%	90%	94%
OPS SECTOR WEST - Jun	91%	85%	94%	95%	92%	98%	95%	94%
PTS - Jul	30%	67%	100%	85%	78%	100%	100%	33%
PTS - Jun	60%	83%	96%	100%	92%	75%	92%	58%
Overall OPS SECTOR - Jul	87%	90%	93%	96%	89%	98%	94%	93%
Overall OPS SECTOR - Jun	87%	89%	95%	96%	90%	98%	95%	93%

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.

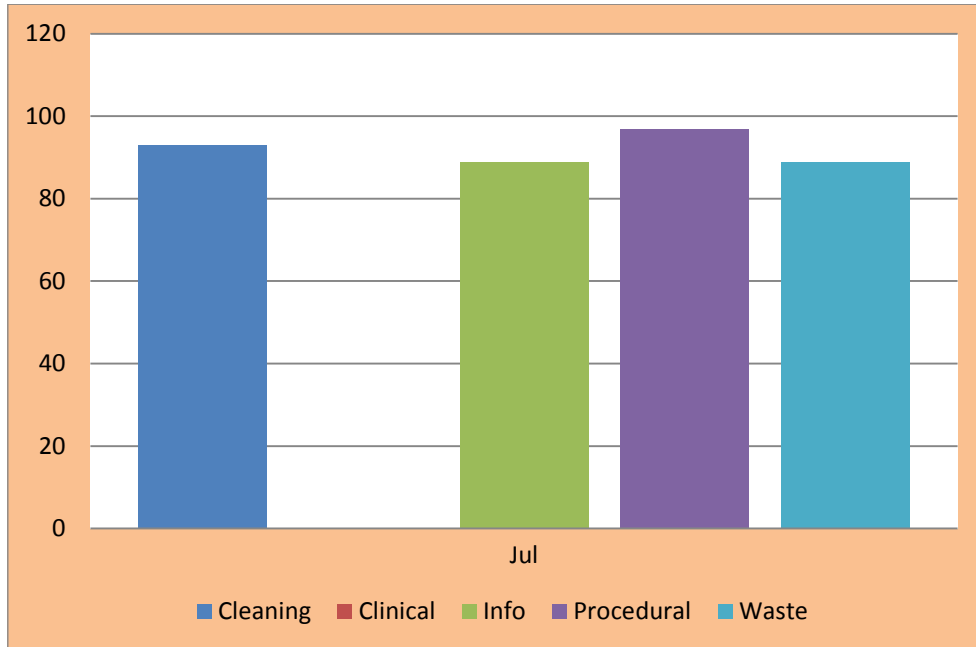


Chart 7: Station audit individual element compliance

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	3	6	3	1	6
OPS SECTOR WEST	18	15	7	10	26
OPS SECTOR EAST	37	19	11	17	45
HART	0	0	0	0	0

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

### Station audit exception details

Description	Action	Details	Status	Notes
PTS	Actions to resolve non-compliance to: PTS-West Essex PTS-Epping Completing a sufficient level of Station audits, only 0%, in Jul 2018	New management in area, timetable has been set for this process to be completed from August onwards. August will be completed. Need to address training with the new management.	Complete	
PTS	Actions to resolve non-compliance to: PTS-South Cams PTS-The Paddocks Achieving a sufficient percentage score in Station audits, only 77.5%, in Jul 2018	Nil return - Chased		Assigned to Sally Ronayne:
PTS	Actions to resolve non-compliance to: PTS-East Herts PTS Achieving a sufficient percentage score in Station audits, only 75.9%, in Jul 2018	Store room needed more shelving which has now been done. Churchill sign in book needed updating IPC notice board needed a lot of updating. These steps have now been complete	Complete	



## Quality Assurance Audits.

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

Management area	Jul
HART	
Ops Sector East	8
Ops Sector West	3
PTS	
Overall EEAST	11

