



# Infection Prevention & Control Update June 2018





## Introduction

The first part of this IPC monthly update is an overview of the audit results from **June 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 640 vehicle audits submitted by Trust management areas for June 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	Jun
HART	100%
OPS SECTOR EAST	81.8%
OPS SECTOR WEST	90.3%
PTS	85.2%
Overall OPS SECTOR	85.1%

Table 1.1: Vehicle audits submitted

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

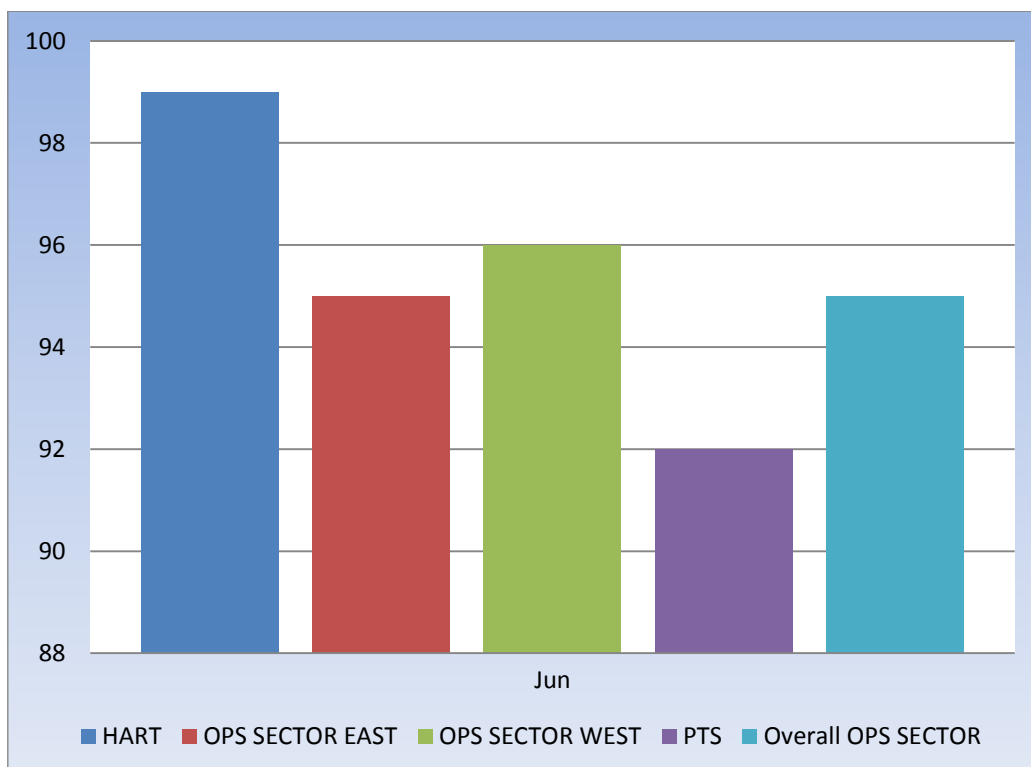


The chart below depicts the percentage of forms submitted for Trust vehicles.



*Chart 1: Vehicle audit forms submitted*

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



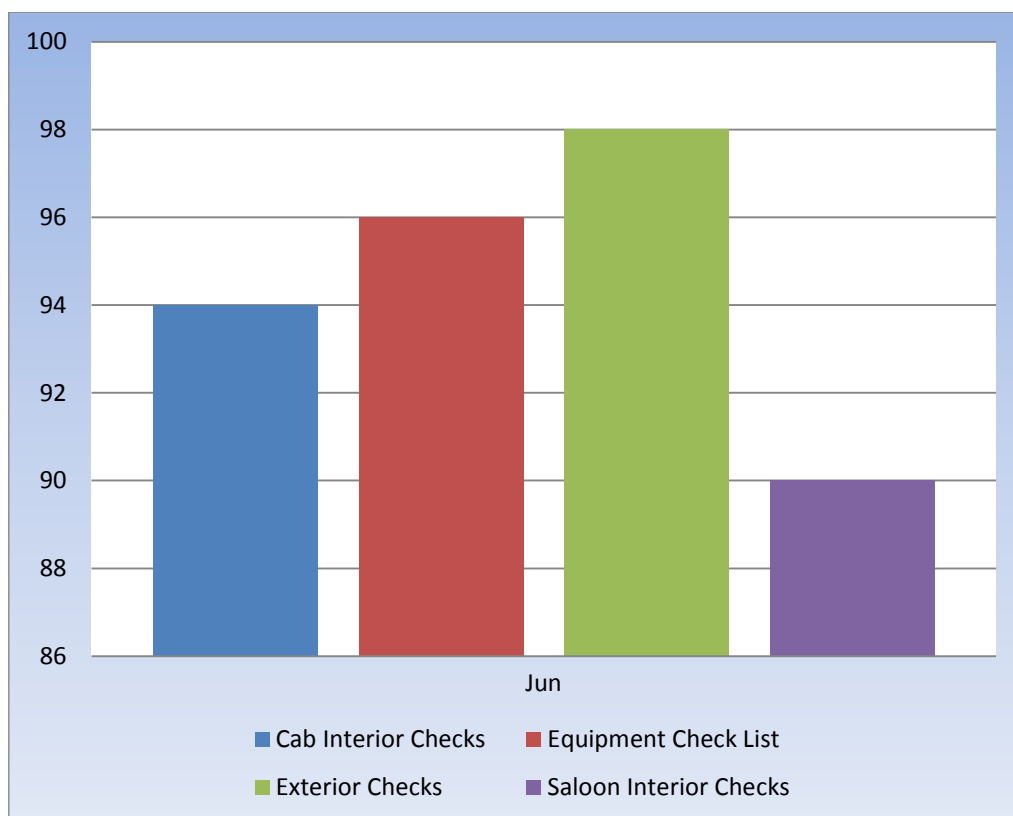
*Chart 2: Vehicle cleanliness compliance*



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 - Jun	100%	100%	96%	100%
HART - May	100%	95%	100%	100%
OPS SECTOR EAST - Jun	100%	92%	91%	97%
OPS SECTOR EAST - May	100%	94%	95%	97%
OPS SECTOR WEST - Jun	98%	96%	90%	97%
OPS SECTOR WEST - May	100%	98%	93%	97%
PTS - Jun	94%	92%	88%	93%
PTS - May	100%	99%	96%	97%
Overall OPS SECTOR - Jun	98%	94%	90%	96%
Overall OPS SECTOR - May	100%	95%	94%	97%

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



*Chart 3: Trust 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	70	22	41	48
OPS SECTOR WEST	105	52	34	53
OPS SECTOR EAST	85	30	37	55
HART	2	1	1	1

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



The table below depicts exceptions by management area for Vehicle Cleanliness Audits

Description	Action	Details	Status	Notes
OPS Sector PTS	West Essex PTS Completing sufficient level of Vehicle audits, only 65%, in Jun 2018	ALO and LBM now in post. The aim will be 100% compliance by the end of August	Complete	ALO and LBM now in post. The aim will be 100% compliance by the end of August
OPS SECTOR EAST	OPS SECTOR EAST-NORTH ESSEX Completing a sufficient level of Vehicle audits, 73%, in Jun 2018		Assigned	Nil return
OPS SECTOR EAST	OPS SECTOR EAST-NORTH ESSEX Completing a sufficient level of Vehicle audits, only 81%, in Jun 2018		Assigned	Nil return
PTS	PTS-Mid Cambs PTS Completing a sufficient level of Vehicle audits, only 83%, in Jun 2018		Assigned	Nil return
PTS	PTS-West Herts PTS Completing a sufficient level of Vehicle audits, only 6%, in Jun 2018	IPC Admin re-assigned to GT: Please could you take a look at this, the exception is required for the monthly report. If it isn't you, please could you let me know who to assign this to? Many thanks	Pending Acceptance	
OPS SECTOR EAST	OPS SECTOR EAST-WEST NORFOLK Completing a sufficient level of Vehicle audits, only 57%, in Jun 2018	Lack of fleet available due to demand and breakdowns	Complete	
OPS SECTOR EAST	OPS SECTOR EAST-SOUTH EAST ESSEX Completing a sufficient level of Vehicle audits, only 58%, in Jun 2018	Annual Leave commitments Priority to maintain Patient Facing Service Hours. Due to a policy change by the Trust there are now no longer any staff working on Alternative Working Duties. Requested that the first vehicles to be audited, wherever possible in the South East Essex area are those which were not audited last month. I envisage that there will be the requisite number of Vehicle Monthly Audit's completed again this month.	Complete	
OPS SECTOR EAST	OPS SECTOR EAST-SOUTH WEST ESSEX Completing a sufficient level of Vehicle audits, only 54%, in Jun 2018	Have returned to full time employment, and expect to have our audit submissions back to normal this month	Complete	
OPS SECTOR WEST	OPS SECTOR WEST-NORTH BEDS Completing a sufficient level of Vehicle audits, only 81%, in Jun 2018	We had a high incident of vehicles being away for repair for extended periods of time during this month as well as regularly loaning one or two vehicles to our neighbouring locality. Vehicles that were not audited were not in service and therefore pose no clinical risk	Complete	

