The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority

Unannounced Infection Prevention/Hygiene Augmented Care Inspection

Year 2 Inspection

Royal Belfast Hospital for Sick Children Paediatric Intensive Care Unit

27 January 2016

Assurance, Challenge and Improvement in Health and Social Care

www.rqia.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 reports are available on the RQIA website at www.rqia.org.uk.

Inspection Programme

The CMO's letter (HSS MD 5/2013) endorsed the use of the Regional Infection Prevention and Control Audit Tools for Augmented Care Settings by all Trusts in Northern Ireland in the relevant clinical areas 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 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.

The inspection programme for augmented care covers a range of specialist facilities and a rolling programme of unannounced inspections has been developed by RQIA to assess compliance with both of 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.

Contents

1.0 Inspection Summary

The three year improvement programme of unannounced inspections to augmented care areas commenced in the Royal Belfast Hospital for Sick Children (RBHSC) Paediatric Intensive Care Unit (PICU) on 11 and 12 March 2015.

RQIA use 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.

The findings of the inspection indicated that the unit achieved year three compliance rate of 95 per cent in:

- Regional Infection Prevention and Control Clinical Practices Audit Tool

As a result, this tool was not included as part of the year two inspection programme.

The intensive care unit did not achieve the set compliance level in the Regional Critical Care Infection Prevention and Control Audit Tool and the Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool for year one. An unannounced inspection was undertaken to the intensive care unit on 27 January 2016 as part of the three-year improvement programme. The inspection team comprised of two RQIA inspectors. Details of the inspection team and trust representatives who received feedback can be found in section 6.

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.

Overall the inspection team found evidence that the Paediatric Intensive Care Unit, Royal Hospital for Sick Children was working to comply with both regional audit tools inspected.

Inspectors found that the key areas for further improvement were:

- General environment – layout and design
- Preparation, storage and use of breast and specialised powdered infant milk

Inspectors observed the following areas of good practice:

- The introduction of a protocol on the placement of patients with an infection
- Guidance information for new staff on augmented care was at each bed space

- The role of the clinical educator continues to be pivotal to the ongoing education and development of unit staff
- The unit benchmarks with other the PICUs via the Paediatric Intensive Care Audit Network (PICANet).

The inspection resulted in seven recommendations for improvement; three have been repeated from the inspection in 2014.

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 BHSC Trust (BHSCT), and in particular all staff at the Paediatric Intensive Care Unit (PICU) for their assistance during the inspection.

2.0 Overall Compliance Rates

The Regional Critical Care and Clinical Practices Infection Prevention and Control Audit Tools

RQIA uses these 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 Critical Care Infection Prevention and Control Audit Tool Compliance Levels

Areas inspected	11&12 March 2015	27 January 2016
Local Governance Systems and Processes	87	98
General Environment – Layout and Design	67	75
General Environment – Environmental Cleaning	87	93
General Environment – Water Safety	100	100
Clinical and Care Practice	100	100
Patient Equipment/ *Paediatric Critical Care Patient Equipment	81	95
*Preparation, Storage and Use of Breast and Specialised Powdered Infant Milk	76	87
Average Score	**85**	**93**

Table 2: The Regional Healthcare Hygiene and Cleanliness Audit Tool Compliance Levels

The standard on Patient Equipment was the only area in year one which was minimally compliant. The inspection team decided only to inspect this standard and at the year three inspection, the full tool will be inspected.

Areas inspected	11&12 March 2015	27 January 2016
Equipment	78	96

	Year 1	Year 2
Compliant	85% or above	90% or above
Partial Compliance	76% to 84%	81 to 89%
Minimal Compliance	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 Critical Care Infection Prevention and Control Audit Tool

The Regional Critical Care Infection Prevention and Control Audit Tool contain six 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 critical care. This will assist in the prevention and control of healthcare associated infections.

