

Unannounced Inspection Report 29 and 30 July 2019



Northern Ireland Ambulance Service

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

The Northern Ireland Ambulance Service (NIAS) provides emergency, urgent and primary care services across Northern Ireland. The service has 46 ambulance stations and deployment points spread over 5345 square miles (13,843 km²), serving a population of over 1.8 million.

NIAS respond to emergency 999 calls for life-threatening conditions and provide sign posting for those who require non-emergency assistance. The service transports patients to outpatient hospital appointments using its Patient Transport Service and the Voluntary Car Scheme.

NIAS Hazardous Area Response Team (HART) work with other emergency services to treat individuals and support the management of Major Incidents.

3.0 Service details

Responsible person:	Mr Michael Bloomfield, Chief Executive Northern Ireland Ambulance Service (NIAS)
Stations visited: Altnagelvin Ballymena Broadway Craigavon Lisburn	Person in charge at the time of the inspection: Laura Coulter Joe McCaughern Phil Lockhart Michael McConville James Girvan

4.0 Inspection summary

An unannounced inspection took place to NIAS Trust (the Trust), over two days, commencing on 29 July 2019, with a series of monitoring visits to Altnagelvin, Ballymena, Broadway, Craigavon and Lisburn Ambulance Stations and concluding on 30 July 2019 with a visit to NIAS Headquarters.

The inspection and monitoring visits were undertaken by four care inspectors.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Quality Standards for Health and Social Care DHSSPSNI (March 2006).

The monitoring visits were carried out to test if organisational assurance systems were embedded at operational level across the Trust and to monitor infection and prevention and control (IPC) practices including environmental, vehicle and equipment cleaning. The visit to NIAS Headquarters was to review the Trust's overarching governance systems to achieve compliance with the Improvement Notice issued to the Trust on 21 December 2018.

An Improvement Notice was issued to the Trust on 21 December 2018 and extended on 29 March 2019 following correspondence from the Trust to RQIA on 5 March 2019 requesting an extension of three months to the date by which compliance must be achieved. Having considered the request and commitment to achieving minimum compliance outlined in the Improvement Notice RQIA agreed to extend the date by which compliance must be achieved to 30 June 2019.

The areas identified for improvement and compliance with the quality standards were in relation to the Trust's overarching governance systems, processes and assurance mechanisms in relation to training, a competency based assessment framework and IPC policy and procedures.

During unannounced monitoring visits to the five ambulance stations inspectors identified areas of continued focus for frontline staff in related to IPC practices, equipment and vehicle cleaning.

These findings are in a context of overall good practice as the Trust continues to address issues and improve poor practice identified during previous inspections.

The inspection team found that work has progressed on the development of an IPC Training Strategy however could not see evidence that this had been widely implemented or evidence of the necessary assurance systems in place.

As a result of our findings we invited Senior Trust Representatives to a Serious Concerns meeting in RQIA on 11 September 2019. We discussed the findings of our inspection and monitoring visits including areas of good practice identified.

At this meeting Senior Trust Representatives provided an update on the work the Trust has progressed to achieve compliance with the Improvement Notice. We were informed of challenges in developing and embedding a robust governance and assurance system in respect of IPC policy while ensuring operational work continues. Senior Trust Representatives acknowledged that further work is required to implement and embed an IPC Training Strategy across the Trust.

We recognised the continued commitment shown by the Trust to deliver the required improvements and therefore we agreed to extend the date by which compliance must be achieved to 31 March 2020.

Senior Trust Representatives agreed to contact RQIA should they encounter any further delays or difficulties achieving compliance by 31 March 2020. A progress meeting will be scheduled early February 2020.

Safeguarding arrangements were also reviewed during this inspection following receipt of a notification indicating a delay in onward referral from NIAS to the relevant HSC Trust safeguarding team. We raised this during the inspection and also discussed it at our meeting with Senior Trust Representatives on 11 September 2019. During discussion the Trust acknowledged its current safeguarding referral systems and processes need further development and work has commenced to address the deficits. An area for improvement in relation to safeguarding has been made.