Table 1.4: Exceptions by Management Area for A&E Vehicle Cleanliness Audit

### Trust vehicles: Areas for improvement

The table below depicts the 10 elements of the locally submitted vehicle cleanliness audits that achieved the lowest compliance percentage across the Trust.

Area	Risk	Element name	Avg . score	Compliance
Saloon Interior Checks	High	Waste (DSA)	82.88	276 of 333
Saloon Interior Checks	High	Cleanliness (DSA, PTS)	85.63	429 of 501
Equipment Check List	High	MIB Stretcher (HART)	85.71	12 of 14
Saloon Interior Checks	High	Waste (PTS)	90.32	112 of 124
Equipment Check List	High	IPC/ PPE equipment (A+E, PTS)	90.67	583 of 643



Area	Risk	Element name	Avg . score	Compliance
Equipment Check List	High	Medical Equipment (A+E)	90.74	294 of 324
Saloon Interior Checks	High	Waste (RRV)	90.85	129 of 142
Equipment Check List	High	Safety (A+E, PTS)	93.16	354 of 380
Equipment Check List	High	Carry chair (A+E, PTS)	93.62	411 of 439
Equipment Check List	High	Medical devices (PTS)	95.76	158 of 165

Table 1.5: Trust Vehicle areas for improvement

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 1.6 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	Jun
HART	100%
OPS SECTOR EAST	69%
OPS SECTOR WEST	92%
PTS	76%
Overall Trust	78%

Table 1.6 Vehicle Deep Clean Compliant  
(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	100%	0%	0%	0%	0%
OPS SECTOR EAST - EAST SUFFOLK	63.6%	13.6%	0%	0%	22.7%
OPS SECTOR EAST - MID ESSEX	100%	0%	0%	0%	0%
OPS SECTOR EAST - NORTH ESSEX	34.6%	11.5%	15.4%	3.8%	34.6%
OPS SECTOR EAST - SOUTH EAST ESSEX	84.2%	10.5%	0%	0%	5.3%
OPS SECTOR EAST - SOUTH WEST ESSEX	28.6%	28.6%	9.5%	23.8%	9.5%
OPS SECTOR EAST - WAVENEY	80%	12%	0%	0%	8%
OPS SECTOR EAST - WEST NORFOLK	52.6%	5.3%	0%	0%	42.1%
OPS SECTOR EAST - WEST SUFFOLK	55%	25%	0%	10%	10%
OPS SECTOR WEST - EAST HERTS	100%	0%	0%	0%	0%
OPS SECTOR WEST - NORTH BEDS	92.3%	0%	7.7%	0%	0%
OPS SECTOR WEST - NORTH CAMBS	72.4%	0%	0%	10.3%	17.2%
OPS SECTOR WEST - SOUTH BEDS	100%	0%	0%	0%	0%
OPS SECTOR WEST - SOUTH CAMBS	90%	0%	5%	0%	5%
OPS SECTOR WEST - WEST ESSEX	96.8%	0%	0%	3.2%	0%
OPS SECTOR WEST - WEST HERTS	100%	0%	0%	0%	0%
PTS - East Herts PTS	100%	0%	0%	0%	0%
PTS - Mid Cambs PTS	66.7%	11.1%	22.2%	0%	0%
PTS - North Beds PTS	92.9%	0%	0%	0%	7.1%



Description	Compliant	1 week	2 weeks	3 weeks	3 weeks +
PTS - North Cambs PTS	66.7%	0%	6.7%	20%	6.7%
PTS - North Essex PTS	57.1%	0%	0%	0%	42.9%
PTS - South Beds PTS	100%	0%	0%	0%	0%
PTS - South Cambs PTS	81%	19%	0%	0%	0%
PTS - South Essex PTS	100%	0%	0%	0%	0%
PTS - West Essex PTS	71.4%	0%	7.1%	14.3%	7.1%
PTS - West Herts PTS	6.7%	0%	0%	0%	93.3%

Table 1.7: Vehicle Decontamination Overdue Analysis

### Vehicle Decontamination Exceptions:

The table below depicts exceptions by management area for Vehicle Decontamination Exceptions

Description	Details	Status	Notes
OPS Sector PTS – Mid Cambs PTS. Completing a sufficient level of Vehicle decontamination audits, only 66.7%, in Jun 2018			Nil return
OPS Sector PTS – North Essex PTS. Completing a sufficient level of Vehicle decontamination audits, only 57.1%, in Jun 2018	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 will be ensuring deep cleans are completed by end of July. Staff member is liaising with planning department and ORA to ensure that all vehicles can be captured.	Complete	
OPS Sector East – East Suffolk. Completing a sufficient level of Vehicle decontamination audits, only 63.6%, in Jun 2018			Nil return
OPS Sector East – North Essex Completing a sufficient level of Vehicle decontamination audits, only 34.6%, in Jun 2018			Nil return
OPS Sector East – North Cambs Completing a sufficient level of Vehicle decontamination audits, only 72.4%, in Jun 2018	Vehicles loaned to other areas and not being available on depot to be deep cleaned. Sickness and A/L attributed towards over 50 AFA hours lost last month. No resilience / relief in the AFA rota which means there will be a short fall in cover with any A/L or sickness.	Complete	
OPS Sector PTS - North Cambs PTS Completing a sufficient level of Vehicle decontamination audits, only 66.7%, in Jun 2018			Nil return
OPS Sector East - South West Essex Completing a sufficient level of Vehicle decontamination audits, only 28.6%, in Jun 2018	Have returned to full time employment, and expect to have our audit submissions back to normal this month		
OPS Sector East - West Norfolk Completing a sufficient level of Vehicle decontamination audits, only 52.6%, in Jun 2018	Severe lack of Fleet and demand for extra vehicles being put out every day by senior management team leaves no spare vehicles available to be deep cleaned. Raised with senior management team - No solution offered	Complete	
OPS Sector East - West Suffolk Completing a sufficient level of Vehicle decontamination audits, only 55.0%, in Jun 2018			Nil return
OPS Sector PTS - West Essex PTS Completing a sufficient level of Vehicle decontamination audits, only 71.4%, in Jun 2018			Nil return
OPS Sector PTS - West Herts PTS Completing a sufficient level of Vehicle decontamination audits, only 6.7%, in Jun 2018			Nil return

Table 1.8: Vehicle Decontamination Exceptions





## Quality Assurance Audits

**71 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	Jun
HART	
OPS SECTOR EAST	5
OPS SECTOR WEST	6
PTS	5
Overall OPS SECTOR	16

