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Internal Ref:
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Dear

The trust is in receipt of your information request, thank you. Please accept this formal response, which has been given the internal reference quoted above. Please quote this reference number in any correspondence.

Request

You asked us:

Please could I request the following information relating to the Association of Ambulance Chief Executives position statement (V.2) dated 30/11/2022, which required Bare Below the Elbow (BBE) to be implemented within ambulance trusts' Infection Prevention and Control policy:

- **On which date did the trust implement BBE policy?**
- **How was the information regarding this policy change disseminated?**
- **What mechanisms were put in place to monitor HealthCare Associated Infection rates amongst patients treated and/or conveyed by the trust in order to assess the effectiveness of the change?**
- **What processes are used to ensure compliance by staff with BBE policy?**
- **What are the repercussions or processes to manage staff that do not comply with BBE policy?**
- **How many staff have been disciplined for non-compliance?**
- **How many staff have been dismissed for non-compliance with BBE policy?**

We have processed your request under the Freedom of Information Act 2000 (FOIA)

Response

The formal Trust response follows.

The Trust confirms it holds the information you requested.

- **On which date did the trust implement BBE policy? –**



Saving Lives,
Serving Our Communities

Chair: Usman Khan CEO: Simon Weldon

The department of health confirmed its commitment to the implementation of 'Bare Below the Elbows' (BBE) to be carried out by all NHS trusts in 2007. This was based on research that hand and wrist jewellery can harbour microorganisms and reduce compliance with hand hygiene.

The recent publication of the AACE position statement was produced to support all ambulance trusts and was not the start date for the implementation of BBE, which should have been introduced to all trusts in line with the national NHS timeframe back in 2007. This was when the Trust implemented the guidance into policy.

- **How was the information regarding this policy change disseminated?**

The Trust followed the normal governance procedure in place at the time to publish and widely disseminate the new policy Trust wide. This included as examples, staff communications, guidance on the intranet, teams meetings, the Trusts newsletter and so on. The Infection Prevention and Control (IPC) Team then attended every Key Skills training event during 2008 / 2009 to further educate and support staff with the introduction of the national requirement to comply with BBE.

- **What mechanisms were put in place to monitor HealthCare Associated Infection rates amongst patients treated and/or conveyed by the trust in order to assess the effectiveness of the change?**

The Trust is not mandated to monitor Healthcare Associated Infection rates. However, national monitoring would have and still takes place in hospital settings and the evidence from these does show a decline in HCAI rates following the introduction of BBE and other associated IPC practices that were also introduced.

- **What processes are used to ensure compliance by staff with BBE policy?**

Since the introduction of BBE into the Trust we have introduced various methods to record compliance, which have included the following –

- Audit tools that specifically monitor and audit compliance to BBE for frontline direct patient facing staff
- IPC Practice Reviews to record compliance.
- Introduction of local IPC Champions to support compliance and share learning locally.
- Face to face visits to sites by the IPC Team, where any concerns regarding potential non-compliance is discussed with the individuals and managers

All of the above processes are reviewed at the quarterly IPC Sub Group meetings and any identified areas of poor practice reported back to the local teams.

- **What are the repercussions or processes to manage staff that do not comply with BBE policy?**



As with all Trust policies staff are expected to comply. Where non-compliance is observed, it would be addressed by the Line Manager for the that individual staff member. In the event of repeated non compliance, the Trusts disciplinary policy and/or capability policy would apply.

- **How many staff have been disciplined for non-compliance?**

Over the last 2 years there is no record of any staff being disciplined for non compliance

- **How many staff have been dismissed for non-compliance with BBE policy?**

There are no staff that have been dismissed solely for non-compliance of BBE policy.

Next steps

We hope you find the information provided to be of some assistance.

Should you be dissatisfied with our response, kindly in the first instance contact Caroline Smart, Head of Information Governance via the following email address: FOI@secamb.nhs.uk

You can ask us to review our response. If you would like us to carry out a review, please let us know within 40 working days. This will be conducted by someone who was not involved in reviewing the original response, ordinarily, the Trust Data Protection Officer.

Should you remain dissatisfied following our internal review, you can complain to the [Information Commissioner's Office](#) (ICO). You should make complaints to the ICO within six weeks of receiving the outcome of an internal review. The easiest way to lodge a complaint is through their website: www.ico.org.uk/foicomplaints.

The ICO's postal address is:
Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, SK9 5AF.

Yours sincerely,

**Freedom of Information Coordinator
South East Coast Ambulance Service NHS Foundation Trust**