Regional Critical Care Infection Prevention and Control Audit Tool Compliance Levels

Areas inspected	11&12 March 2015	27 January 2016
Local Governance Systems and Processes	87	98
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General Environment – Environmental Cleaning	87	93
General Environment – Water Safety	100	100
Clinical and Care Practice	100	100
Patient Equipment/ *Paediatric Critical Care Patient Equipment	81	95
*Preparation, Storage and Use of Breast and Specialised Powdered Infant Milk	76	87
Average Score	**85**	**93**

The findings indicate that overall compliance was achieved in relation to the Regional Critical Care Infection Prevention and Control Audit Tool.

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. The unit achieved compliance in this section of the audit tool.

Leadership and Management

The unit lead sister displayed good leadership, management and knowledge on infection prevention and control (IPC) and the necessary measures to take in managing infection within the unit.

We were pleased to note that the unit manager continues to review actions identified following the first inspection. Evidence folders were readily available to show actions taken.

We were informed that the unit was appropriately staffed. The IPC link nurse attends meetings and cascade information back to the unit via daily safety briefings and staff meetings. They had protected time to attend and undertake the IPC link role and responsibilities; an expression of interest has been circulated to staff with a view to increasing the number of IPC link nurses.

The unit has a dedicated IPC nurse. A member of the IPC staff visits the unit on most days, is available for advice by telephone, and can increase visits when appropriate, for example, outbreak management. Sister commented that they had a strong relationship with the IPC team who are very supportive in providing advice and assisting with IPC initiatives.

Staff members questioned, were knowledgeable of the appropriate action to take in the event that they develop an infection.

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

Review of Documentation

A review of documentation evidenced a range of meetings, from management level to frontline staff which feed into each other. IPC information on incidents was shared through staff meetings and daily safety briefings. Minutes of IPC, Staff, Sisters, Band 7 Multi- Disciplinary and Paediatric Clinical Audits meetings were all available. Feedback to staff on unit performance indicators, audit and incidents are discussed at safety briefings and staff meetings. A notice board in the staff room had details of safety alerts, PICU Daisy projects and drug alerts.

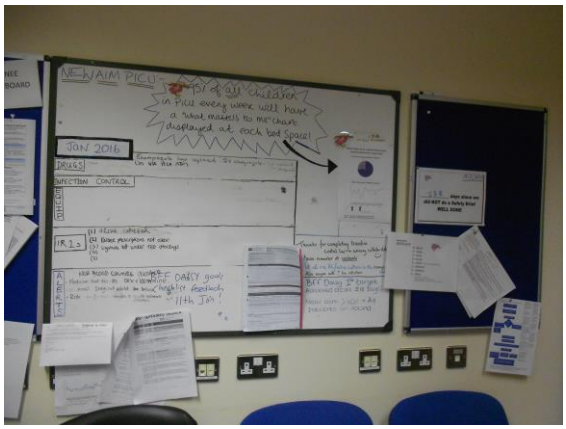
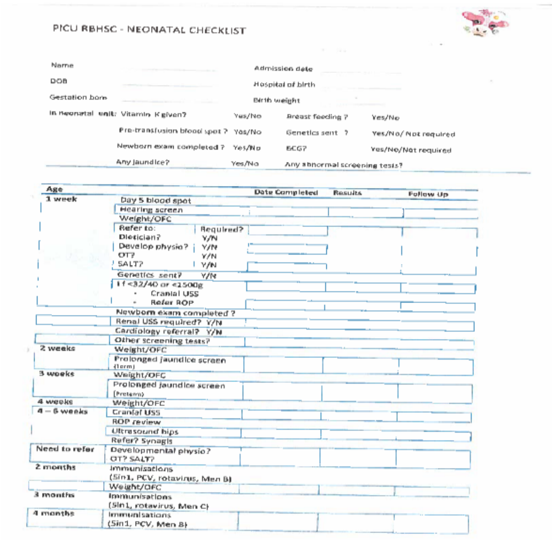


Photo1: Staff notice board

On questioning staff there have been no incidents relating to IPC which required investigation by a Root Cause Analysis (RCA) since the last inspection. Staff were aware of the RCA policy and were knowledgeable on the documentation, investigation and process to follow if required. (Picture 1)

All staff questioned during the inspection had a good knowledge of IPC policies and procedures, and were able to access the relevant documents on the trust intranet site. Staff members questioned, were knowledgeable of the appropriate guidance and action to take in the event that they develop an infectious condition.