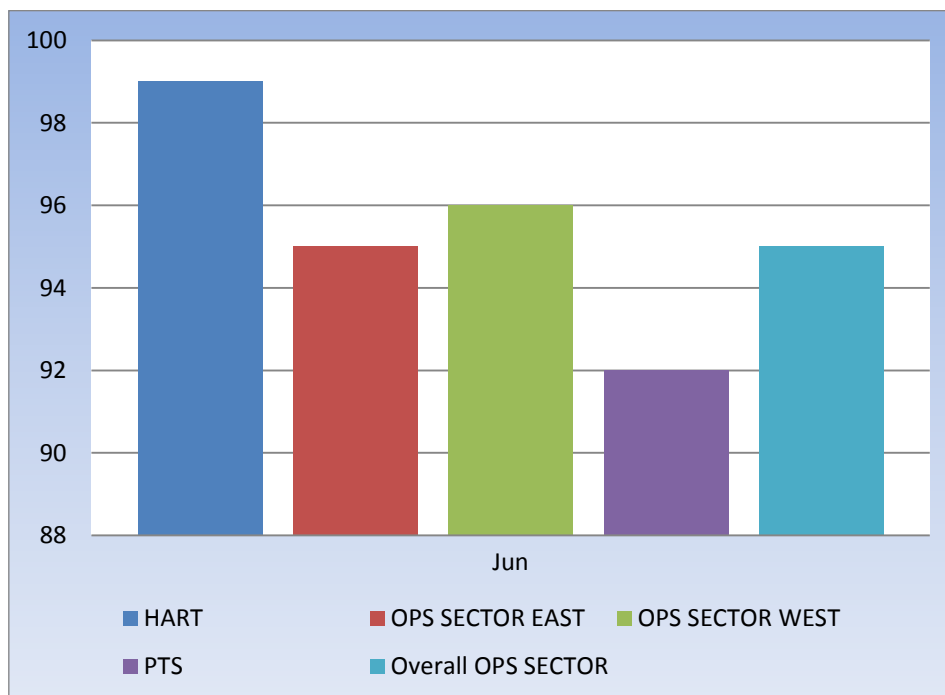
*Table 1.10: Trust Vehicle Quality Assurance Full Audit quantity*

Management area	Jun
HART	
OPS SECTOR EAST	21
OPS SECTOR WEST	33
PTS	
Overall OPS SECTOR	55

*Table 1.10b: Trust Vehicle Ready to go Audit Quantity*

The following chart depicts the Quality Assurance vehicle cleanliness compliance.

*(This chart is displaying the RTG audit compliance, but future reports will show an overall quality assurance score incorporating both audit types).*



*Chart 4: Quality Assurance Vehicle Cleanliness Compliance*



## Station and Premises Cleanliness Audits

### A&E, HART & PTS

**There were 75 station audits submitted by Trust management areas for June 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.

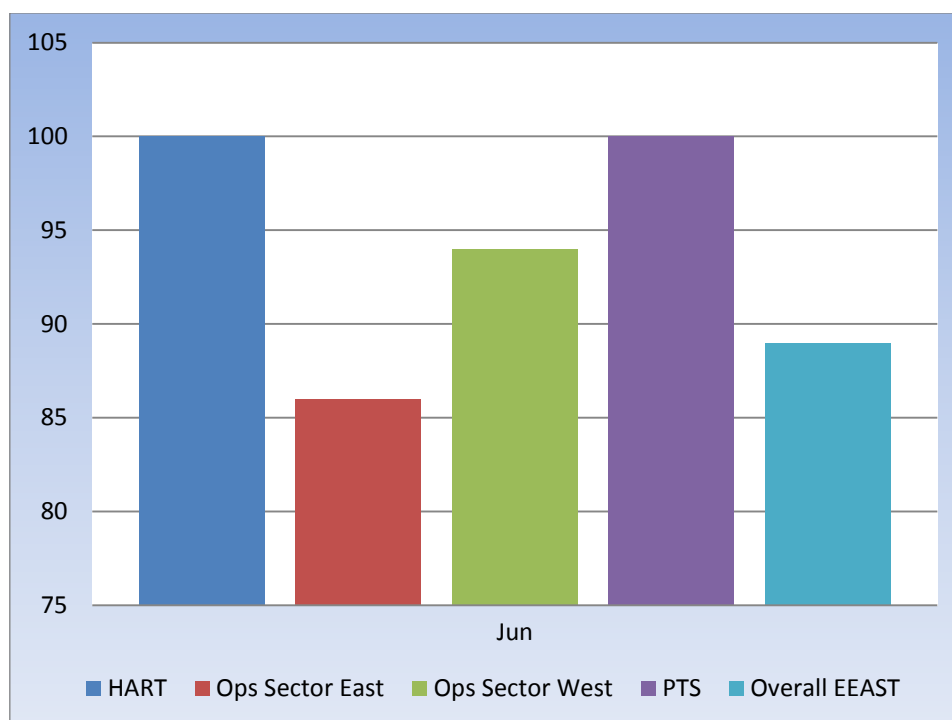
Both the HART and PTS teams only have responsibility for auditing two dedicated stations and as such care should be taken in interpreting their submission compliance as if a single station is missed will result in a 50% submission level.

Management area	Jun
HART	100%
OPS SECTOR EAST	85.7%
OPS SECTOR WEST	93.5%
PTS	100%
Overall OPS SECTOR	89.5%

*Table 1.11: Station audits submitted*

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

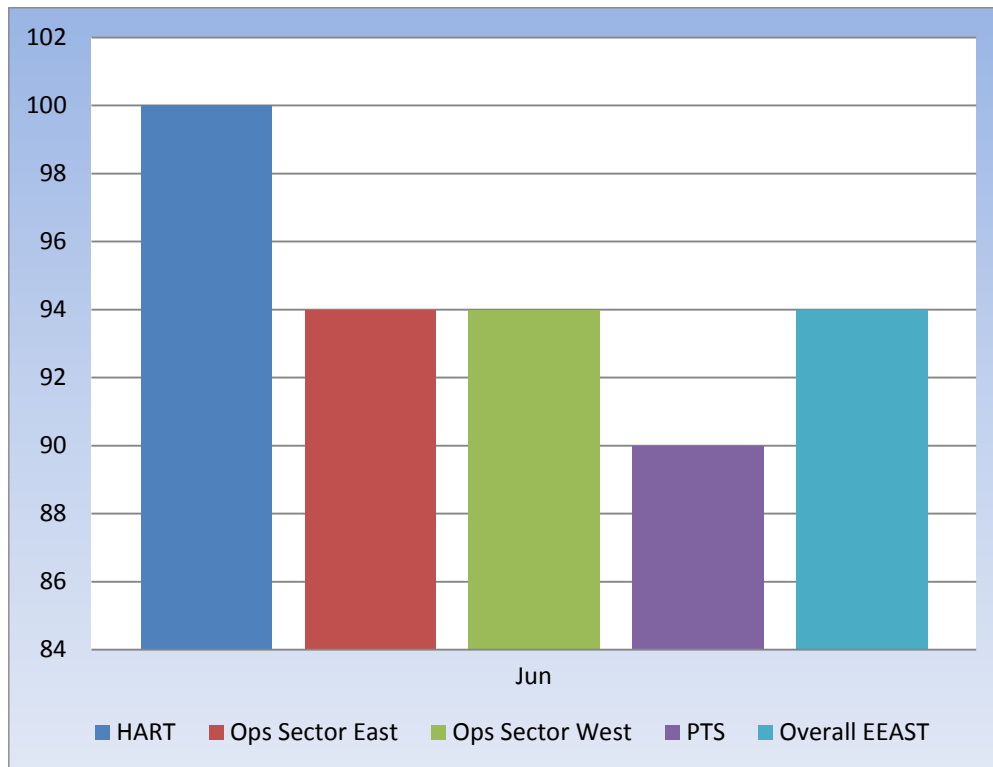
The chart below depicts the percentage of forms submitted for A&E, HART & PTS stations for audit.