Table 2.3: Trust Station Quality Assurance Audit quantity

Trust Station Quality Assurance Audit comparison against local audit

Station	Management area	Local audit	Qa audit	Time gap (days)
Beccles	Ops Sector East	100%	90.6%	4
Longwater	Ops Sector East	97.1%	91.7%	5
March	Ops Sector West	100%	94.1%	1
Potter Heigham	Ops Sector East	100%	90.6%	4
Saxmundham	Ops Sector East	84.8%	93.5%	3
Stowmarket	Ops Sector East	93.9%	96.9%	3
Thetford	Ops Sector East	100%	77.4%	4
Thurrock	Ops Sector East	97.2%	91.2%	1
Welwyn Garden City	Ops Sector West	97.1%	96.9%	4
West Herts	Ops Sector West	93.8%	81.3%	1
Wisbech	Ops Sector East	100%	97.1%	4

Table 2.3: Trust Station Quality Assurance Audit comparison

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

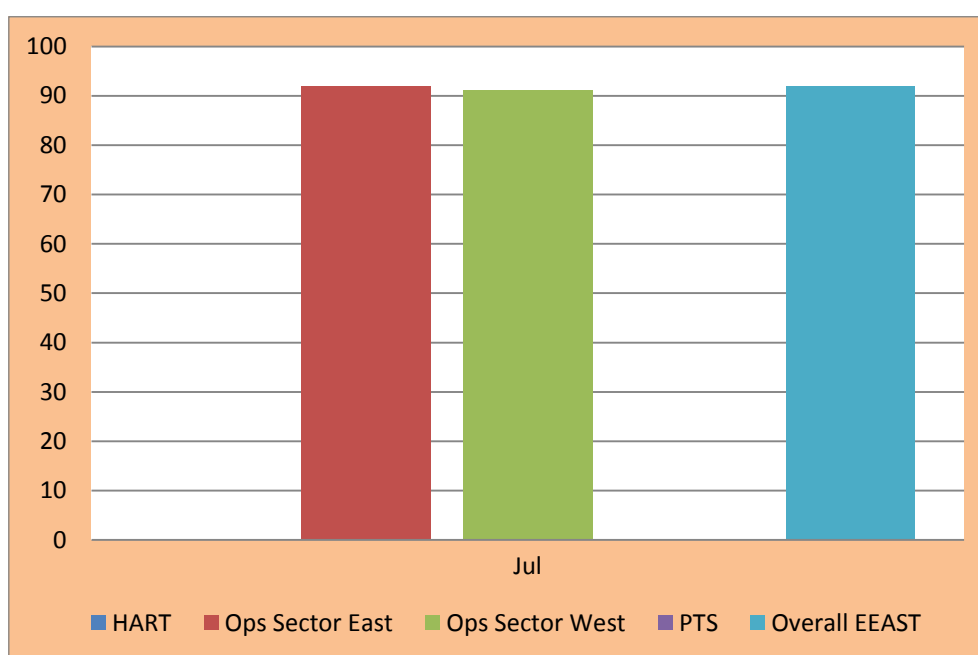


Chart 8: Quality Assurance Stations Sections Compliance



## 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.

## Uniform Compliance Audits

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

Management area	Jul
HART	100%
OPS SECTOR EAST	97.8%
OPS SECTOR WEST	100%
PTS	77.8%
Overall OPS SECTOR	92.6%

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.