Staff have developed documentation specific to the unit as part of the Daisy project. (Picture 2 and 3)

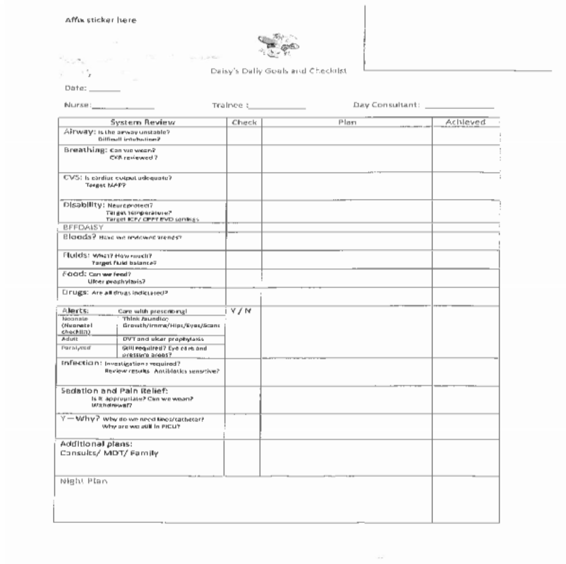


PICU RBHSC - NEONATAL CHECKLIST

Name
Admission date
DOB
Hospital of birth
Gestation born
Birth weight

In neonatal unit: Vitamin K given? Yes/No | Breast feeding ? Yes/No
Pre-transfusion blood spot ? Yes/No | Genetics sent ? Yes/No/ Not required
Newborn exam completed ? Yes/No | BCG? Yes/No/Not required
Any jaundice? Yes/No | Any abnormal screening tests?

Age		Date Completed	Results	Follow Up
1 week	Day 5 blood spot			
	Hearing screen			
	Weight/OFC			
	Refer to: Required? Dietician? Y/N Develop physio? Y/N OT? Y/N SALT? Y/N			
	Genetics sent? Y/N			
	If <32/40 or <1500g • Cranial USS • Refer ROP			
	Newborn exam completed ?			
	Renal USS required? Y/N			
	Cardiology referral? Y/N			
	Other screening tests?			
2 weeks	Weight/OFC			
	Prolonged jaundice screen (Term)			
3 weeks	Weight/OFC			
	Prolonged jaundice screen (Preterm)			
4 weeks	Weight/OFC			
4 – 6 weeks	Cranial USS			
	ROP review			
	Ultrasound hips			
	Refer? Synagis			
Need to refer	Developmental physio? OT? SALT?			
2 months	Immunisations (Sin1, PCV, rotavirus, Men B)			
	Weight/OFC			
3 months	Immunisations (Sin1, rotavirus, Men C)			
4 months	Immunisations (Sin1, PCV, Men B)			



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Daisy's Daily Goals and Checklist

Date: ______

Nurse: ______ Trainee : ______ Day Consultant: ______

System Review	Check	Plan	Achieved
Airway: Is the airway unstable? Difficult intubation?			
Breathing: Can we wean? CXR reviewed ?			
CVS: Is cardiac output adequate? Target MAP?			
Disability: Neuroprotect? Target temperature? Target ICP/ CPP? EVD settings			
BFFDAISY			
Bloods? Have we reviewed trends?			
Fluids: What? How much? Target fluid balance?			
Food: Can we feed? Ulcer prophylaxis?			
Drugs: Are all drugs indicated?			
Alerts: Care with prescribing! Neonate (Neonatal checklist): Think Jaundice; Growth/Imms/Hips/Eyes/Scans Adult: DVT and ulcer prophylaxis Paralysed: Still required? Eye care and pressure areas?	Y / N		
Infection: Investigations required? Review results. Antibiotics sensitive?			
Sedation and Pain Relief: Is it appropriate? Can we wean? Withdrawal?			
Y — Why? Why do we need lines/catheter? Why are we still in PICU?			
Additional plans: Consults/ MDT/ Family			
Night Plan			

New PICU Neonatal check list

Daisy's daily Goals and checklist -

Inspectors observed that a number of policy documents had passed their revision date: Blood Culture Policy, review date 2012, aseptic non touch technique (ANTT) September 2015 and Guidelines for Care of Central Venous Access Devices in Children, did not have a date.