*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	Safety & ; security	Cleaning contractors store / cupboard
HART - Jun	100%	100%	100%	100%	100%	100%	100%	NR	100%
HART - May	100%	100%	100%	83%	100%	0%	100%	NR	100%
OPS SECTOR EAST - Jun	86%	91%	94%	96%	87%	98%	95%	NR	95%
OPS SECTOR EAST - May	79%	97%	94%	98%	94%	99%	96%	NR	97%
OPS SECTOR WEST - Jun	91%	85%	94%	95%	92%	98%	95%	NR	94%
OPS SECTOR WEST - May	88%	84%	94%	94%	88%	100%	92%	NR	83%
PTS - Jun	60%	83%	96%	100%	92%	75%	92%	NR	58%
PTS - May	63%	75%	100%	100%	83%	100%	100%	NR	67%
Overall OPS SECTOR - Jun	87%	89%	95%	96%	90%	98%	95%	NR	93%
Overall OPS SECTOR - May	82%	92%	94%	96%	92%	99%	95%	NR	91%

*Table 1.12: 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.

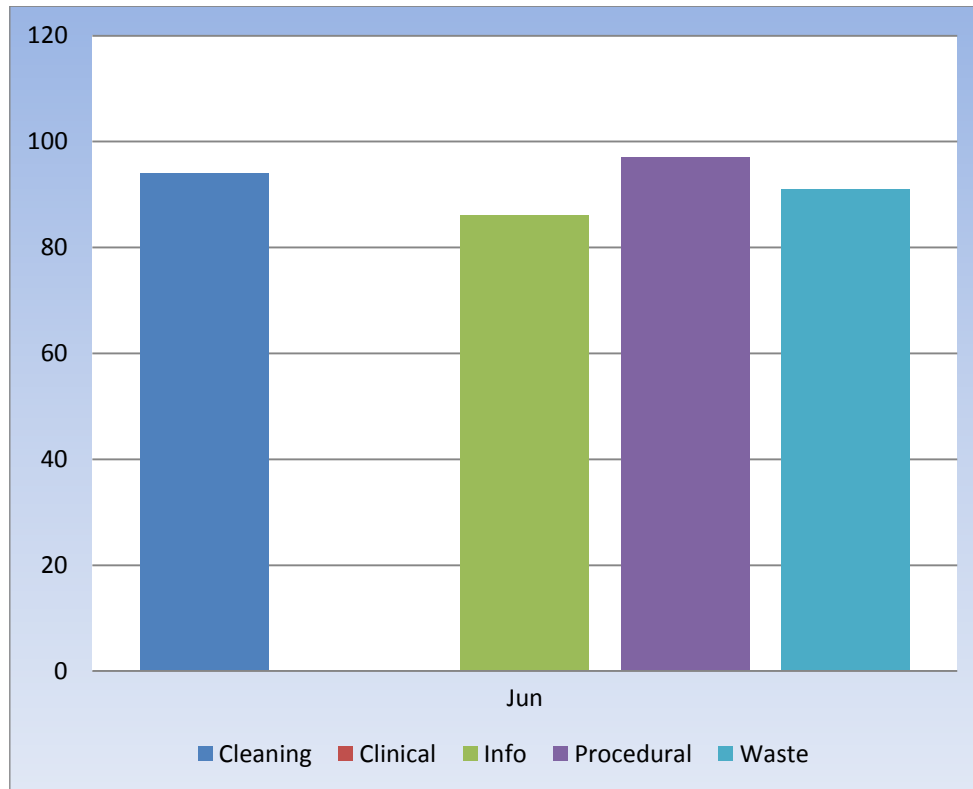


Chart 7: Station audit individual element compliance

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	3	1	0	5
OPS SECTOR WEST	20	6	0	8	26
OPS SECTOR EAST	28	14	7	15	35
HART	0	0	0	0	0

Table 1.13 Action plans for non-compliance of Station cleanliness

The table below depicts exceptions by management area for A&E Station Cleanliness Audits

Description	Action	Details	Status	Notes
OPS SECTOR EAST	OPS SECTOR EAST-NORTH ESSEX Achieving a sufficient percentage score in Station audits, only 80%, in Jun 2018		Assigned	
OPS SECTOR WEST	OPS SECTOR WEST-WEST HERTS Completing a sufficient level of Station audits, only 80%, in Jun 2018		Assigned	
OPS SECTOR WEST	OPS SECTOR WEST-WEST ESSEX Completing a sufficient level of Station audits, only 83%, in Jun 2018		Pending Acceptance	
OPS SECTOR EAST	OPS SECTOR EAST-EAST NORFOLK Completing a sufficient level of Station audits, only 83%, in Jun 2018		Complete	Will be closely monitored and uploaded next month.



Description	Action	Details	Status	Notes
OPS SECTOR EAST	OPS SECTOR EAST-WEST NORFOLK Completing a sufficient level of Station audits, only 83%, in Jun 2018		Complete	Lack of admin staff to complete audits and lack of station supervisors to complete their station audits. Better capture of station inspections by DLO team if possible
OPS SECTOR EAST	Actions to resolve non-compliance to: OPS SECTOR EAST-SOUTH WEST ESSEX Completing a sufficient level of Station audits, only 16%, in Jun 2018		Complete	Audit submissions expected to be normal this month, following return to work

Table 1.14: Exceptions by Management Area for A&E Station Cleanliness Audit

## Quality Assurance Audits.

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

Management area	Jun
HART	
Ops Sector East	15
Ops Sector West	9
PTS	
Overall EEAST	24

Table 1.15: Trust Station Quality Assurance Audit Vs Local audit compliance

### Trust Station Quality Assurance Audit exceptions reporting:

Station	Management area	Local audit	Qa audit	Time gap ( days )	Exception details
Attleborough	Ops Sector East	100%	92.1%	5	n/a
Braintree	Ops Sector East	97.6%	90%	1	n/a
Bury St Edmunds (Brooklands)	Ops Sector East	100%	97.5%	14	n/a
Chelmsford	Ops Sector East	100%	94.1%	3	n/a
Cromer	Ops Sector East	100%	100%	5	n/a
Dereham	Ops Sector East	97.5%	91.9%	10	n/a
Downham Market	Ops Sector East	100%	92.3%	3	n/a
Dunmow	Ops Sector East	97.6%	97.2%	1	n/a
Ely	Ops Sector West	94.6%	55.6%	2	Many non-compliance issues were found but easily rectified. Issues were communicated to local auditor.
Harlow	Ops Sector West	86%	93%	2	n/a
Hertford	Ops Sector West	87.9%	87.1%	4	n/a
Huntingdon	Ops Sector West	100%	85.7%	2	n/a
Ipswich	Ops Sector East	94.3%	97.3%	7	n/a
Kings Lynn	Ops Sector East	93%	93%	4	n/a
Longwater	Ops Sector East	100%	100%	5	n/a
Newmarket	Ops Sector East	100%	94.9%	3	n/a
Ongar	Ops Sector West	100%	97.3%	2	n/a
Saxmundham	Ops Sector East	91.2%	90.6%	7	n/a



Station	Management area	Local audit	Qa audit	Time gap ( days )	Exception details
St Ives	Ops Sector West	96.9%	90.3%	3	n/a
St Neots	Ops Sector West	100%	96.6%	3	n/a
Stansted	Ops Sector West	94.9%	94.7%	2	n/a
Waltham Abbey	Ops Sector West	100%	92.1%	1	n/a
Wisbech	Ops Sector East	100%	92.5%	6	n/a
Witham	Ops Sector East	97.5%	95%	1	n/a