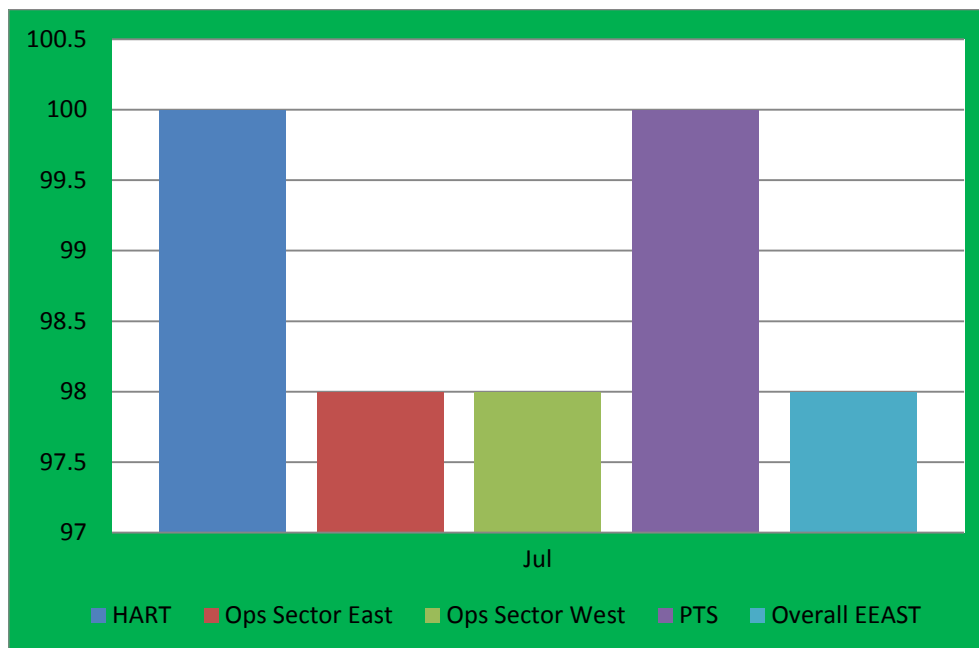


Chart 9: Uniform Compliance Results

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

The table below depicts sector comparisons for uniform for last month and the previous month

	Uniform compliance
HART - Jul	100%
HART - Jun	100%
OPS SECTOR EAST - Jul	98%
OPS SECTOR EAST - Jun	98%
OPS SECTOR WEST - Jul	98%
OPS SECTOR WEST - Jun	98%
PTS - Jul	100%
PTS - Jun	100%
Overall OPS SECTOR - Jul	98%
Overall OPS SECTOR - Jun	98%

Table 3.1: 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).