2. **It is recommended that all trust policies are reviewed and updated as required to ensure staff work to best practice guidelines continued accuracy.**

A system was in place for unit staff to identify and report maintenance and repair issues. The computerised recording system in the estates department captures this information.

Audit

Local and regional audits and the implementation of high impact interventions were undertaken to improve IPC practices and environmental cleanliness. Evidence was available to show that audit results were reported to unit staff through the daily safety briefing. Audit results were also displayed on notice boards for staff and public to read. Independent validation hand hygiene

audits are carried out by peer reviewers from other wards on site. Action plans are developed to target poor practice.

Inspectors evidenced that the IPC team had independently validated practices within the unit. Validation audits included hand hygiene and ANTT.

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 of infection.

A screening policy was in place, local surveillance data is analysed by the microbiology and the IPC teams and presented at the trust HCAI Improvement Team meeting.

A PICU consultant has arranged for specimens sent to the regional virology laboratory to be processed within 24 hours of receipt. Information on central lines and urinary catheters results are audited to identify rates and risk factors and information is fed back to the Anaesthetic Grand Round Meeting Group.

Surveillance data is submitted to the Paediatric Intensive Care Audit Network (PICANet). The PICANet Audit is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit Programme (NCA). Data is collated on all children admitted to paediatric intensive care units (PICUs) in the UK and Ireland. It is coordinated by the Universities of Leeds and Leicester. The reports bench mark PICUs in the UK and identifies trends and best clinical practice.

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.

IPC training is mandatory within the trust and is now available online. Figures available show 89 per cent of unit staff have completed this training and 100 per cent have completed ANTT training. E Learning packages are also available to all staff on the trust intranet. The unit manager and the clinical nurse educator follow up non-completion of training.

IPC staff run a rolling programme of IPC general update sessions throughout the year and are available to all staff on each of the trust's sites.

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 resources was in place to advice relatives or visitors of infection prevention and control precautions; hand hygiene leaflets, general visitor information and display posters. Posters on the door to the unit detail visiting times, and advice when not to visit, for example when not feeling well.

All relatives/visitors to the critical care unit receive a "Welcome to PICU" information booklet. The booklet has been up dated to include information on IPC," bare below the elbows " and arrangements for visitors to leave outside coats in the visitors' room before entering the unit.

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, decontaminate equipment and to ensure effective isolation.

The unit achieved minimal compliance in the layout and design of the environment.

The core clinical space remains unchanged and the space does not meet current recommended requirements. This is unlikely to change until the new children's hospital opens in 2020-21. The bed space area can become cluttered with patient equipment but staff are working within these limitations to deliver safe and effective care.

3. **It is recommended that there should be a review of the layout, design and storage areas of the unit for maximum space utilisation. As part of any refurbishment/new build planning, core clinical space recommendations should be complied with. Repeated**

There were no issues regarding non PICU staff walking through the unit which had been an issue highlighted on the first inspection.

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.

The unit maintained its compliance in relation to environmental cleaning. Guidelines, audit and staff competency based training are still in place. On questioning, staff displayed good knowledge on cleaning procedures and

adherence to guidelines. There was a regular programme of de-cluttering and intensive cleans are arranged in conjunction with IPC, unit sister and support services staff. Documentation on the recording of terminal cleans and validation by a supervisor had been put in place but was not being completed consistently. A review of the system had been carried out and we were informed it was due to be implemented.

4. **It is recommended that terminal cleans are documented and randomly validated by domestic supervisors. Repeated**

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 was compliant in relation to water safety.

An overarching water safety plan was in place and known to the ward sister and staff. The trust carries out a quarterly schedule of water sampling from all outlets. All taps were flushed twice daily to ensure water does not stagnate in the system. All results of water analysis are reported to the trust Water Management Committee. This committee includes staff from infection prevention and control, estates and critical care.

Overall water sampling and testing regimes were being carried out in line with current DHSSPS guidelines.