4.1 Inspection outcome

Inspectors identified that the Trust have not sufficiently made improvements necessary to achieve compliance with the Improvement Notice issued on 21 December 2018 and extended on 29 March 2019 until 30 June 2019. However there was evidence that staff have worked hard to progress improvement in relation to the Improvement Notice.

As a result of the inspection findings we invited the Chief Executive and Senior Trust Representatives to a meeting in RQIA on 11 September 2019 to discuss our inspection findings. At this meeting Senior Trust Representatives provided RQIA with an update on the work the Trust has progressed to date including the challenges they have faced in developing and embedding a robust governance and assurance system in respect of IPC policy while ensuring operational work continues. We were assured that the Trust will progress the actions outlined in the notice and as a result we agreed to extend the Improvement Notice to 31 March 2020.

We will continue to meet with NIAS during this time period to monitor progress towards compliance.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

4.2 Enforcement action taken following the previous inspection on 28 November 2018

Following the unannounced inspection to NIAS Headquarters on the 28 November 2018 we identified areas of concern were the Trust failed to demonstrate a robust training programme to support staff in implementing its Infection and Prevention and Control (IPC) Policy and Procedures (2018) across the organisation.

We identified further work was required by the Trust to develop a robust training and competency – based assessment framework and training programme in respect of IPC policy and procedures.

As a result of our concerns an Improvement Notice was issued to the Trust on 21 December 2018 with a date by which compliance must be achieved of 31 March 2019. On 5 March 2019 we received a request from NIAS for a three month extension to the date by which compliance must be achieved to 30 June 2019. In view of the Trust's expressed commitment to achieve compliance within this time period and submission of an action plan detailing how they planned to achieve the required improvement we determined to extend the date for compliance to 30 June 2019. As a result of our findings during this inspection and subsequent meeting with NIAS on 11 September 2019 we have extended the date by which compliance must be achieved until 31 March 2020.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed, including the following records:

- Actions in the Improvement Notice
- Update report provided by the Trust (April 2019)
- Information on Concerns
- Other relevant intelligence received by RQIA

The Trust was assessed using an inspection framework. The methodology underpinning our inspections include; discussion with staff, observation of practice and review of documentation. Records examined during the inspection include: governance reports, minutes of meetings, training records and station environmental cleaning and vehicle cleaning audits.

Findings of this inspection were shared with Senior Trust Representatives at the conclusion of the inspection and to station officers during the station visits.

6.0 Inspection findings

IN Ref: IN000001

Improvement Notice of failure to comply with The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS (March 2006).

Standard 4.1

The HPSS is responsible and accountable for assuring the quality of services that it commissions and provides to both the public and its staff. Integral to this is effective leadership and clear lines of professional and organisational accountability.

Criteria 4.3:

The organisation:

(m) has a training plan and training programmes, appropriately funded, to meet identified training and development needs which enable the organisation to comply with its statutory obligations;

In relation to the Improvement Notice the following five improvements were necessary to achieve minimum compliance:

- An Infection Prevention and Control Training Strategy is developed and implemented across the Trust. This Strategy must encompass organisational roles and responsibilities, assurance framework and accountability, compliance monitoring, training and education and communication.
- The content of Trust IPC training programme should be tailored to meet the needs of staff at all levels across the Trust, including Non-Executive Directors of the Trust.
- Sufficient designated staff need to be made available, to deliver training, carry out competency assessment of practice and support front-line staff.
- Outcomes from staff training and competency assessment should be aligned and used to inform staff members' performance appraisal.
- Key Performance indicators related to IPC training and competency assessment must be routinely reported through the Trust assurance framework.