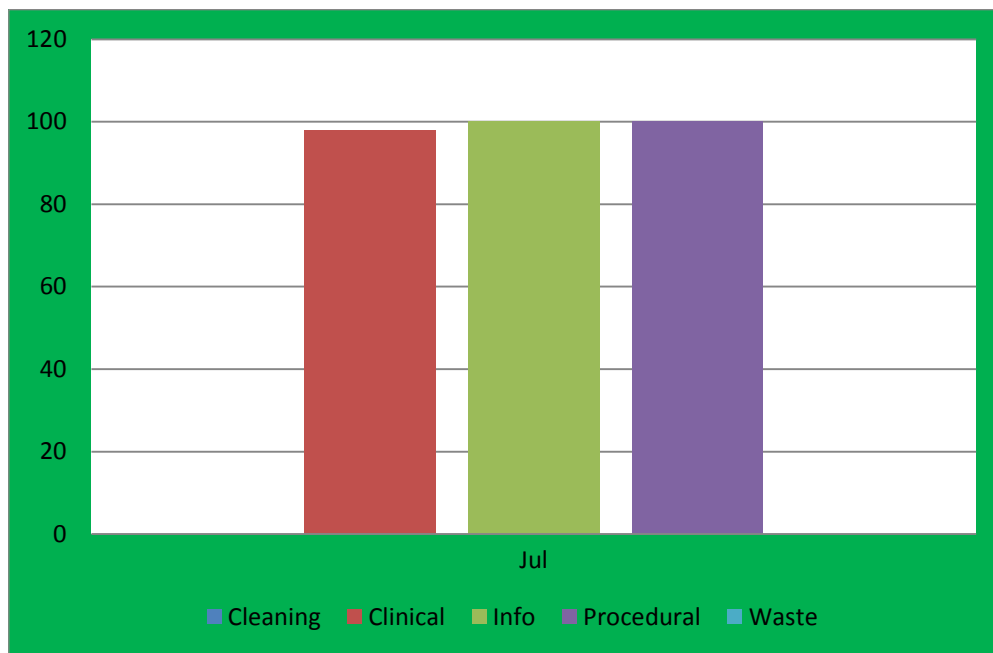


Chart 10: Uniform Compliance Results

#### Uniform audit exception details

Action	Details	Status	Notes
Actions to resolve non-compliance to: OPS SECTOR EAST-WAVENEY Completing a sufficient level of Uniform audits, only 20%, in Jul 2018	We routinely complete an 1 uniform audit for Waveney, Beccles and Potter Heigham as per IPC advice. In Waveney this represents the main depot and the two satellite stations. The other locations such as Caister, Gt Yarmouth etc are response posts only and the staff are based at either Depot or one of the satellites.	Complete	Each management area is required to submit 15 staff uniform audits per month. It does not matter too much about which station they are on (although it is good to get variation obviously). Can you please ensure the whoever does the audits is aware of this, and will 15 be achieved for August?
Actions to resolve non-compliance to: OPS SECTOR EAST-WEST NORFOLK Completing a sufficient level of Uniform audits, only 40%, in Jul 2018		Assigned	Nil Return - Chased
Actions to resolve non-compliance to: PTS-West Herts PTS Completing a sufficient level of Uniform audits, only 46.7%, in Jul 2018	ALO Watford the end of the 1st week of July it was then highlighted to me that the previous ALO had not completed any audits.	Complete	To ensure ALOs are compliant
Actions to resolve non-compliance to: PTS-West Essex PTS Completing a sufficient level of Uniform audits, only 0%, in Jul 2018	New management in area, timetable has been set for this process to be completed from August onwards. August will be completed. Need to address training with the new management.	Complete	
Actions to resolve non-compliance to: PTS-Mid Cambs PTS Completing a sufficient level of Uniform		Pending Acceptance	Nil Return - Chased



Action	Details	Status	Notes
audits, only 33.3%, in Jul 2018			
Actions to resolve non-compliance to: PTS-North Beds PTS Completing a sufficient level of Uniform audits, only 46.7%, in Jul 2018	I believe this to be an admin error on our part.	Pending Acceptance	IPC to liaise with ALO on return from leave to ensure that these are entered correctly as we have completed 15 checks.
Actions to resolve non-compliance to: PTS-South Beds PTS Completing a sufficient level of Uniform audits, only 66.7%, in Jul 2018		Pending Acceptance	Nil Return - Chased
Actions to resolve non-compliance to: PTS-West Essex PTS Achieving a sufficient percentage score in Uniform audits, only 0%, in Jul 2018	New management in area, timetable has been set for this process to be completed from August onwards. August will be completed. Need to address training with the new management.	Complete	
Actions to resolve non-compliance to: PTS-North Essex PTS Completing a sufficient level of Uniform audits, only 66.7%, in Jul 2018	Had issue with logging uniform audits, numbers kept fluctuating with how many I had logged.	Complete	Will discuss with LBM about making other people able to complete uniform audits, as I am the only staff member who logs them. Will involve other staff to ensure compliance
Actions to resolve non-compliance to: OPS SECTOR WEST-WEST HERTS Completing a sufficient level of Uniform audits, only 20%, in Jul 2018	Trouble accessing the system and the lack of availability of DLO's/staff with access Emails to other staff that have access to online audits August On-going discussions with staff	Complete	Action Plan Completed:
Actions to resolve non-compliance to: OPS SECTOR WEST-SOUTH BEDS Completing a sufficient level of Uniform audits, only 20%, in Jul 2018	These outstanding uniform audits were completed, but there was insufficient time to upload these to Audit Online owing to operational pressures.	Complete	

## Quality Assurance Audits

The table below depicts the quantity uniform audits that were conducted by the IPC Team.

Management area	Jul
HART	
OPS SECTOR EAST	20
OPS SECTOR WEST	56
PTS	7
Overall OPS SECTOR	83