3.3 Critical Care 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 critical care.

The unit maintained full compliance in this section of the audit tool.

Staffing levels are reviewed according to patient numbers and acuity. Records are maintained in relation to patient placement. Screening policies and procedures were in place and known to staff. All patients were routinely screened on admission for MRSA and thereafter on a Monday, Wednesday and Friday. Patients transferred to the unit from outside Northern Ireland are maintained in isolation until screening results are negative. The trust MRSA policy outlines the processes for swabbing and decolonisation. Guidance is now in place to assist staff on the placement of patients with known infections.

Northern Ireland Specialist Transfer and Retrieval Services (NISTAR) Paediatric Critical Care transfer forms are in use for the transfer of patients to or from other hospitals.

Inspectors were informed that if a patient's critical care admission screens or if their results following discharge or transfer to another ward were positive, the receiving or transferring wards were routinely informed if the results were clinically significant. A communication flowchart has been devised by the BHSCT IPC team on the management of multi-resistant organisms within critical care. It highlights the nominated responsibilities of staff in informing receiving or transferring units of results and patient infection status.

Staff use warmed wipes for washing children up to two years of age and with water from a source of known quality for children of two years plus. Staff used alcohol rub after hand washing when caring for patients and were aware of risk factors that cause skin injury.

3.4 Paediatric Critical Care Patient Equipment

The unit cares for a range of patients from 0 – 14 years of age and the range of equipment used could best be assessed using the paediatric critical care patient equipment section from the neonatal audit tool. For organisations to comply with this section they must ensure specialised 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.

Specialised patient equipment was clean and in a good state of repair and guidelines were in place regarding cleaning and storage. Incubators are cleaned in a designated area. Staff have received training on the cleaning process from the supplying company and competency checks are to be carried out in each year. Due to a lack of space the transport incubator is stored in the tech room.

Guidelines for parents and staff were in place for the use of breast pumps and the use of the microwave steriliser.

We observed three different infection precaution posters on the doors of a single room where the patient had a potential infection; this was confusing, only the relevant poster should be displayed. Staff actioned this immediately.

Staff should ensure that temperature checks for the warming unit (bathing wipes) are recorded.

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

For organisations 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.

Although there have been improvements in relation to the preparation, storage and use of breast milk, the unit achieved partial compliance against year 2 compliance sores. Some issues still need to be addressed.

Staff have shared and implemented best practice from the neonatal unit in relation to preparation, storage and use of breast milk and specialised powered infant formula.

A policy was in place for the storage and use of breast milk, but should have been reviewed in October 2015. Breast milk is collected, stored and defrosted in line with policy. Donor milk is stored used and disposed of correctly, but temperature checks are not carried out on receipt of donor breast milk. A local risk assessment has not been carried out in relation to existing procedural arrangements for the collection and storage of breast or formula milk.

Formula milk labelling does not include the time of preparation and is not transported from milk kitchen to ward under refrigerated conditions

5. **It is recommended that the policy for the storage and use of breast milk is reviewed.**

6. **It is recommended that risk assessments are put in place for the collection and storage of breast and formula milk.**

4.0 Inspection Findings: Regional Healthcare Hygiene and Cleanliness Audit Tool

Standard 5: Patient Equipment

For organisations to comply with this standard they must ensure that patient equipment is appropriately decontaminated. The Northern Ireland Regional Infection Prevention and Control Manual, states that all staff that have specific responsibilities for cleaning of equipment must be familiar with the agents to be used and the procedures involved. COSHH regulations must be adhered to when using chemical disinfectants.

Any unit, department or facility which has an item of equipment should produce a decontamination protocol for that item. This should be in keeping with the principles of disinfection and the manufacturer's instructions.

Compliance of Patient Equipment

Areas inspected	11&12 March 2015	27 January 2016
Equipment	78	96

The above table indicates that the unit achieved compliance in this standard.

In general, patient equipment was clean and in a good state of repair. The exceptions were in relation to a commode which required a more detailed clean and the paint finish on a dressing trolley was badly chipped. Detailed cleaning schedules for patient equipment were in place, validation was carried out, but no actions were in place on the occasion where cleaning schedules were not completed.