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

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

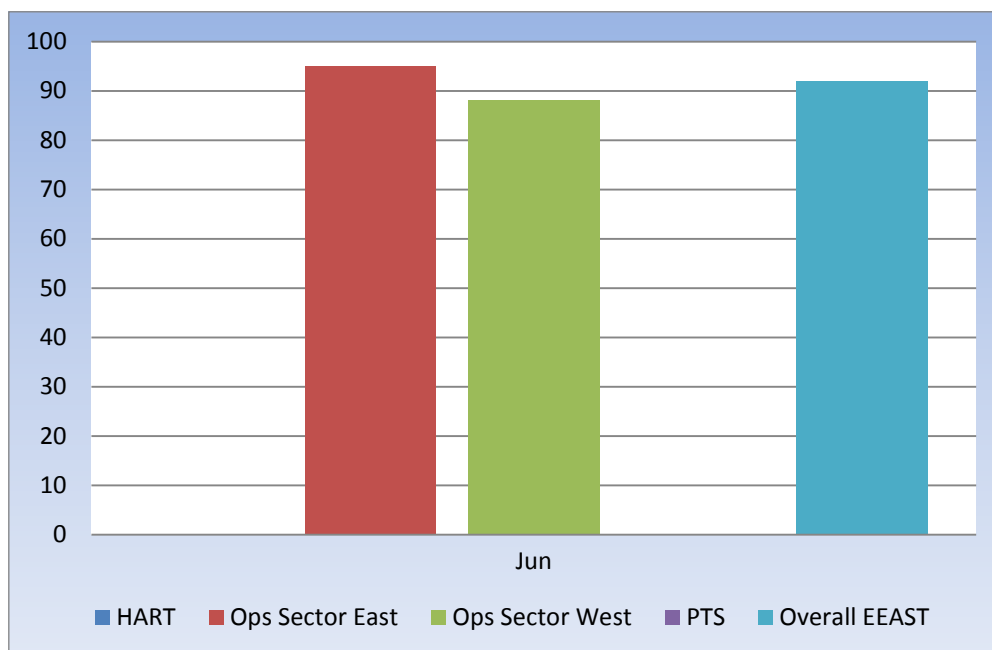


Chart 8: Quality Assurance Stations Sections Compliance

## 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.

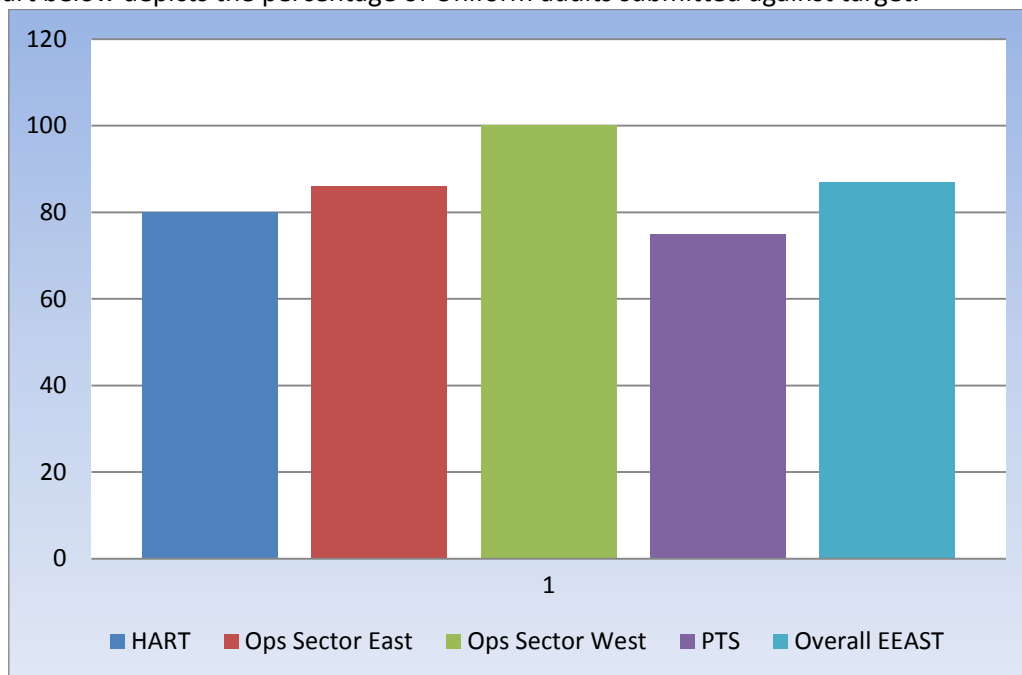
The IPC Practice compliance audits cover IPC aspects of hygiene prior, during and post patient contact, uniform compliance, use of PPE and performance of IPC practices. These carried out through discussion/ scenario reviews with clinical staff to assess the knowledge base relating to IPC practice.

## Uniform Compliance Audits

**There were 371 uniform audits submitted by Trust management areas for June 2018.**

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

The chart below depicts the percentage of Uniform audits submitted against target.



*Chart 9: Uniform Compliance Audits Submitted*

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

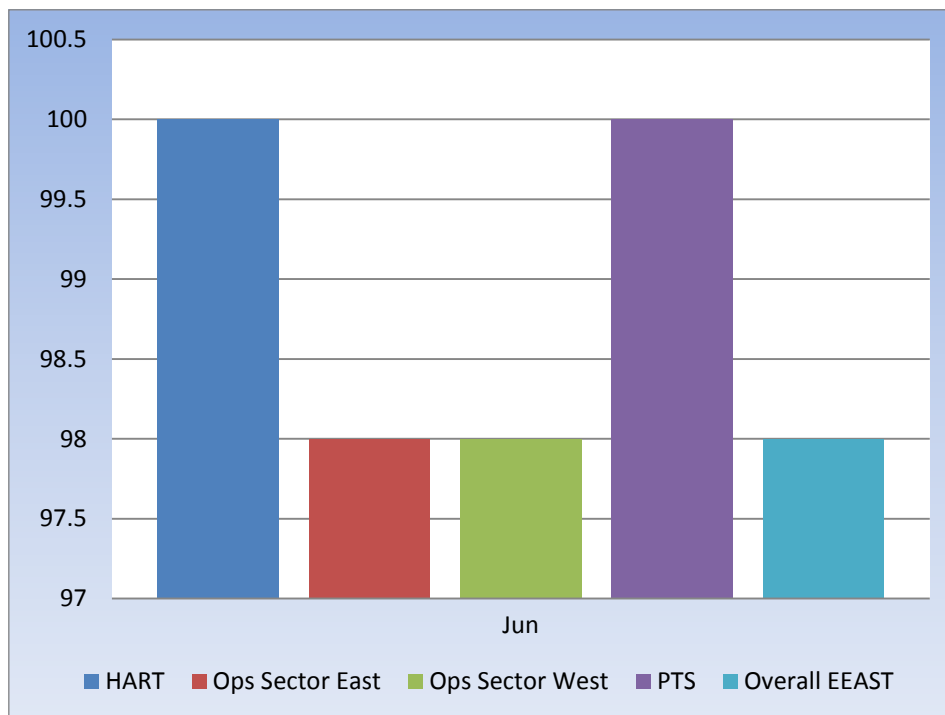
Management area	Jun
HART	80%
OPS SECTOR EAST	85.9%
OPS SECTOR WEST	100%
PTS	74.7%
Overall OPS SECTOR	86.9%

*Table 1.17: 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 10: 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).



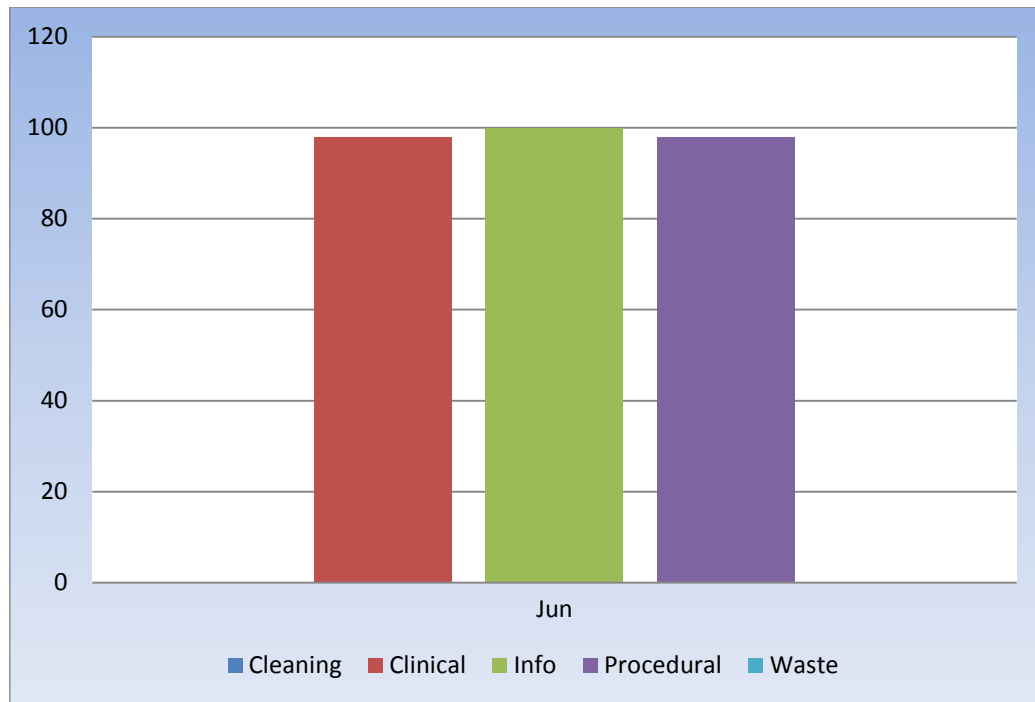


Chart 11: Uniform Compliance Results by theme

Uniform audit exception reports:

Description	Action	Details	Status	Notes
OPS SECTOR WEST	OPS SECTOR WEST-WEST HERTS Completing a sufficient level of Uniform audits, only 73%, in Jun 2018		Assigned	Nil return
OPS SECTOR WEST	OPS SECTOR WEST-WEST ESSEX Completing a sufficient level of Uniform audits, only 53%, in Jun 2018		Assigned	Nil return
PTS	PTS-North Beds PTS Completing a sufficient level of Uniform audits, only 66%, in Jun 2018	Didn't realise I could break this down to my area. Have had contact with IPC Admin who explained how to do this Back on track now. Training needed to be more effective	Complete	
PTS	PTS-Mid Cambs PTS Completing a sufficient level of Uniform audits, only 73%, in Jun 2018		Assigned	Nil return
PTS	PTS-North Cambs PTS Completing a sufficient level of Uniform audits, only 13%, in Jun 2018	-I am in a seconded role here and IPC is all new to me, until recently I had never used the system and also did not have the correct permissions. This has now been resolved by yourselves and I have been given the correct information on how to complete the audits so will complete appropriately in due course.	Assigned	Nil return
PTS	PTS-West Herts PTS Completing a sufficient level of Uniform audits, only 26%, in Jun 2018		Pending Acceptance	Assigned to GT: Please could you take a look at this action, the exception report is to be included in the IPC Monthly update
HART	HART-HART Melbourn	Increased number of persons logged on	Complete	



Description	Action	Details	Status	Notes
	Completing a sufficient level of Uniform audits, only 60%, in Jun 2018	to the Auditonline system to allow a better spread of audits across the teams on duty.		
OPS SECTOR EAST	OPS SECTOR EAST-WEST NORFOLK Completing a sufficient level of Uniform audits, only 40%, in Jun 2018	Lack of admin staff to complete audits and lack of station supervisors to catch staff from outlying stations	Complete	Exception report submitted to IPC
OPS SECTOR EAST	OPS SECTOR EAST-SOUTH WEST ESSEX Completing a sufficient level of Uniform audits, only 46%, in Jun 2018	Have now returned to full time employment and expect to have our audit submission back to normal this month	Complete	
PTS	PTS-North Essex PTS Completing a sufficient level of Uniform audits, only 26%, in Jun 2018	Did not complete them all before going on annual leave. Will ensure audits are completed from here on out. Will be back on track this month. Will ensure 100% compliance for uniform audits this month.	Complete	Please could you take a look at this. The exception report is required for the IPC Monthly Update. Many thanks
OPS SECTOR EAST	OPS SECTOR EAST-EAST NORFOLK Completing a sufficient level of Uniform audits, only 40%, in Jun 2018	Confusing dashboard. Asked for dashboard to be changed to highlight deficiencies more clearly, this is why this problem has occurred. This will be amended next month to ensure compliance.	Complete	
OPS SECTOR EAST	OPS SECTOR EAST-WAVENEY Completing a sufficient level of Uniform audits, only 20%, in Jun 2018	Insufficient time to complete uniform audit due to operational demands and being on emergency calls . No AWD available to help complete so this month has allow audit. Will try to resolve next month.	Complete	

Table 1.20: Exceptions per Management Area for Uniform audits submissions

## Quality Assurance Audits

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

Management area	Jun
HART	2
OPS SECTOR EAST	36
OPS SECTOR WEST	82
PTS	2
Overall OPS SECTOR	122

