



The **Regulation** and  
**Quality Improvement**  
Authority

**The Regulation and Quality Improvement Authority**

**RQIA**

**Unannounced Infection  
Prevention/Hygiene Augmented Care**

**Year 2 Inspection**

**Ulster Hospital Neonatal Unit**

**14 January 2015**

**Assurance, Challenge and Improvement in Health and Social Care**

**[www.rgia.org.uk](http://www.rgia.org.uk)**

## **The Regulation and Quality Improvement Authority**

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of health and social care (HSC) services in Northern Ireland.

RQIA's reviews and inspections are designed to identify best practice, to highlight gaps or shortfalls in services requiring improvement and to protect the public interest.

Our hygiene and infection prevention and control inspections are carried out by a dedicated team of inspectors, supported by peer reviewers from all trusts who have the relevant experience and knowledge. Our inspection reports are available on RQIA's website at [www.rqia.org.uk](http://www.rqia.org.uk).

### **Inspection Programme**

The Chief Medical Officer's (CMO) letter (HSS MD 5/2013) endorsed the use of the Regional Infection Prevention and Control Audit Tools for Augmented Care Settings by all health and social care (HSC) trusts in Northern Ireland in the relevant clinical areas. In these inspections we use the following audit tools [www.rqia.org.uk](http://www.rqia.org.uk).

- Governance Assessment Tool
- Infection Prevention and Control Clinical Practices Audit Tool
- Neonatal Infection Prevention and Control Audit Tool
- Critical Care Infection Prevention and Control Audit Tool
- Augmented Care Infection Prevention and Control Audit Tool

The introduction of this suite of audit tools is a follow-on from development of the existing regional healthcare hygiene and cleanliness standards and audit tool, developed and disseminated in 2011. Both sets of tools should be used in conjunction with each other. A Guidance and Procedural Paper for Inspections in Augmented Care Areas has been developed, which outlines the inspection process [www.rqia.org.uk](http://www.rqia.org.uk).

The inspection programme for augmented care covers a range of specialist facilities. A rolling programme of unannounced inspections has been developed by RQIA to assess compliance with these sets of audit tools.

RQIA also carries out announced inspections. These examine the governance arrangements and systems in place to ensure that infection prevention and control and environmental cleanliness policies and procedures are working in practice.

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## 1.0 Inspection Summary

The three year improvement programme of unannounced inspections to augmented care areas commenced in the Ulster Hospital Neonatal Unit, on 28 May and 5 June 2013 (Picture 1).

RQIA uses audit tools as an assessment framework to build progressive improvement over the three-year inspection cycle. Compliance scores for the first inspection are 85 per cent, rising to 95 per cent by the end of the third inspection.



Picture 1: Main Entrance

The findings of the inspection indicated that the unit achieved year two compliance rate of 90 per cent in:

- Regional Infection Prevention and Control Clinical Practices Audit Tool.
- Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool.

As a result, these tools were not included as part of the year two inspection programme.

The Regional Neonatal Infection Prevention and Control Audit Tool obtained the set compliance rate for year one but not year two therefore an unannounced inspection was undertaken to the Ulster Hospital Neonatal Unit, on 14 January 2015. The inspection team comprised of two RQIA inspectors. Details of the inspection team and trust representatives who received feedback can be found in section 5.

The report highlights strengths as well as areas for further improvement, and includes recommendations and a quality improvement action plan. This can be read in conjunction with year one inspection report [www.rqia.org.uk](http://www.rqia.org.uk).

Overall the inspection team found evidence that the neonatal intensive care unit at the Ulster Hospital was working to comply with the Regional Neonatal Infection Prevention and Control Audit Tool.

### **Inspectors observed:**

- The unit was fully compliant in four sections of the Regional Neonatal Infection Prevention and Control Audit Tool.

### **Inspectors found that the key areas for further improvement were:**

- Assurance that hand hygiene guidance is given to parents.
- Auditing of the cleaning of equipment.
- Layout and design of the unit.

### **Inspectors observed the following areas of good practice:**

- The unit has been painted and maintenance work carried out to improve the environment. Some reconfiguration of rooms has been carried out to improve storage.
- A SimNewB, replica baby has been purchased; this is to allow staff to practice a broad range of neonatal skills.
- The unit has access to an equipment management technician.
- The unit manager participates in work carried out by the Neonatal Network Northern Ireland (NINI).

The inspection resulted in **8** recommendations for improvement listed in Section 4.