7. **It is recommended that patient equipment is clean and in a good state of repair. Actions should be documented when cleaning schedules are not completed. Repeated**

The recommendations in relation to The Regional Healthcare Hygiene and Cleanliness Audit Tool from year one inspection were reviewed and found to have been actioned.

5.0 Summary of Recommendations

The Regional Critical Care 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 all trust policies are reviewed and updated as required to ensure staff work to best practice guidelines continued accuracy.

3. It is recommended that there should be a review of the layout, design and storage areas of the unit for maximum space utilisation. As part of any refurbishment/new build planning, core clinical space recommendations should be complied with. **Repeated**

4. It is recommended that terminal cleans are documented and randomly validated by domestic supervisors. **Repeated**

5. It is recommended that the policy for the storage and use of breast milk is reviewed

6. It is recommended that risk assessments are put in place for the collection and storage of breast or formula milk.

Regional Healthcare Hygiene and Cleanliness Audit Tool

7. It is recommended that patient equipment must be clean and in a good state of repair. Actions should be documented when cleaning schedules are not completed. **Repeated**

6.0 Key Personnel and Information

Members of RQIA's Inspection Team

Margaret Keating	Inspector Infection Prevention/Hygiene Team
Lyn Gawley	Inspector Infection Prevention/Hygiene Team

Trust Representatives attending the Feedback Session

The key findings of the inspection were outlined to the following trust representatives:

K Jackson	Co-Director
A McAuley	Governance Manager
A Pollock	Assistant Service Manager
C McCormick	Sister, PICU
R Finn	IPC Nurse
K Dowdie	Clinical Educator
L Freeburn	Paediatric transport Co-Ordinator
K McClean	Staff Nurse
L Strain	Staff Nurse
R Stanley	Staff Nurse
L Simms	Staff Nurse

Apologies:

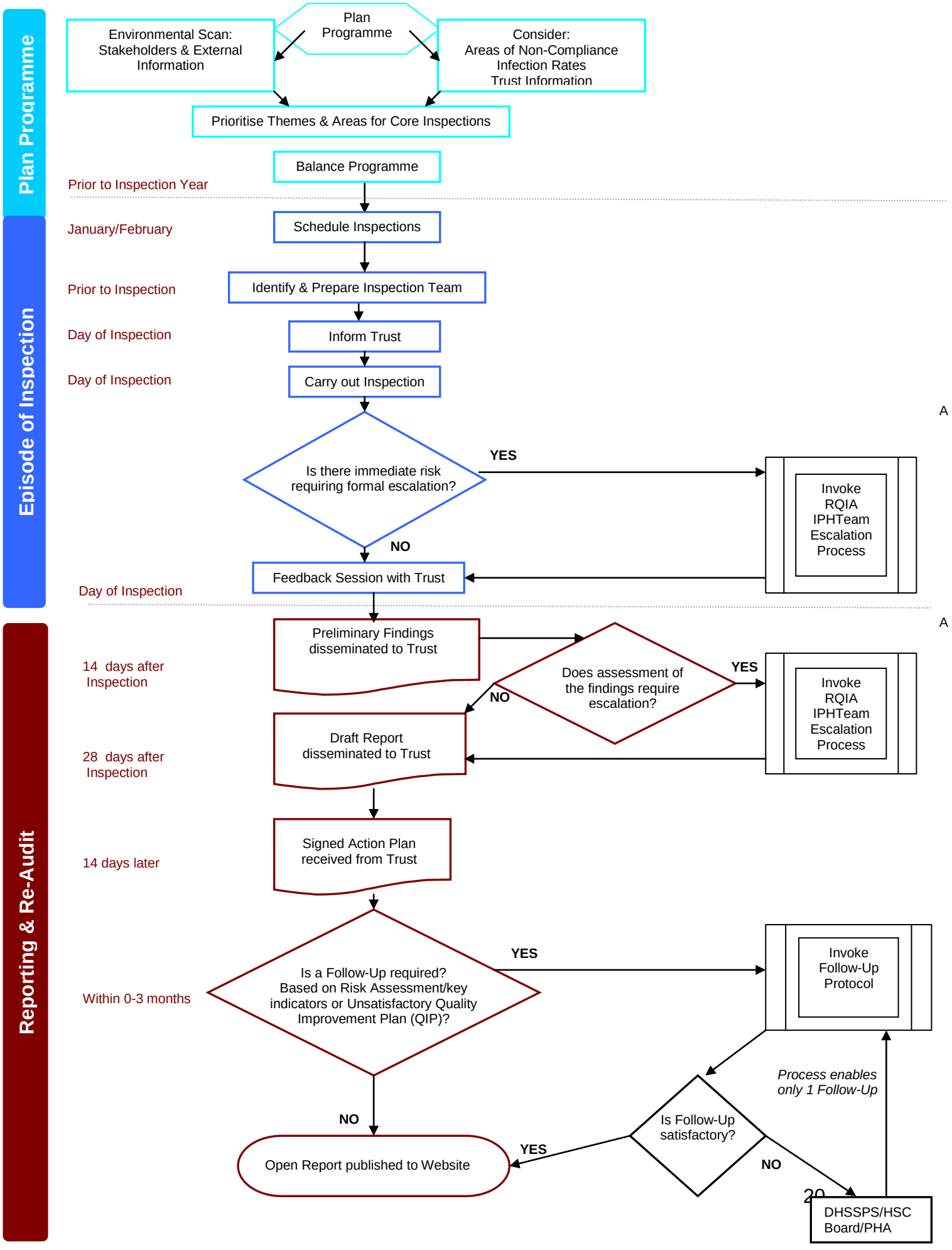
B Creaney	Director of Nursing
D Robinson	Assistant Director of Nursing