Table 1.30: Quality assurance uniform audits submitted



Quality assurance: Uniform audit compliance

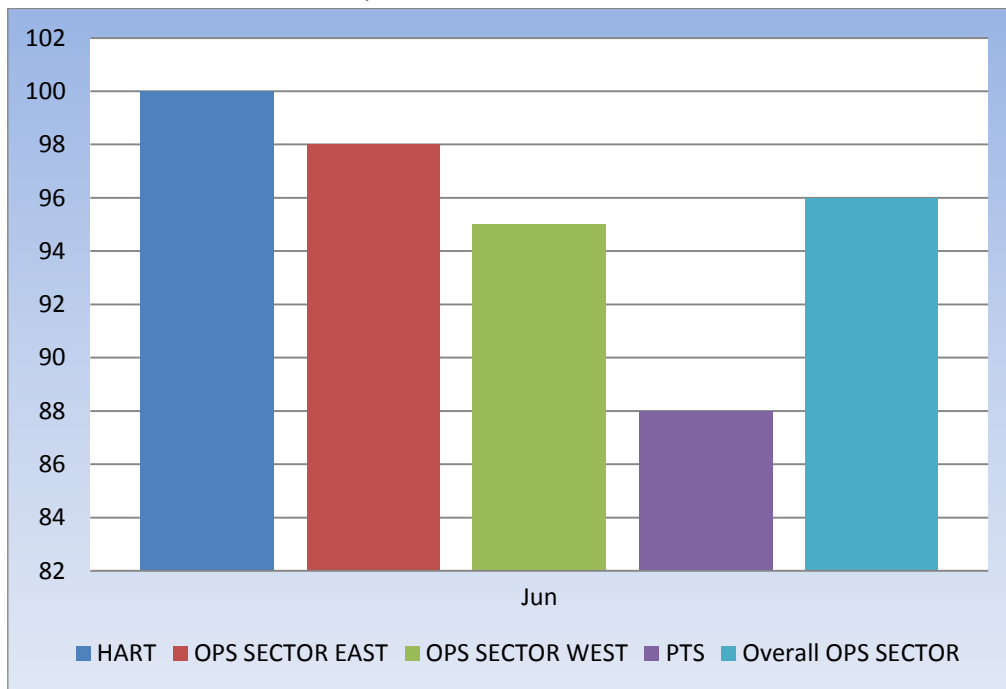


Chart 12: Quality Assurance Uniform Compliance Results

## 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.

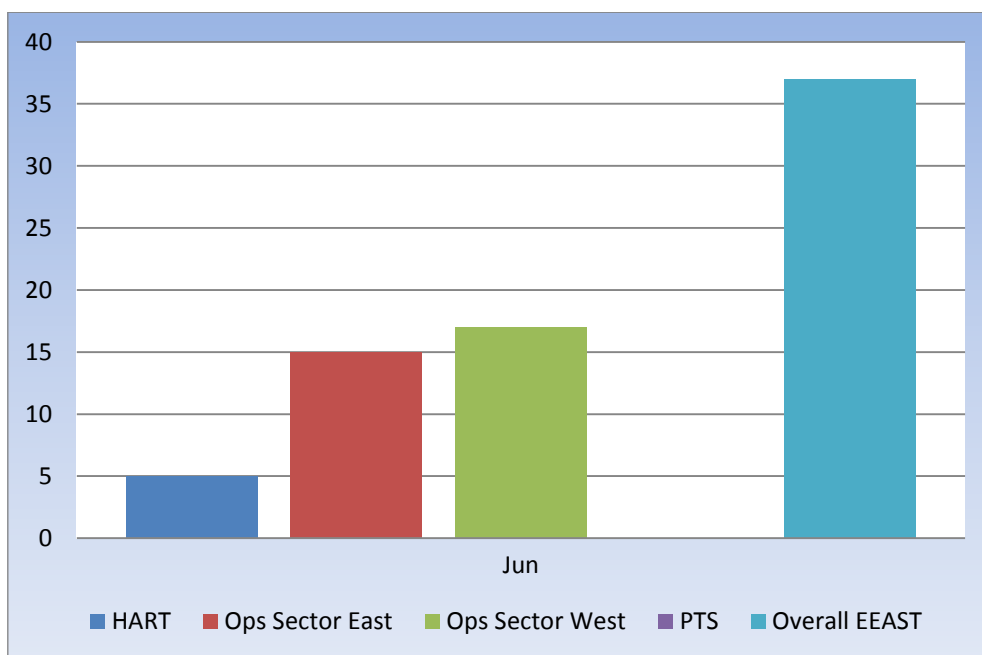


Chart 13: QA10 Compliance Audits Submitted

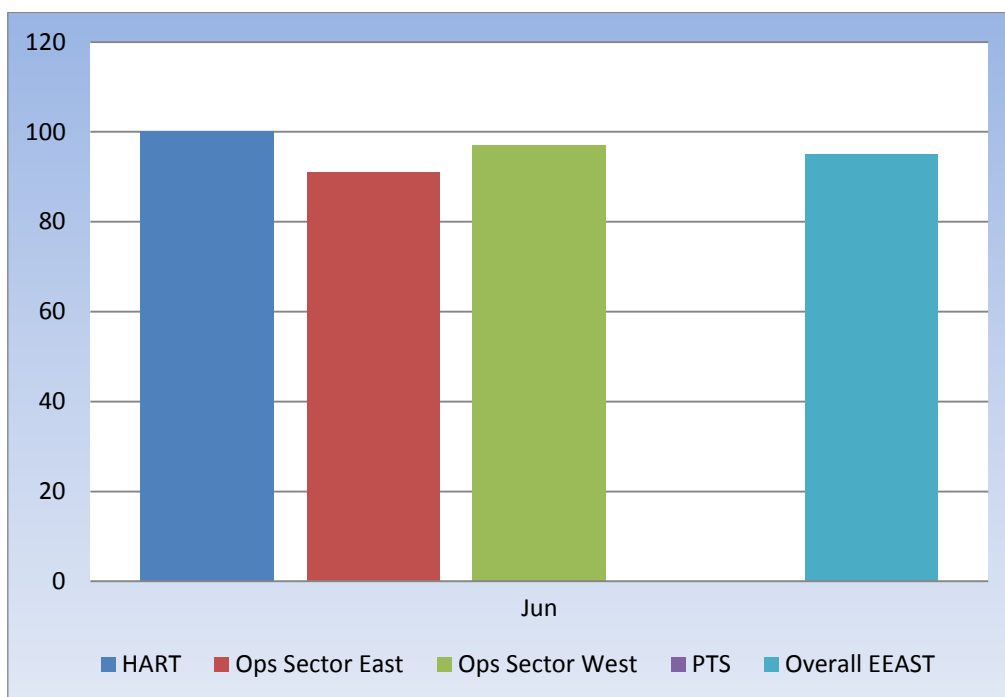


Chart 14: QA10 Section Compliance Results

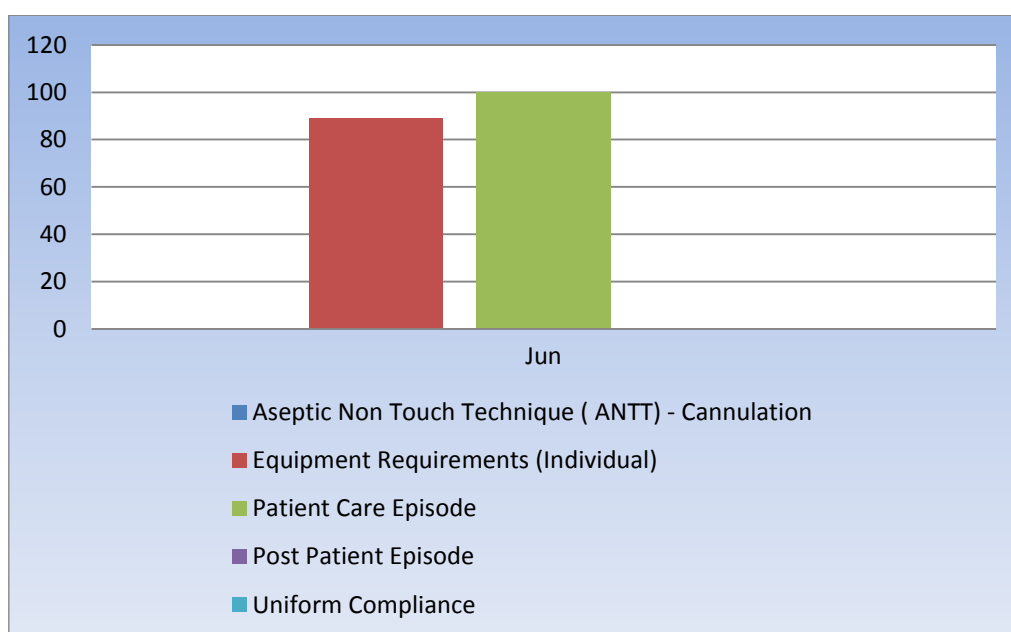


Chart 15: QA10 Section Compliance Results by Element

## 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:

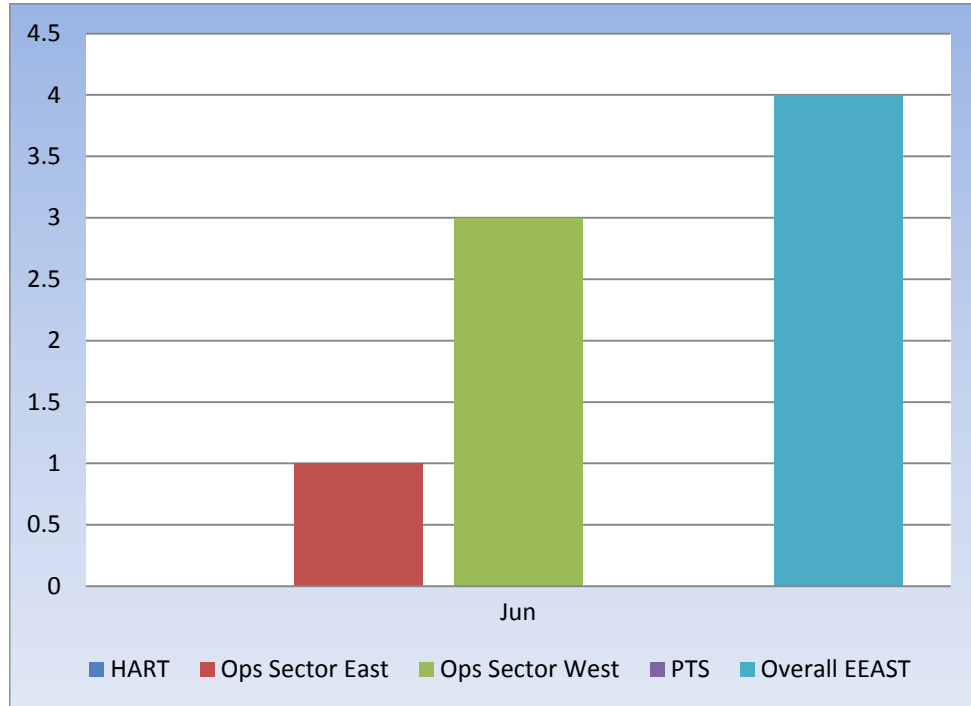


Chart 16: IPC Practice Compliance Audits Submitted

The chart below depicts the IPC Practice compliance percentage.