The inspection in **2013** resulted in **13** recommendations, related to the Regional Neonatal Infection Prevention and Control Audit Tool. **Six** recommendations have been addressed, **seven** have been repeated and there is **one** new recommendation.

The final report and quality improvement action plan will be available on RQIA's website. Where required reports and action plans will be subject to performance management by the Health and Social Care Board and the Public Health Agency (PHA).

RQIA's inspection team would like to thank the South Eastern HSC Trust (SEHSCT), and in particular all staff at the Ulster Hospital Neonatal Unit for their assistance during the inspection.

## 2.0 Overall Compliance Rates

### Regional Neonatal Infection Prevention and Control Audit Tool Compliance Levels

RQIA uses audit tools as an assessment framework to build progressive improvement over a three-year inspection cycle. Compliance scores for the first inspection are 85 per cent, rising to 95 per cent by the end of the third inspection.

Compliance rates are based on the scores achieved in the various sections.

**Table 1: Regional Neonatal Infection Prevention and Control Audit Tool Compliance Levels**

Areas inspected	28 May & 5 June 2013	14 Jan 15
Local governance systems and processes	83	87
General environment – layout and design	52	56
General environment – environmental cleaning	100	100
General environment – water safety	100	100
Neonatal clinical and care practice	94	100
Neonatal patient equipment	97	99
Preparation, storage and use of breast milk and specialised powdered infant formula	98	100
<b>Average Score</b>	<b>89</b>	<b>92</b>

	Year 1	Year 2
<b>Compliant</b>	85% or above	90% or above
<b>Partial Compliance</b>	76% to 84%	81% to 89%
<b>Minimal Compliance</b>	75% or below	80% or below

Where an inspection identifies issues that are considered to be of high risk, trusts will be asked to take immediate action.

### 3.0 Inspection Findings: Regional Neonatal Infection Prevention and Control Audit Tool

The Regional Neonatal Infection Prevention and Control Audit Tool contains seven sections. Each section aims to consolidate existing guidance in order to improve and maintain a high standard in the quality and delivery of care and practice in neonatal care. This will assist in the prevention and control of healthcare associated infections.

#### Regional Neonatal Infection Prevention and Control Audit Tool Compliance Levels

Areas inspected	28 May & 5 June 2013	14 Jan 15
Local governance systems and processes	83	87
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<b>Average Score</b>	<b>89</b>	<b>92</b>

The findings indicate that year two overall compliance was achieved in relation to the Regional Neonatal Infection Prevention and Control Audit Tool. Inspectors identified areas for improvement, especially in the layout and design of the environment.

#### 3.1 Local Governance Systems and Processes

For organisations to comply with this section, good governance should be displayed through management that displays effective decision-making and leadership. Systems and processes should be robust, and staff should be aware of their roles and responsibilities. Appropriate policies and procedures should be available. In line with year two compliance rates the unit achieved partial compliance in this section of the audit tool.

##### Leadership and Management

The unit manager displayed good leadership, management and knowledge on infection prevention and control (IPC). An augmented care managers meeting is undertaken on a monthly basis. This allows managers to share learning of experiences and practice between units.

Infection prevention and control information was cascaded down to staff, who displayed good awareness in this area.

The ratio of nursing and domestic staff is reviewed and can be increased when required, for example, on the isolation of a neonate. The unit continues to use trust bank staff to supplement staffing levels. The unit manager advised that there is an ongoing recruitment programme, which is continually reviewed in directorate management meetings. A new staff nurse will take up position in March 2015; further outstanding posts have gone for scrutiny. The unit can employ staff from the regional paediatric nurse recruitment programme.

Inspectors were advised that since the last inspection, there have been no neonatal bed closures.

A review of medical staff has been carried out. The unit now has one new consultant and one locum, this post has gone to scrutiny. A new staff grade is in post and works between neonatal and post natal units.

The unit has a dedicated infection prevention and control nurse to advise on the management of infection control issues. Infection prevention and control (IPC) staff visit the unit based on clinical results; daily visits are not carried out. Staff are available for advice by telephone and increase visits when appropriate, for example, outbreak management. The trust has employed a Band 7 infection prevention and control nurse (IPCN) with specific remit for *Pseudomonas* and augmented care, a Band 6 ICN post remains outstanding.

