

South East Coast Ambulance Service NHS Trust

Annual Health Check Report – Kent Health Overview & Scrutiny Committee

1. Introduction

1.1. The Annual Health Check core standards assessment is a self-assessment process undertaken by all Trust on an annual basis. In 2008 – 2009 there are 42 standards that apply to ambulance trusts, for which South East Coast Ambulance Service NHS Trust (SECAmb) will declare compliance with all standards.

2. Annual Health Check: Core Standards Assessment 2008 – 2009

2.1. To ensure a robust assessment of the Trust's position, and to embed these standards in the day to day operations of the Trust, for each standard an Executive Director and Senior Manager lead have been identified at element level. Throughout the year the nominated lead managers were asked to undertake regular reviews of the Trust's performance against the core standards, in preparation for the Trust's annual declaration of compliance.

2.2. In January 2009 a workshop was held for lead managers and Assistant Directors, to provide information and further support when undertaking the final review of the Trust's performance against the core standards. Patient and public representatives, as well as a staff union representative were also in attendance at this workshop.

2.3. Following the workshop, lead managers were asked to undertake a final review of the core standards, at element level, indicating the Trust's current position, evidence to support this, and any areas where gaps were identified, or further action required. Based on this information, leads were asked to provide an indicative assessment of compliance, at element level, ensuring that there was reasonable assurance to support this position.

2.4. This initial position was then reviewed by the Compliance and Assurance Working Group, with particular focus on those elements that were new for 2008 – 2009, or where there had been significant modifications. This group was able to scrutinise the assessments made, and provide an additional level of assurance to the assessment process, prior to review by the Trust's Executive Team.

2.5. The Executive Team were then able to review this initial baseline assessment and add further supporting evidence where appropriate. As a result of this review, a proposed assessment at standard level was made.

2.6. This assessment was then shared with the Trust's Integrated Governance Committee (a formal Committee of the Trust Board, with delegated powers of responsibility), on Tuesday 3rd March 2009. The Integrated Governance Committee were charged with ensuring that there was reasonable assurance for the Trust's anticipated declaration position, considering whether there were any significant lapses during the assessment period, and that the reasonable assurance was based on documentary evidence that would stand up to internal and external challenge.

2.7. Following the review by this Committee, a recommendation will be made to the Trust Board, for sign off at the meeting on 31st March 2009.

2.8. As part of the self-assessment process, SECAMB is actively engaging with selected third party organisations, to invite comments on the Trust's performance over the year. These include the Strategic Health Authority, local Overview and Scrutiny Committees, Local Involvement Networks, Local Safeguarding Children Boards and Learning Disability Partnership Board. Any comments received directly by the Trust from any of these partners will be included verbatim within the Trust's declaration.

2.9. The Trust is on schedule to submit the declaration, via the online tool provided, in time for the deadline of midday, Friday 1st May. Following submission, the Trust will ensure that the declaration is made available to the local community by Friday 22nd May 2009.

2.10. Attached is a summary of the assessment made by the Trust, to help inform the Integrated Governance Committee and Board decision-making process.

3. Compliance with the Hygiene Code – Registration with the Care Quality Commission

3.1. On 1st April 2009 a requirement will come into force (subject to parliamentary approval) for the regulation of activities relating to healthcare associated infections (HCAI).

3.2. The requirement sets out that a service provider in respect of carrying on of a regulated activity must, so far as reasonably practicable, ensure that patients, healthcare workers and others who may be at risk of acquiring a healthcare associated infection, are protected against such identifiable risks of acquiring such an infection by the means specified in the regulations set out by the Care Quality Commission (The CQC became a legal entity in October 2008 and takes up its responsibilities for the quality of health and social care in April 2009).

3.3. In order to register with the CQC, trusts must comply with the *The Health and Social Care Act 2008 (Registration of Regulated Activities) Regulations 2009*, which are being introduced from 1st April 2009. A full registration system is being introduced from 2010, when trusts will have to comply with a number of regulations as well as those on HCAI.

3.4. Following review by the Trust Board, the Trust submitted a declaration of compliance with the requirement for the regulation of activities relating to healthcare associated infections.