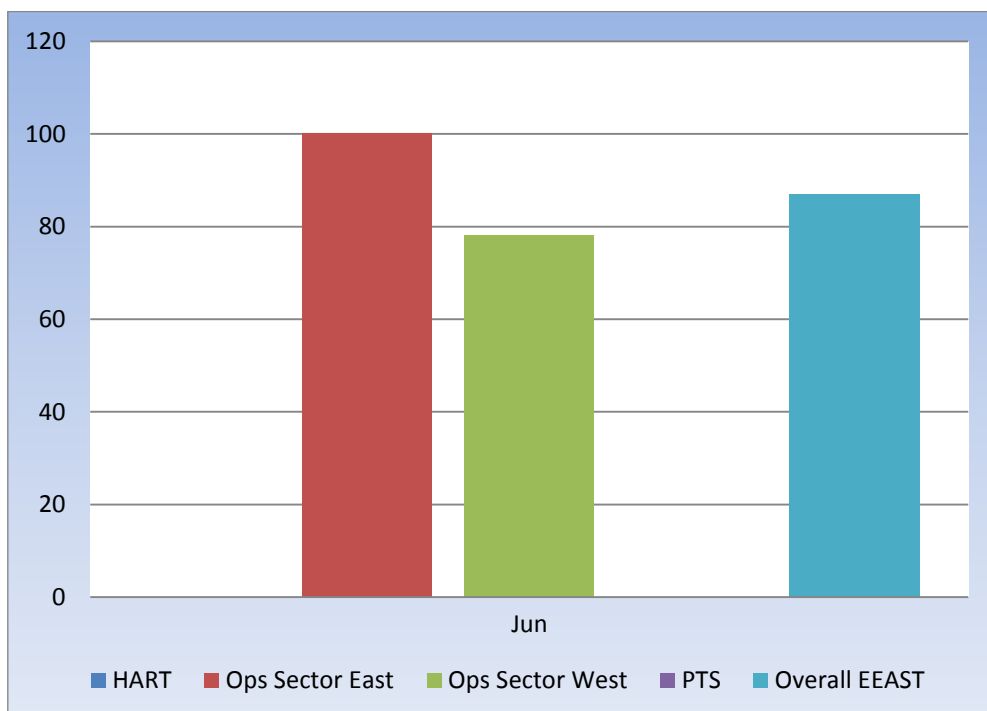


Chart 17: IPC Practice Compliance Results



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.

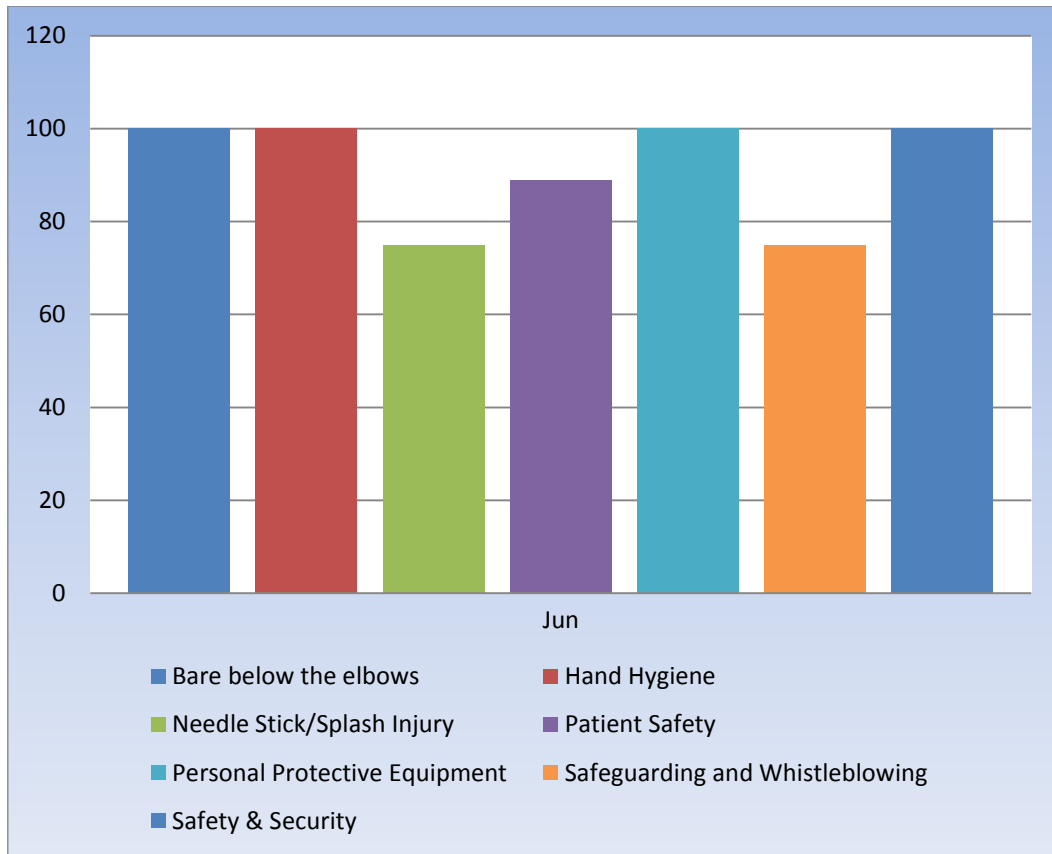


Chart 24: IPC Practice section Compliance Results



## 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 clean sharps were:

- Three members of staff received a clean sharp injury to their finger from an unsheathed razor when putting their hand into the bag. The wounds were bled, washed and dressed.
- Whilst wiping the side in the vehicle a member of staff was cut on the left finger by a shard of glass from a drugs vial. The wound was bled and washed with dressing applied. The incident was considered clean. PPE not required.
- A member of staff received a sharps injury when attempting to open a drugs vial which snapped resulting in a cut to the finger. No further action required.

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

- A member of staff sustained a needle stick injury whilst administering an IM injection to a patient. The wound was bled, washed and covered. A&E was attended where blood tests were taken. The incident was considered High Risk with PEP supplied. OH has been contacted and follow up bloods arranged. No training needs have been identified.
- A member of staff sustained a needle stick injury with a contaminated sharp following the cannulation of a patient. The wound was bled. A&E was attended where blood tests were taken. The incident was considered Low Risk with OH follow up arranged via PAM.
- A staff member sustained a needle stick injury following a failed cannulation of a patient. The wound was bled, washed and covered. A&E was attended with blood tests taken. The incident was considered low risk, no PEP given. OH referral made through PAM.

The **5** incidents relating to splash injuries were:

- A member of staff was attending to a patient who was a known drug user when the patient vomited and it splashed into their eye. The eye was irrigated. A&E was attended where blood tests were taken. The incident was logged onto Datix as Not IPC therefore the IPC team were not notified and were not able to advise the member of staff to contact OH.
- A patient was being attended to when they spat at the member of staff which splashed into the left eye. An email was sent via Datix to remind the member of staff to report to OH and to report any findings within the Datix report.
- A member of staff was attending to a patient involved in a RTC when they were splashed on the face and in the mouth with the blood of a patient. Gloves were worn. The mouth was irrigated. The member of staff was reminded of the importance to contact OH in the event of an IPC exposure incident and to report any findings within the Datix report.



- A staff member was splashed in the eye and mouth whilst attempting to cannulate a patient with diagnosed HEP C. Gloves were worn. A&E was attended where blood tests were taken and the incident was considered Low Risk with OH follow up.
- A member of staff was splashed in the mouth and face during a failed cannulation attempt. Gloves were worn. A&E was attended where blood tests were taken. The incident was considered Low Risk with an OH Follow up.

There were **no** incidents relating to exposure incidents during June.

The **3** incidents relating to poor practice were:

- A drugs pouch and contents were left contaminated with a sticky substance and slivers of glass, possibly from Ibuprofen Suspension, which had been recorded as being removed due to damaged packaging. All the contents were discarded into a sharps bin. The pouch and bag were decontaminated.
- A used BM sharp and OP airway were found in a drugs bag. The objects were disposed of safely. The incident was considered to be poor practice.
- Used sharps and blood contaminated gauzes were found in a responder bag along with a patient discharge letter. The sharps, gauzes and letter were disposed of appropriately. The incident was considered to be poor practice. Lessons learned.