- 1. It is recommended that infection prevention and control staffing levels are reviewed to facilitate daily visits to the unit. Repeated**

### **Review of Documentation**

Root cause analysis process, follow up and learning was in place for the management of IPC patient safety incidents. Infection prevention and control information on incidents was shared with staff through staff meetings.

The use of infection prevention and control policies is now included as part of all staff neonatal induction. The trust has developed a dedicated area on the intranet for neonatal and paediatric policies, protocols and guidelines. They are easily accessible for staff.

There was no occupational health/infection prevention and control policy available. The Occupational Health Department (OHD) are to include IC advice for staff into an OHD staff guidance/policy, this has yet to be completed. In the interim, the ICT have provided augmented care areas with information from the inspection tool.

- 2. It is recommended that the trust continue to work on the development of an occupational health policy containing infection prevention and control advice for staff. Repeated**



Not all governance documentation required for evidence and outlined in the appendix of the audit tool was easily available for staff to reference. The unit manager is in the process of delegating responsibility for this to staff.

## **Audit**

Compliance had been achieved in local and regional audits undertaken to improve IPC practices and environmental cleanliness.

Hand hygiene audits are carried out on a monthly basis however the audit tool in use does not assess the use of alcohol gel. Within augmented care areas alcohol gel should be used immediately after soap and water, as a key component of the hand hygiene procedure.

The trust use the Qlikview dashboard system to display audit information for staff. The audit department can assist the IPC team to correlate audit information.

- 3. It is recommended that the unit review the hand hygiene audit tool, to ensure the use of alcohol gel is assessed as part of the hand hygiene procedure. New**

## **Surveillance**

Surveillance, the continuous monitoring of healthcare associated infection (HCAI) is key to the control of infection. A surveillance programme can be used to implement improvement initiatives, assess effectiveness of clinical interventions and can quickly identify outbreaks if infection.

IPC audit and microorganism surveillance programmes were in place. These monitor and promote improvement in infection prevention and control practices and infection rates. The microbiologist and IPCN visit the laboratory daily and are advised of significant clinical results. This directs their daily work and visits to patient areas.

Regionally, there is work being carried out on a laboratory surveillance system. This is being led by the Regional Pathology Group, with support from Business Services Organisation (BSO) and the Public Health Agency (PHA). The PHA has agreed funding for this initiative. The trust lead microbiologist is part of this working group. The inspection team were advised that although surveillance data was collected, there is no IPC data analyst in place to review the data and identify trends.

- 4. It is recommended that the trust continue to engage in work to develop a regional laboratory surveillance system. The trust should review its current processes for manipulating data results and identify trends in infection. Repeated**

## Training and Development

Staff infection prevention and control knowledge and up-to-date practical skills are a prerequisite for clinical staff to carry out their role in an effective manner.

In addition to the trust induction programme on IPC, the unit staff and student induction includes how to access IPC policies and IPC competencies e.g. hand washing, cot space decontamination. The competency document is continually reviewed and updated, it is planned to adapt the 14 week student management plan into the induction programme to maximise learning.

The unit sister teaches on the Queens University Belfast specialist neonatal course one-day week. One of the unit nurses is participating in this course and has developed poster presentations on sepsis, foetal circulation, respiratory care and pulmonary hypertension. These are to be presented at next Neonatal Network Northern Ireland (NINI) conference.

The unit sister is to participate in the development of staff educational video scenarios on the delivery of care to the neonate.

## Information and Communication

Information on infection prevention and control, and the effective communication of this information, is vital to ensure adherence to good practice.

A range of information leaflets were in place to advise parents and visitors of IPC precautions.

Parents receive a guidance session on hand hygiene as part of the neonate admission process. A checklist is completed to identify that this has been completed. Four sets of notes were examined for completion of the checklist; two were completed, one was not present and one was not signed correctly. Auditing of completion of the checklist, to ensure parents have received guidance on hand hygiene, has not commenced.

- 5. It is recommended that all neonate records contain documentation on hand hygiene guidance given to parents. Adherence to this practice should be audited and actioned as required. Repeated**

The unit has introduced new technology to ensure those parents who are unable to visit the unit can communicate with other family members and see the neonate either by 'face time' or 'Skype'.

The unit has engaged with parents for their views on the overall management and care delivered within the unit. Parents identified that the morning medical round can clash with neonate feeding times; parents leave the unit during this time to ensure full confidentiality, when staff discuss care. The unit is

changing the medical round time to allow parents to be present for morning feed. A neonatal unit internet home page is under development for the public.