Inspectors evidenced the following outcomes:

Infection Prevention and Control Training Strategy

Inspectors viewed the draft IPC Training Strategy. We were informed by Trust staff that the Strategy was tabled for approval by the Trust Board on 1 August 2019.

The IPC Training Strategy identifies staff roles and responsibilities, organisational assurance and accountability mechanisms, compliance monitoring, staff training, education and communication. The new IPC Lead Nurse, new IPC Senior Practitioner, CSOs and IPC champions will have a role to support and provide assurance of training and competency based assessment.

There was no evidence of implementation of the IPC Training Strategy. We were told by the Trust that implementation of the Strategy was due to commence in September 2019. We were advised of the Trust decision not to implement the Strategy over the summer period to ensure operational continuity during an operationally challenging time. Implementation of this Strategy will be supported by the Trust IPC nurse lead who is due to take up post in November 2019.

IPC training programme

The Trust had reviewed the content of its training packages, especially those delivered by external companies to ensure they are in line with its requirements. Existing training programmes have been amended or new bespoke programmes designed to ensure the appropriate learning for staff. During 2018, 47 new paramedics undertook bespoke aseptic non touch technique (ANTT) and IPC training and emergency medic technicians undertook training which includes IPC. IPC awareness is part of a corporate induction for new staff joining NIAS.

Staff post proficiency (PP) training commences 25 September 2019. This includes competency based assessment of intravenous cannulation, intra-muscular injections and ANTT.

Non-Executive Trust Board Members have completed training on IPC, including the duty of quality, quality standards and Board responsibilities around IPC strategy.

Due to difficulty in releasing staff from shifts, staff were given the option to complete mandatory yearly online IPC Level II training at home as additional hours. The two-yearly IPC training competency assessment will be mandatory and is due to commence 25 September 2019.

Aspects of the training strategy have been progressed including: foundation degree training; associate ambulance practitioner (AAP) training for ANTT, ambulance care attendant (ACA) training; IPC training, as part of the corporate induction.

Clinical Support Officers (CSOs) provide training and carry out competency based assessment of staff practice in relation to hand hygiene and ANTT. CSOs are currently taking on the additional role of Lead Practice Educators for the paramedic course at university. There continues to be a challenge in relation to CSO staff capacity to carry out training and monitor staff practice due to other competing demands within their role.

The Trust reported that since April 2019 competency based assessment of staff practice is limited due to CSO capacity to carry this out. The Trust is actively recruiting to backfill CSO vacancies; however these will be filled from existing paramedic staff. This may impact current paramedic staff numbers.

We are encouraged by the work to update training packages. Further work is now required to ensure the IPC training programme is fully implemented and embedded into practice across the Trust.

Training and competency assessment

The Trust Director of Human Resources has established a personal development review (PDR) task group to review and redesign the PDR process. The work of this group will ensure connection between staff training, competency based assessment and performance.

Trends in staff performance/practice are captured by CSOs and informally communicated to area managers and station officers. They are also discussed during IPC meetings. New assessment sheets have been introduced to record training, assessment and learning.

We were informed that work is progressing to ensure staff training records are available to line managers. This will include a monthly report on training completed and achievement level/score for each staff member. This will ensure that line managers have better oversight of staff training and are empowered to understand staff training needs and deficits.

During inspection we identified that ANTT competency based assessment has been standardised, with new documentation in place. The Trust is currently piloting the use of an intravenous cannulation pack for clinical staff to use when carrying out procedures. This pack will include equipment for staff to use when carrying out and maintaining asepsis.

Inspectors identified that although CSOs, divisional training officers (DTOs) and staff line managers discuss performance there is no formal system to send clinical observation assessments directly to line managers. The Trust 'Reach Project' is working to implement a new electronic reporting system, to replace paper records. Staff will be equipped with electronic devices to access guidance/policies/procedures; this will also capture clinical practices, interventions or training undertaken by staff. The system will ensure better communication with staff and provide mechanisms for real time feedback. Information will be accessible by training and operational teams.