Table 3.2 Uniform quality assurance quantity





Quality assurance: Uniform audit Trust compliance

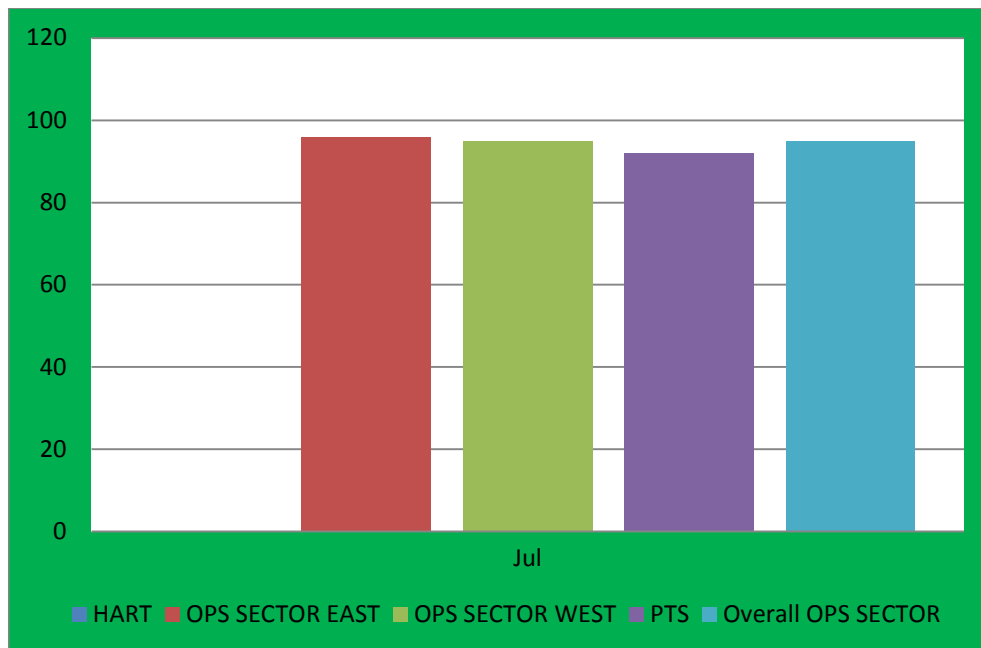


Chart 11: Quality assurance uniform compliance

## 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.

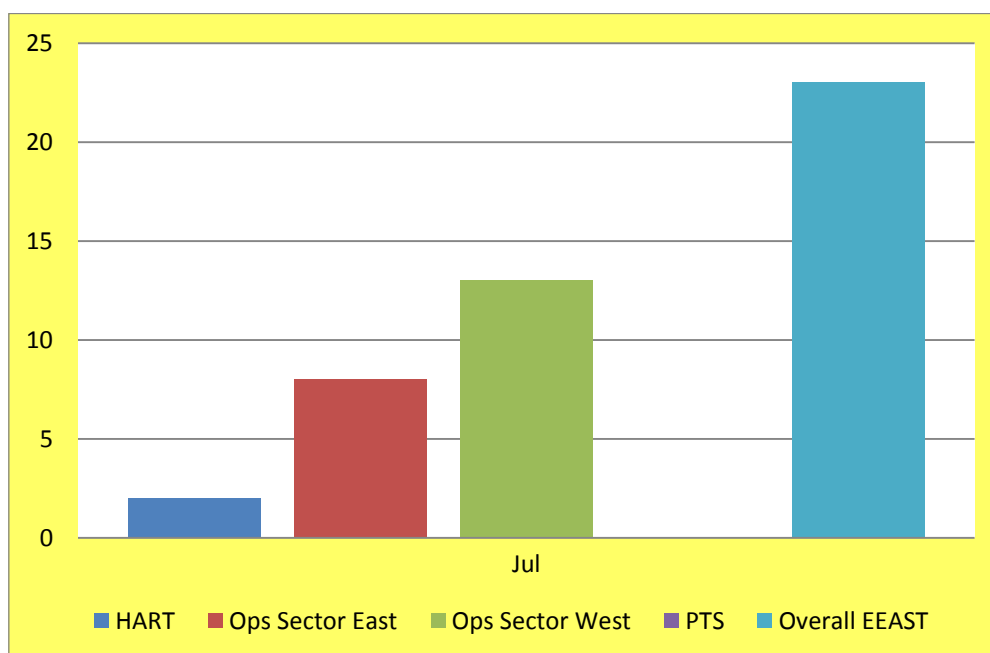