Regionally, Tiny Life and the NNNI have developed a questionnaire for parents on their experience of neonatal units. The unit participated in the pilot of this questionnaire, which is now complete. It is planned that the questionnaire will be given out regionally to all families on discharge of their baby from a neonatal unit. Results will be reviewed and reported back to units.

## **3.2 General Environment**

### **3.2.1 Layout and Design**

For organisations to comply with this section of the audit tool they must ensure adequate facilities are available for the delivery of care. This includes the space available to carry out care on the neonate, decontaminate equipment and to ensure effective isolation.

The unit was again minimally compliant in the layout and design of the environment.

Following the last inspection the layout, design and position of clinical hand washing sinks was reviewed by the unit manager, estates department, IPC Team and senior staff. However, due to the unit design and space constraints, no structural changes were made to existing facilities.

The unit has been painted and maintenance work carried out to improve the environment, bumper protectors have been added to wall edges. Decommissioned taps have been removed from the baby bathing units in the special care baby unit (SCUB), pipe work remains in place to facilitate drainage (Picture 2).



Picture 2: Baby bath unit

As highlighted in the previous inspection, in the intensive care, high dependency and special care baby areas, the core clinical space around the incubator/cot area for the delivery of care, was not within 80 per cent of the minimum dimensions recommended by DHSSPS and outlined in the audit

tool. Isolation facilities remain unchanged with only one single isolation room available, equipped to intensive care level. If cohorting for two neonates is required, it is carried out in a four cot nursery area, and the remaining cot spaces are kept vacant. Due to the position of some clinical hand washing sinks there is the potential for splashing on incubators/cots.

Staff continue to work within these limitations to deliver safe and effective care.

Neonatal staffing levels are based on the British Association of Perinatal Medicine (BAPM) nurse to neonate ratio e.g. 1:1/1:2/1:4. The bays are designed for five spaces, a nurse moves between two areas. The unit manager has reviewed this practice with staff; it remains unchanged due to staff preference.

Storage remains an issue within the unit, however some reconfiguration of rooms has been carried out. An administration room has been re-designated as an equipment store; this has reduced some of the storage pressures within the unit (Picture 3). There is no dedicated room available for equipment cleaning and the storage of equipment for repair.



Picture 3: New equipment storage area

Rooms remain multi-functional. The clinical room is used to prepare and store infant milk and feed. The family room is used as an interview and bereavement room and, if required, a room for expressing breast milk. Parents are encouraged to express at the bedside.

It is planned to upgrade parent facilities with a new television and coffee and tea machine, this will be funded from parent donations.

- 6. It is recommended that the layout and design of the unit is continually reviewed for maximum space utilisation. Adherence to core clinical space recommendations and an improvement in the facilities available within the unit should be reviewed as part of any refurbishment/new build planning. Repeated**

- 7. It is recommended clinical hand washing sinks should be positioned to prevent water splashing on incubators/cots. Repeated**

### **3.2.2 Environmental Cleaning**

For organisations to comply with this section they must ensure cleaning staff display knowledge of cleaning policies and procedures, and are competent in cleaning hand washing sinks. Environmental cleaning audits should be carried out, and the infection prevention and control team should be consulted when infection has been identified.

Inspectors noted good practice in adhering to current guidelines for cleaning. The unit was fully compliant in this section on environmental cleaning. The unit domestic has completed the British Institute of Cleaning Science (BICS) accredited training programme since the last inspection. The unit annual deep clean is to be carried out by end January 2015. Domestic co-ordinators visit the unit three times daily, carrying out walkarounds to spot check and identify any cleaning issues.

### **3.2.3 Water Safety**

For organisations to comply with this section they must ensure that an overarching water safety plan and individual area risk assessment plan is in place. Water sampling, testing, flushing and maintenance are carried out correctly, and there is a mechanism in place to report water analysis results.

The unit achieved full compliance in this section of the audit tool. An overarching trust water safety plan and water safety group is in place. The trust is working to guidance detailed in Health Technical Memorandum 04-01 Addendum – *Pseudomonas Aeruginosa* – Advice for Augmented Care Units. Collection of tap water samples to facilitate microbiological organism testing and analysis is carried out. All results of water analysis are reported to the trust water safety group. This group includes staff from IPC, estates and the neonatal clinical manager. Documentation in minutes of this group evidenced that *Pseudomonas* was identified from a unit water sample collected in April 2014. Disinfection and follow up water sampling and monitoring was carried out until the water was clear.