7.0 Augmented Care Areas

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

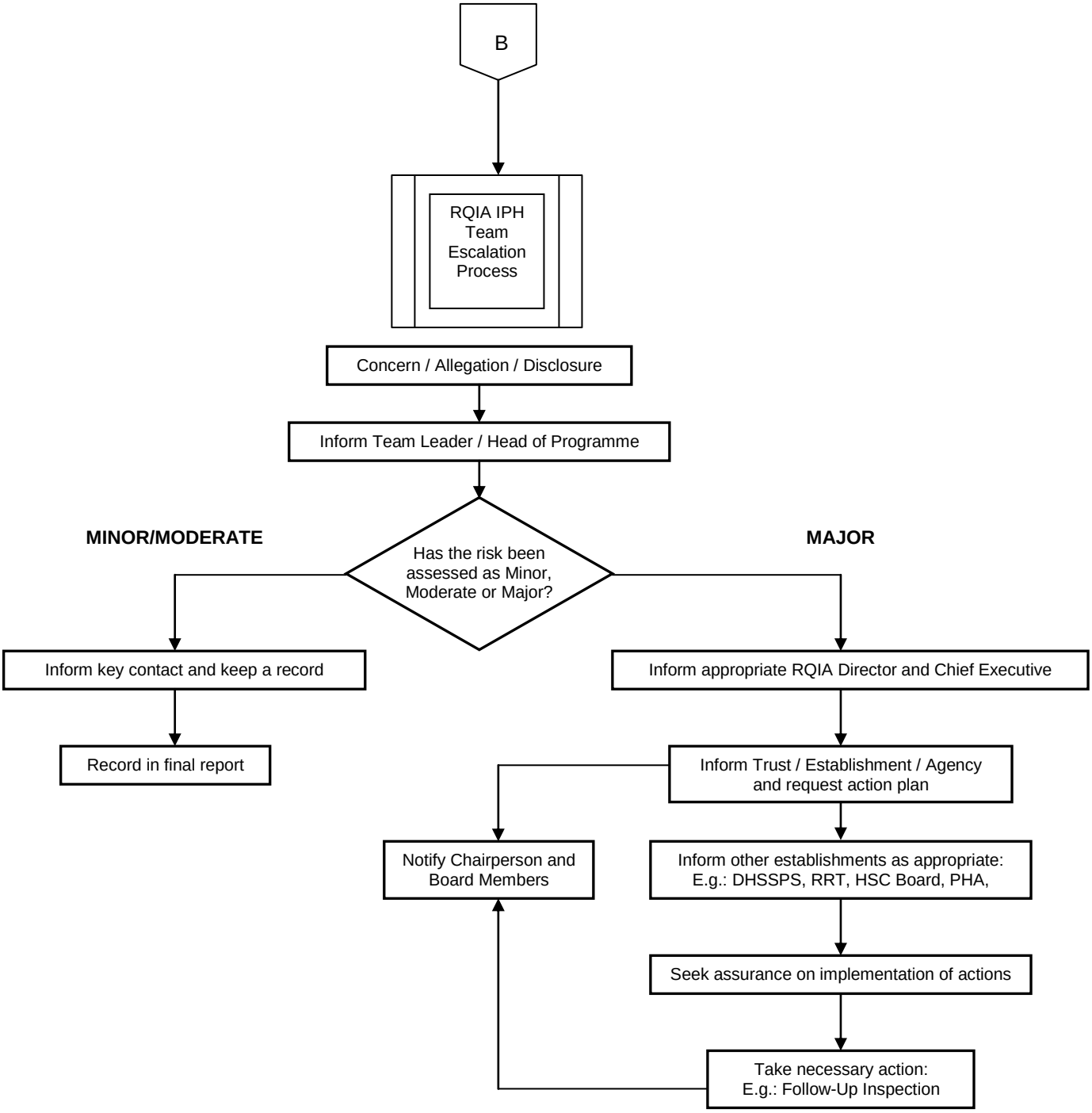
- neonatal and special care baby units
- paediatric intensive care
- all adult intensive care which includes cardiac intensive care
- burns units
- renal (dialysis) units
- renal transplant unit
- high dependency units (HDU)
- haematology
- oncology