3.5. This assessment is made, based on 9 criteria, for which the trust is required to declare whether it meets, partly meets or fails to meet these. It is proposed that SECAMB declares that it meets all criteria, with the following exceptions:

3.5.1. Criterion 4 - *The trust ensures patients presenting with an infection or who acquire an infection during care are identified promptly and receive appropriate management and treatment to reduce the risk of transmission* – the Trust declared

partly met for this criterion as only part of the criteria is applicable to South East Coast Ambulance Service NHS Trust, in its role as a provider of ambulance services. Whilst the trust ensures that patients presenting with an infection are identified promptly, the reference to "[those]...who acquire an infection during care..." is not applicable.

3.5.2. Criterion 6 – *The trust provides or can secure adequate isolation facilities* – the Trust declared not met for this criterion as the criterion is not applicable to South East Coast Ambulance Service NHS Trust, as an ambulance service provider.

3.5.3. Criterion 7 – *The trust secures adequate access to laboratory support* – the Trust declared not met for this criterion as the criterion is not applicable to South East Coast Ambulance Service NHS Trust, as an ambulance service provider.

4. Focus on Core Standards C4a, C4c and C21 in practice

4.1. As part of the core standards assessment, the following section focuses on those standards that relate to infection control, namely C4a, C4c and C21.

4.1.1. *C4a: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that: the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in MRSA*

The element against which ambulance trusts are assessed for this standard is as follows:

The healthcare organisation has systems to ensure the risk of healthcare associated infection is reduced in accordance with The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections (Department of Health, 2006, revised January 2008).

The Trust complies with the requirements to keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infections (HCAI) to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, where applicable and so far as reasonably practicable. The Trust complies with the requirements to minimise the risks of healthcare infection to patients taking account of published practices and guidance from the Ambulance Service Association, Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidance PROC 12 and the Infection Control Nurses Association infection control practices for ambulance services, DoH Winning ways, DoH Saving Lives care bundles and Essential steps to safe, clean care: introduction and guidance.

The Infection Control Working Group (chaired by the Director for Infection Prevention and Control) meets bi-monthly to monitor and review current practices and assess the risks to patients and staff in relation to HCAI. Infection control audits have been undertaken with the findings fed back to the relevant parties through the Infection Control Working Group for actioning. In attendance at the meetings as external specialists are nurse specialists from the Health Protection Agency to support the infection control programme. Minutes from these meetings are reported to the Risk

Management & Clinical Governance Sub Committee (RMCGSC) and then to the Board.

The Trust has in post an Infection Control Manager BSc (Hons) and an Infection Control Advisor who report to the Director of Infection Prevention and Control (DIPC) as the internal specialists. The Trust has recognised the importance of communicating Infection Control information to staff, patients and the public. Information is published and accessible in the Weekly Bulletin and on the SECamb web site and intranet.

Training and Education for Infection Control takes place on the Corporate Induction Course and through key skills training for staff, an e-learning package is currently being sourced to further the scope and accessibility for staff and managers.

4.1.2. C4c: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed

The element against which ambulance trusts are assessed for this standard is as follows:

Reusable medical devices are properly decontaminated in accordance with The Health Act 2006 Code of Practice for the Prevention and Control of Healthcare Associated Infections (Department of Health, 2006, revised January 2008).

The Trust has procedures in place to fulfil this criterion, such as the Medical Devices Management Policy and the Infection Prevention and Control Policy. The operational model and Make Ready model also support this in areas where established. In addition, the roles and responsibilities of operational staff require compliance to the policy when using medical equipment, or disinfecting medical equipment intended for reuse.

4.1.3. C21: Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises

The elements against which ambulance trusts are assessed for this standard are as follows:

The ambulance service has systems in place and has taken steps to ensure its fleet is well designed, including in accordance with the Disability Discrimination Act 1995, the Disability Discrimination Act 2005; and have regard to The duty to promote disability equality: Statutory Code of practice (Disability Rights Commission, 2005).

The Vehicle fleet is designed to provide a safe environment to all users, however the need for safety does not necessarily comply fully with the Disability Discrimination Act. All vehicles are built to EN1789 and EN1865 standards relating to safety, in accordance with European law. Whilst the Disability Discrimination Act, associated code of practice and legislation do not specifically relate to 'ambulances' various elements have been included in the vehicle design to ensure that vehicles are as

accessible as possible (tail lift access, high visibility handles and step edging, audible 'vehicle reversing 'alert).