Clinical hand washing sinks were used only for hand washing and not for cleaning of equipment or disposing of solutions.

### **3.3 Neonatal Clinical and Care Practice**

For organisations to comply with this section they must ensure that the delivery of care is provided in a way that negates the risk of transmission of infection. This is provided through adequate staffing, monitoring of neonate movement, infection control screening policies and adherence to DHSSPS and local guidance on cleansing the neonate.

The unit achieved full compliance in this section of the audit tool. During the inspection all staff observed adhered to IPC practices. Staffing levels can be increased, to assist in the delivery of care and ensure adherence to good IPC practices.

An incubator/cot tracking system continues to be in place to record the movement of neonates within and outside the unit. This can be used to identify neonate placement and movement, particularly in the event of an outbreak of infection.

The NNNI has developed a regional 'Neonate Notification of Alert Organism Status Transfer Form'. Inspectors observed this form in use for a neonate transferred into the unit. The form enables staff to record the neonates alert organism status, pending results and who has received communication of this information. As agreed by the NNNI, the receiving unit is responsible for following up any pending results.

A protocol for the decolonisation/treatment of the neonate has been developed. The unit carries out a biannual MRSA point prevalence study, for three consecutive months. Results are reviewed and actioned by the clinical team in conjunction with the IPC Team.

A procedure for personal care of the neonate was in place and adhered to by staff. Staff used alcohol rub after hand washing when caring for the neonate. However, there was no poster at clinical hand washing sinks to give advice on this practice. All staff observed adhered to good IPC practices.

The unit manager participates in work carried out by the NNNI. At present the network are developing a regional Gentamicin IV prescription chart and reviewing screening protocols to standardise practice within all trusts. The network has also produced Guidance on the Management of infants who are at risk of the Early Onset of Sepsis (EOS). This is to support the implementation in Northern Ireland of NICE Clinical Guideline 149: Antibiotics for Early Onset Neonatal Sepsis.

### **3.4 Neonatal Patient Equipment**

For organisations to comply with this section they must ensure specialised neonatal equipment is effectively cleaned and maintained. Audits of equipment cleaning and education on the use of equipment should be available.

The unit achieved compliance in this section of the audit tool. Guidelines and competency based training are in place for the cleaning of specialist equipment. Equipment cleaning is included as part of nursing staff members 'Observation of Practice' checklist, however each piece of equipment is not specifically identified. Equipment inspected was clean and in a good state of repair, however adherence to the equipment cleaning guidelines is not routinely audited.

**8. It is recommended that the cleaning checklist is reviewed and adherence to equipment cleaning guidelines routinely audited. Repeated**

Within the last year, the unit has had access to the services of an equipment management technician, who works between Neonatal, Maternity, Critical Care and theatre. The technician audits all equipment, logs it onto a track and trace system, records the asset number and ensures that equipment has been cleaned prior to and after repair. The technician liaises with manufacturers for equipment servicing and repair. The unit manager advised that this new role has been an invaluable improvement for the unit.

The unit has purchased a water heater for warming baby wash water and new breast pumps. A SimNewB, replica baby, has been purchased to allow staff to practice a broad range of neonatal skills e.g. airway management, placement of ET tubes (Picture 4). A unit resuscitation workshop is to be developed; some staff have already been trained on the use of new equipment.



Picture 4: SimNewB

Staff advised that for infrequently used equipment e.g. chest drains, simulated training sessions are carried out.

### **3.5 Preparation, Storage and Use of Breast Milk and Specialised Powdered Infant Formula**

For organisation to comply with this section they must ensure that preparation, storage and use of breast milk and specialised powdered infant formula is carried out correctly. Policies and procedures should be in place, known and implemented by staff.

The unit achieved full compliance in this section of the audit tool. Guidance documents on the preparation, storage and use of breast milk and specialised powdered infant formula were available for staff. Practice observed showed adherence to guidelines.

Previously, inspectors noted that there was no expression date on the donor expressed breast milk. Therefore, it could not be determined whether the breast milk was expressed within a six month period. The regional milk bank has reviewed its documentation to indicate that the expiry date is six months after expression of the milk. This was observed on expressed milk tracking labels.