Chart 12: QA10 Compliance Audits Submitted

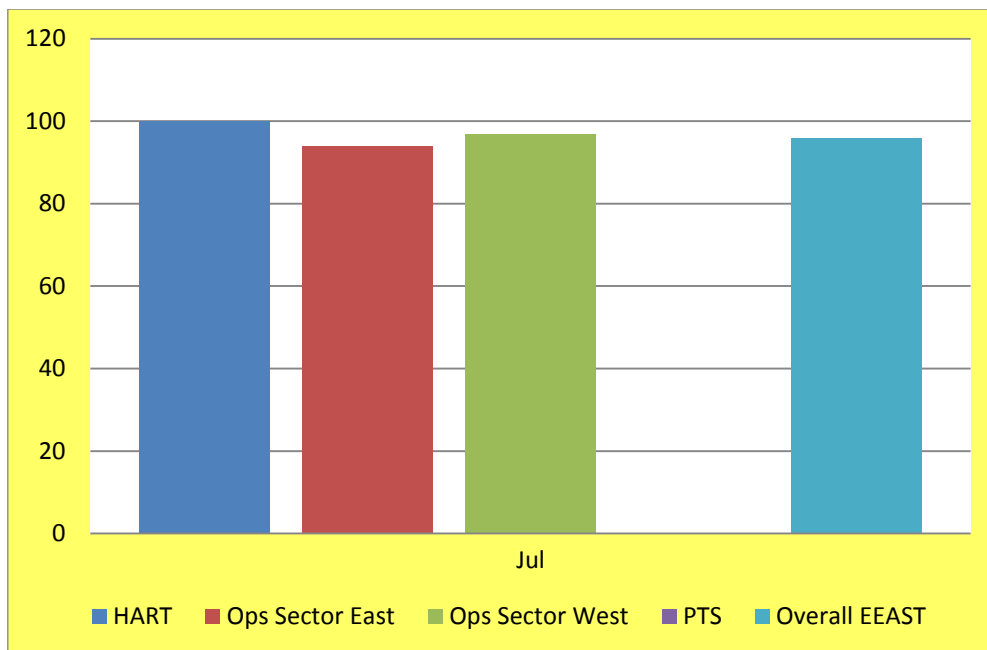


Chart 12: QA10 Section Compliance Results

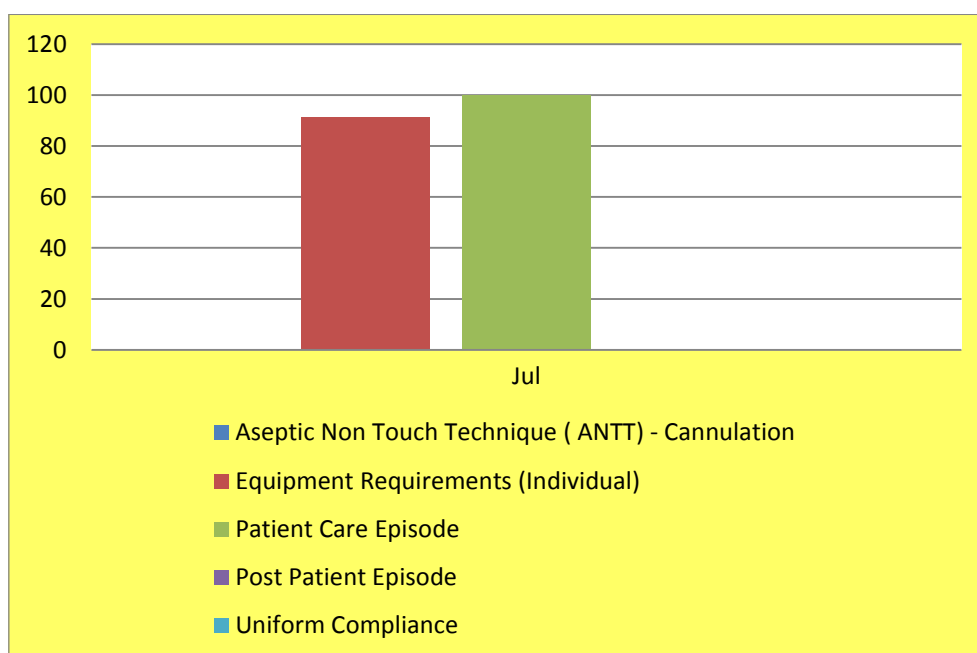


Chart 13: QA10 Section Compliance Results by Element

## 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:

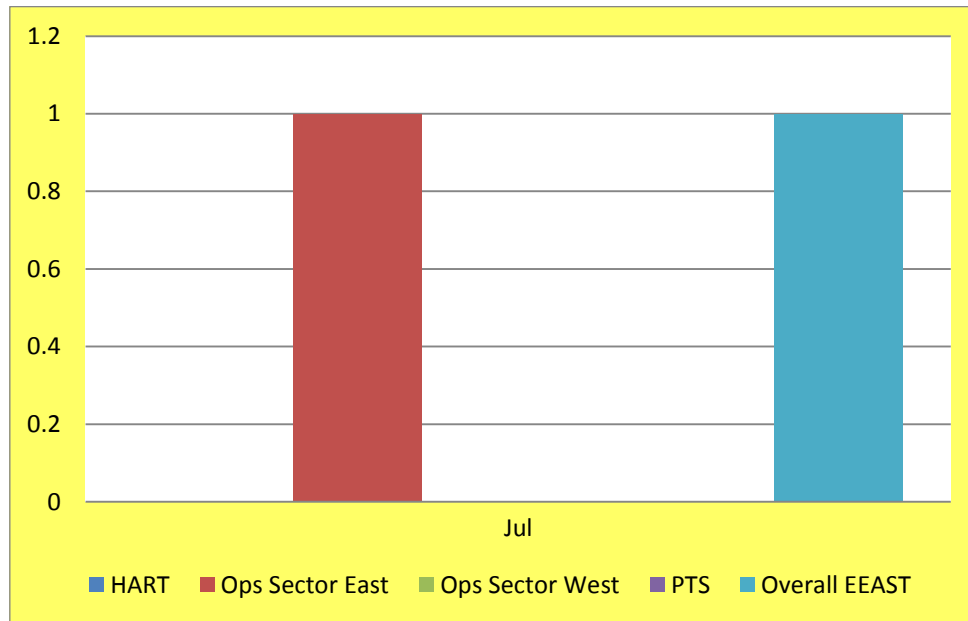