Care is provided in clean ambulances that meet the relevant requirements of duty four of The Health Act 2006 Code of Practice for the Prevention and Control of Healthcare Associated Infections (Department of Health, revised 2008).

The design of vehicles has developed to assist in the effective cleaning of vehicles. Staff are trained extensively how to decontaminate vehicles and equipment. SECAMB has implemented a trust wide deep cleaning regime on a six weekly basis. The trust also has two pilot sites for Make Ready in Hastings and Chertsey. Make Ready refills, restocks and cleans the vehicle on a daily basis, in line with shift patterns. A single set of products (ACTIV8) for the cleaning and decontamination of vehicles and equipment has been implemented across the Trust. ACTIV8 is approved by the HPA for this purpose.

4.2. Practical examples of compliance with Infection Control standards:

4.2.1. The Emergency Dispatch Centres inform crews responding to patients with a declared infectious condition, as and when information is received from healthcare partners. Crews are trained in the treatment and transfer of patients accordingly.

4.2.2. Each vehicle has Personal Protective Equipment (PPE) that complies with standard (universal) Infection Control precautions. In extreme circumstances, assistance may be sought from a make ready team, deep cleaning team, infection control team, specialist contractor or HPA (dependent upon the type and severity of risk associated with the infection).

4.2.3. It is the responsibility of the staff in the first instance to keep the vehicle and equipment clean and fit for use. This responsibility extends both to normal procedures and for significant contamination which may present during the course of the shift including the period between patients.

4.2.4. In those areas supported by 'Make Ready' the vehicles and its equipment therein, will pass through an auditable preparation system, addressing the corporate and clinical governance aspects of vehicle and equipment cleanliness and functionality.

4.2.5. The deep cleaning cycle (which is fully operational across the 63 sites of the trust) is aligned to the maintenance cycle of the vehicle. In practice this means that every six weeks a deep clean of the vehicle and all ancillary equipment is undertaken, so as to supplement the routine cleaning undertaken by staff at station level. Swab tests are completed across a range of predetermined sites within the vehicle.

4.3. Basic background statistics:

- Year to date figures, as at 9th March 2009, indicate that in 2008 – 2009, SECAMB have undertaken 346,142 emergency transport journeys (109,267 in Kent). Further information and breakdown of this is shown in Annex 1.

- The Trust has 232 A&E double manned ambulances (81 in Kent), 83 Single Response Vehicles (28 in Kent), 50 Support Tier Vehicles (10 in Kent) and 169 Patient Transport Service vehicles (48 in Kent). This information and further breakdown is shown in Annex 2.
- As an ambulance service provider, we do not monitor figures in relation to infection control, as we do not directly undertake testing of patients using microbiology laboratory facilities. This is undertaken by acute trust providers, who keep us informed of risk of any occurrences. The Health Protection Agency also keep us updated and informed of any outbreaks.



Performance report

To Save Query in 'My Reports' Please supply a report name and **click Save Report.**

Save Report

Report options Date : Between 01 Apr 2008 and 09 Mar 2009

Grouping	Emr T/ort-journeys (i)	CatA Trans-ports (i)	CatB Trans-ports (i)	CatC Trans-ports (i)	Urg Trans-ports (i)	Rou Trans-ports (i)
Medway	17989	6448	6862	2749	0	910
Brighton and Hove City	23252	7587	8664	3827	245	384
East Sussex	46138	14930	15904	7383	593	355
Hampshire	10152	3179	4136	1720	1	0
Kent	109267	36877	39489	15610	5	989
Surrey	76961	22567	29239	12672	3	1
West Sussex	61627	21195	21042	9438	768	578
Unknown	756	276	285	53	13	47
Totals	346142	113059	125621	53452	1628	3264

Drilldown target:

Switch grouping

Show percentage variance over previous year

Return to main menu

Annex 2 – Composition of the Operational Fleet

VEHICLE NUMBERS – THE OPERATIONAL FLEET				
Former Trust	A&E (DMA)	SRVs	STVs	PTS
Kent	81	28	10	48
Surrey	59	32	24	6
Sussex	92	23	16	115
SECAmb	232	83	50	169
% of Total Fleet	33%	11.8%	7.1%	24%
% of AE Fleet	63.6%	22.7%	13.7%	

A&E (DMA) – A&E Double Manned Ambulances

SRVs – Single Response Vehicles

STVs – Support Tier Vehicles

PTS – Patient Transport Service