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## 4.0 Summary of Recommendations

### The Regional Neonatal Infection Prevention and Control Audit Tool

1. It is recommended that infection prevention and control staffing levels are reviewed to facilitate daily visits to the unit. **Repeated**
2. It is recommended that the trust continue to work on the development of an occupational health policy containing infection prevention and control advice for staff. **Repeated**
3. It is recommended that the unit review the hand hygiene audit tool, to ensure the use of alcohol gel is assessed as part of the hand hygiene procedure. **New**
4. It is recommended that the trust continue to engage in work to develop a regional laboratory surveillance system. The trust should review its current processes for manipulating data results and identify trends in infection. **Repeated**
5. It is recommended that all neonate records contain documentation on hand hygiene guidance given to parents. Adherence to this practice should be audited and actioned as required. **Repeated**
6. It is recommended that the layout and design of the unit is continually reviewed for maximum space utilisation. Adherence to core clinical space recommendations and an improvement in the facilities available within the unit should be reviewed as part of any refurbishment/new build planning. **Repeated**
7. It is recommended clinical hand washing sinks should be positioned to prevent water splashing on incubators/cots. **Repeated**
8. It is recommended that the cleaning checklist is reviewed and adherence to equipment cleaning guidelines routinely audited. **Repeated**

## 5.0 Key Personnel and Information

### Members of RQIA's Inspection team

- |                   |   |   |
|-------------------|---|---|
| Sheelagh O'Connor | - | Inspector Infection Prevention/Hygiene Team |
| Margaret Keating  | - | Inspector Infection Prevention/Hygiene Team |

### Trust representatives receiving feedback

The key findings of the inspection were outlined to the following trust representatives as part of informal feedback delivered on the unit:

- |                 |   |                                     |
|-----------------|---|-------------------------------------|
| Marian Campbell | - | Neonatal Manager                    |
| Isobel King     | - | Infection Prevention & Control Lead |

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## 6.0 Augmented Care Areas

Based on DHSSPS guidance, the augmented care areas currently identified for inclusion in inspections are:

- neonatal and special care baby units
- paediatric intensive care
- all adult intensive care which includes cardiac intensive care
- burns units
- renal (dialysis) units
- renal transplant unit
- high dependency units (HDU)
- haematology
- oncology

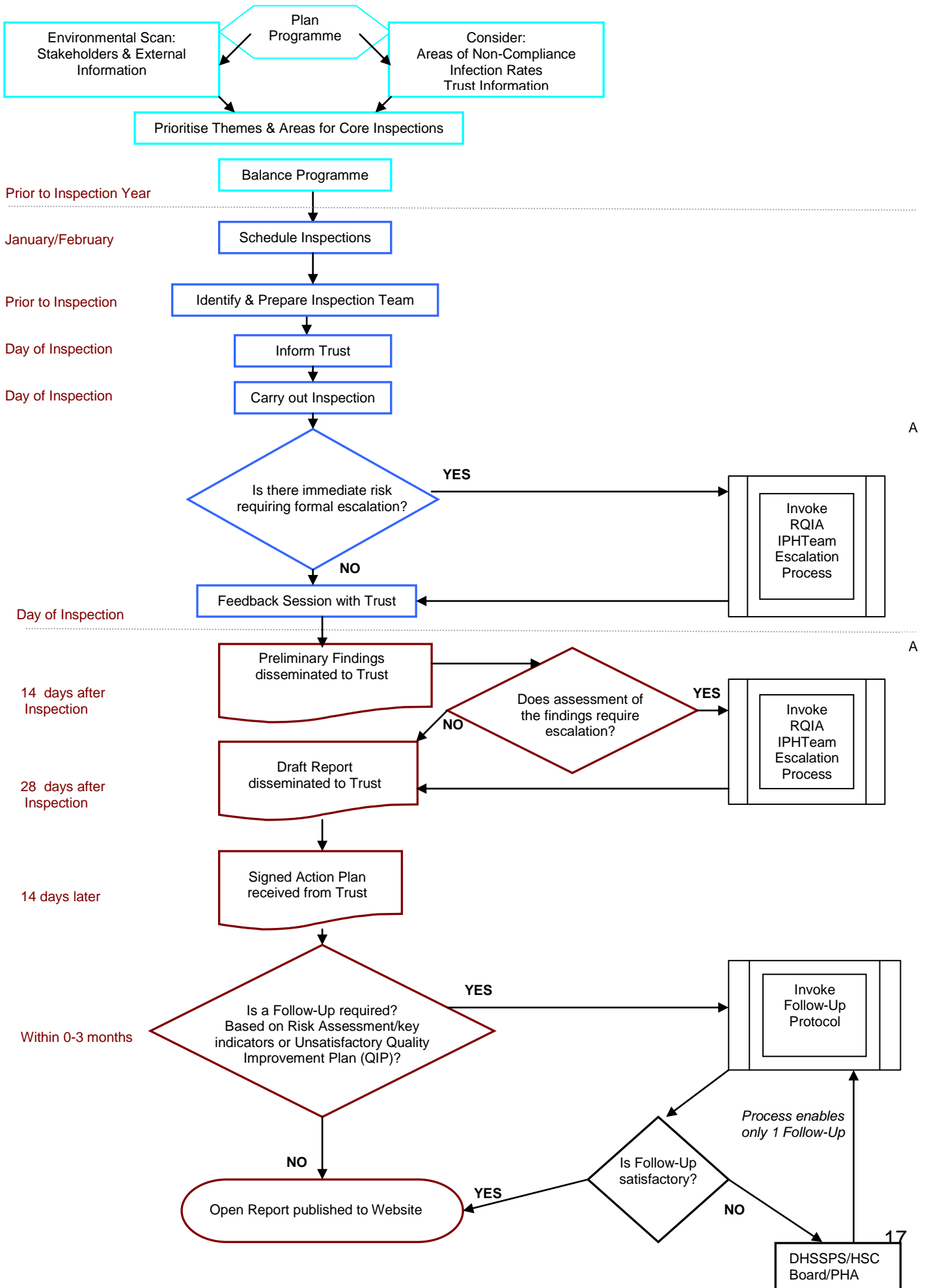
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# 7.0 Unannounced Inspection Flowchart