Chart 13: IPC Practice Compliance Audits Submitted

The chart below depicts the IPC Practice compliance percentage.

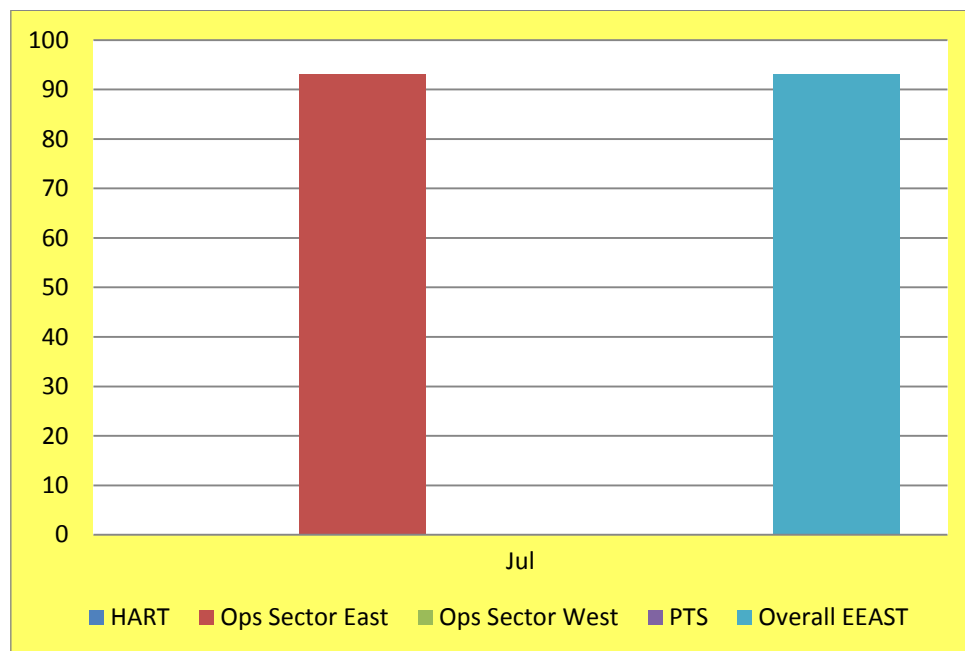


Chart 14: IPC Practice Compliance Results

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.