8.0 Unannounced Inspection Flowchart



9.0 Escalation Process

RQIA Hygiene Team: Escalation Process



10.0 Quality Improvement Plan

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
The Regional Critical Care Audit Tool				
1.	It is recommended that infection prevention and control staffing levels are reviewed to facilitate daily visits to the unit. **Repeated**	IPC	A recent IPT was submitted by the Trust to the HSC board. Unfortunately the funding allocation which was very welcome did not fully meet the needs of the Trust as outlined in our IPT. There are 22 augmented care areas in the BHSCT.	ongoing
2.	It is recommended that all trust policies are reviewed and updated as required to ensure staff work to best practice guidelines continued accuracy.	PICU Sisters	Out of date policies require to be updated: Guideline for insertion and maintenance of central venous catheter (exp sept 2010). Blood Culture Policy (exp April 2012).	September 2016
3.	It is recommended that there should be a review of the layout, design and storage areas of the unit for maximum space utilisation. As part of any refurbishment/new build planning, core clinical space recommendations should be complied with. **Repeated**	PICU / Estates	A review of PICU following a space utilisation visit took place in 2014 & significant changes took place. Tambour units have been purchased to create storage space in linen cupboard. All staff in PICU are engaged in the design of the new children's hospital which will meet PICs recommendations.	Complete 2022
4	It is recommended that terminal cleans are	PICU Sisters/	Guidance on enhanced terminal cleans is	Complete

	documented and randomly validated by domestic supervisors. **Repeated**	PCSS	available in PCSS store This is validated by PCSS supervisors following every clean.	
5	It is recommended that the policy for the storage and use of breast milk is reviewed	PICU Sisters / Dietetics	Review and update breast milk policy (exp Oct 2015)	April 2016
6	It is recommended that risk assessments are put in place for the collection and storage of breast or formula milk.	PICU Sisters/ Dietetics	Complete risk assessment	April 2016

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
Regional Healthcare Hygiene and Cleanliness Audit Tool				
7	It is recommended that patient equipment must be clean and in a good state of repair. Actions should be documented when cleaning schedules are not completed. **Repeated**	All PICU Staff	Processes in place to ensure equipment is clean, stored correctly and in a good state of repair. Equipment will be repaired/ replaced when necessary. Staff have been reminded regarding their roles and responsibilities to complete cleaning schedule and to use trigger tape consistently. Cleaning schedules will be validated by a named member of staff. A rota has been put in place.	Complete

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

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