Plan Programme

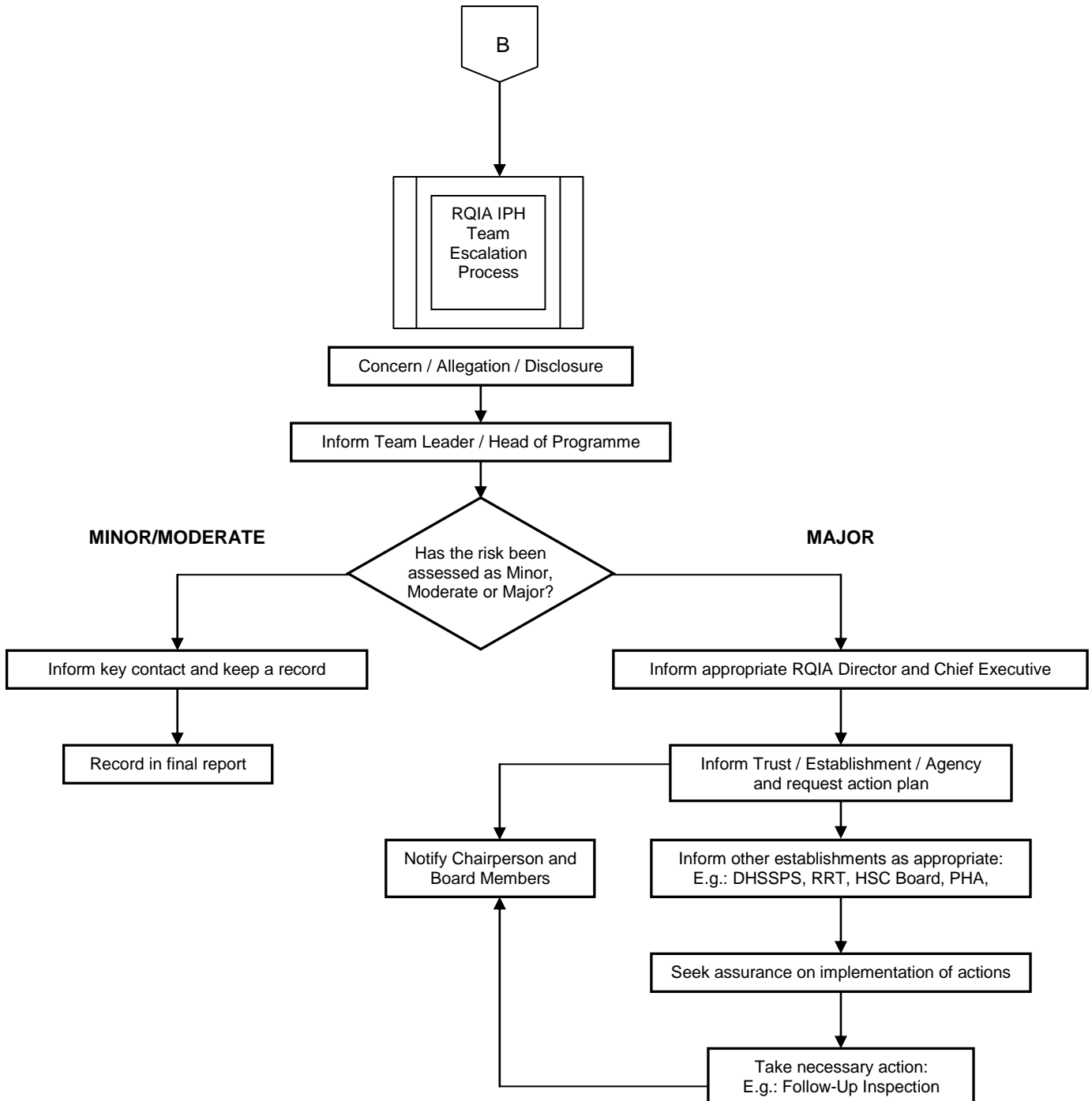
Episode of Inspection

Reporting & Re-Audit



## 8.0 Escalation Process

### RQIA Hygiene Team: Escalation Process



## 9.0 Quality Improvement Plan

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
<b>The Regional Neonatal Care Audit Tool</b>				
1.	It is recommended that infection prevention and control staffing levels are reviewed to facilitate daily visits to the unit. <b>Repeated</b>	<b>IPC</b>	A link nurse system is currently in place. There are insufficient IPCNs to undertake daily visits to the unit. Frequent visits are undertaken and increased as and when additional support is needed.	Review Undertaken (Completed February 2015).
2.	It is recommended that the trust continue to work on the development of an occupational health policy containing infection prevention and control advice for staff. <b>Repeated</b>	<b>Occupational Health</b>	Occupational Health have developed an A-Z document on Common Infections / Advice for Staff & Managers. Draft format at present - to be finalised.  IPC Team have developed for occ Health a document detailing IPC considerations for staff returning to work. The document is entitled "Healthcare Workers' Reminder - Fitness to Work – regarding risk of infection!" and was launched in November 2013.	June 2015  Nov 2013
3.	It is recommended that the unit review the hand hygiene audit tool, to ensure the use of alcohol gel is assessed as part of the hand hygiene	<b>IPC</b>	During IPC visits hand hygiene audit consists of observations of opportunities/missed opportunities,	Completed 24 <sup>th</sup> February 2015.

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
	procedure. <b>New</b>		observation of technique including the drying of hands and the use of hand gel following liquid soap and water. This includes compliance with dress code. The use of alcohol gel has been integrated into the current Observations of Practice. This is recorded and feedback to the Unit Manager and staff.	