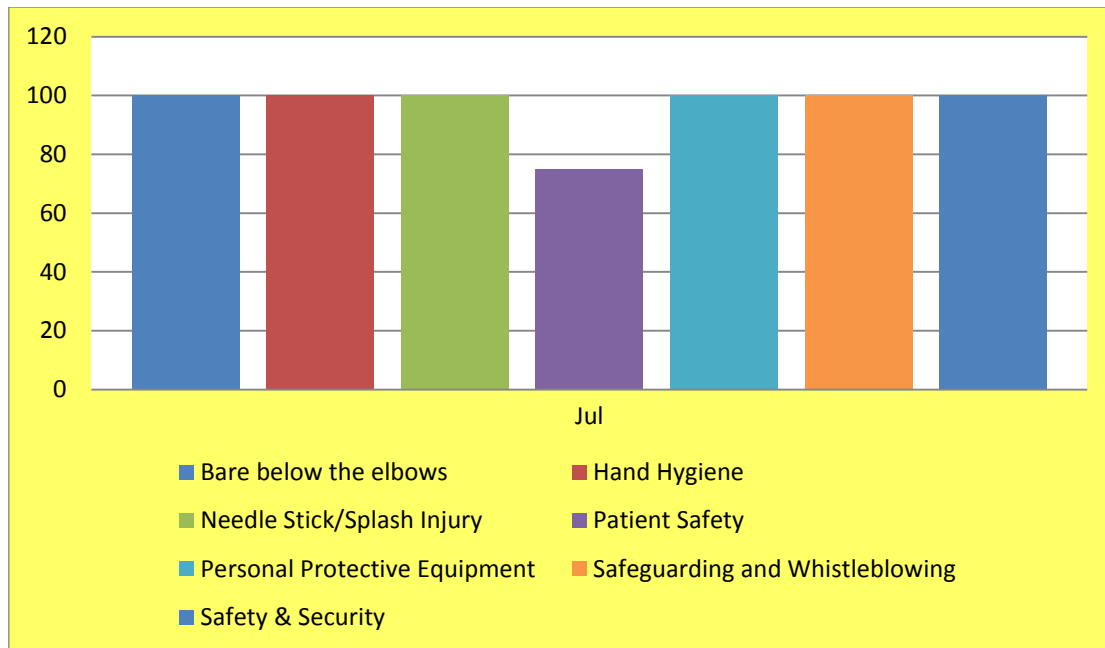


Chart 15: IPC Practice section Compliance Results



## 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

#### **A total of 9 IPC related Datix incidents were reported**

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

- A crew member sustained a needle stick injury during a failed cannulation. A&E was attended where blood tests were taken. The incident was considered Low risk with an Occupational Health follow up.
- A staff member sustained a small laceration to their finger from a small piece of glass lying on the carpet. First aid was carried out. The incident was considered low risk with no further action required
- A patient became abusive and aggressive to a staff member who was attending to them. The patient scratched the hand of the staff member which was also contaminated with the blood of the patient. A&E was attended where blood tests were taken and a Hep B booster was administered and an Occupational Health referral made.
- A member of staff sustained a laceration to their finger whilst attempting to open a glass ampoule, and may have contaminated the cut with the blood from the patient. A&E was attended where blood tests were taken. The incident was considered High Risk with PEP supplied.
- A patient grabbed the wrist of a member of staff and scratched their wrist which drew blood. The patient then disclosed that he was Hep C positive. A&E was attended where blood tests were taken and an Occupational Health referral was made.

The **2** incidents relating to splash injuries were:

- The blood of a patient splashed into the eye of a crew member whilst attempting gain a BM. The eyes were irrigated whilst on scene and again at A&E. The incident was considered High Risk and a course of PEP was prescribed. Occupational Health were contacted.
- A member of staff was splashed in the face and eyes with blood whilst cannulating a patient. The area was cleaned. A&E was attended. The incident was considered Low Risk with an Occupational Health follow up.

There were **0** incidents relating to an exposure reported

There were **0** incidents reported relating to poor practice

The **2** other incidents were relating to clean sharps injuries:

- A member of staff sustained a cut to the finger whilst attempting to open glass ampoule. The wound was bled and cleaned and dressed.
- A staff member sustained a clean sharps injury whilst attempting to remove the cover off blunt fill needle. Lessons learned to take care when using sharps. No further action.