4.	It is recommended that the trust continue to engage in work to develop a regional laboratory surveillance system. The trust should review its current processes for manipulating data results and identify trends in infection. <b>Repeated</b>	<b>Labs</b>	The Trust continues to be involved in regional work to develop a regional electronic surveillance system. The Trust has an alert organism surveillance system in place and there is a laboratory protocol for reporting alert organisms to the IPC and Neonatal teams.	Review undertaken in February 2015. Review September 2015. (update on regional work).
5.	It is recommended that all neonate records contain documentation on hand hygiene guidance given to parents. Adherence to this practice should be audited and actioned as required. <b>Repeated</b>	<b>NNU</b>	Now included in V6 of Observation of Practice documentation	Completed Feb 15

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
6.	It is recommended that the layout and design of the unit is continually reviewed for maximum space utilisation. Adherence to core clinical space recommendations and an improvement in the facilities available within the unit should be reviewed as part of any refurbishment/new build planning. <b>Repeated</b>	<b>Commissioner/Trust</b>	Business Case submitted for Maternity unit extension	Awaiting commissioner response.
7.	It is recommended clinical hand washing sinks should be positioned to prevent water splashing on incubators/cots. <b>Repeated</b>	<b>Estates</b>	Has been examined. Sinks cannot be moved	Item considered. No action planned.
8.	It is recommended that the cleaning checklist is reviewed and adherence to equipment cleaning guidelines routinely audited. <b>Repeated</b>	<b>NNU</b>	Now included in V6 of Observation of Practice documentation	Completed Feb 15





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