This is important in order to ensure information is shared to highlight good practice and areas that require improvement.

Key performance indicators

Key Performance Indicator (KPI) reports are discussed at monthly Assurance Committee meetings and Trust Board.

KPI's relating to IPC are not routinely reported through the Trust assurance framework. This was discussed with Senior Trust Representatives who confirmed that KPI measures relating to IPC training and competency based assessment for staff hand hygiene and ANTT have recently been determined and will be reported on.

The KPI report for the Assurance Committee meeting in October 2019 will identify 115 observations undertaken (hand hygiene and ANTT). The Trust acknowledge this number is too low to provide assurance and plan to increase the number of assessments undertaken from the start of the PP training programme on 25 September 2019.

The Trust has engaged with the HSC Board to seek funding for a Band 6 IPC Senior Practitioner, a Band 5 environmental cleaning lead, five Band 3 housekeepers (one per division), cleaning operatives to deliver the vehicle cleaning model across the Trust and a Band 4 with an independent quality assurance role. There are 14 trained IPC champions who undertake IPC audits. Senior Trust leadership station walk-arounds have commenced as part of senior staff support and engagement in front line practice.

Further inspection findings

Infection Prevention and Control Staff Practice

During unannounced monitoring visits to the five ambulance stations inspectors identified areas for continued focus related to IPC practices, equipment and vehicle cleaning. Inspectors found half opened sharp boxes, blood stains on glucometers and some vehicle surfaces and dirty cleaning equipment. These matters were identified and addressed by station officers during visits. They were also identified to the Trust during the inspection on 30 July 2019 and at the meeting with Senior Trust Representatives on the 11 September 2019.

We were advised and encouraged to note that Trust internal audit assurance system had also identified these issues. During the meeting with NIAS on the 11 September 2019 positive actions which have been put in place to address these concerns were shared with RQIA.

These findings are in a context of overall good practices however were highlighted to ensure the Trust continues to address and improve existing poor practice.

In order to support and provide assurance in relation to adherence to IPC practice, Hospital Ambulance Liaison Officers (HALOs) will undertake spot checks of vehicles while crews are waiting to turnaround in hospital emergency departments. The Trust continues to engage with other HSC Trusts and private cleaning services in relation to cleaning requirements and expectations.

We are assured that Trust systems are working well and identifying the same issues and challenges as RQIA inspectors. We acknowledge that the Trust continue to implement appropriate mechanisms to enhance staff awareness and improve poor practice, whilst working in a busy and challenging environment.

Safeguarding

On 17 May 2019 we received notification of a Safeguarding Referral relating to a patient in receipt of care in a Nursing Home. Our review of this notification identified an apparent delay in NIAS staff reporting this as a safeguarding matter to the relevant HSC Trust Safeguarding Team. The incident occurred on the 13 May 2019 and the safeguarding referral was not made by NIAS until 3 June 2019.

We highlighted our concern in relation to the timeliness of the safeguarding referral being made to the Trust on 21 May 2019 and 6 June 2019. The Trust was asked to investigate and understand the reason for the delay and to address any learning identified in relation to their investigation. On 17 July 2019 the Trust provided RQIA with a response to their investigation. The Trust's investigation response was discussed with the Trust's Medical Director during the inspection. On 15 August 2019, following review of information provided, we wrote to the Medical Director seeking further assurance that work to improve the safeguarding referral process was being progressed by the Trust. A response was received on 20 August 2019 and was discussed at the meeting with Senior Trust Representatives on 11 September 2019. We were advised of the outcome of investigation and were satisfied with the subsequent actions taken.

During the inspection and at the meeting on 11 September 2019 we were also made aware of work the Trust is progressing to update and strengthen safeguarding referral processes which include developing an electronic safeguarding referral process and meeting with the Health and Social Care Board (HSCB) to standardise arrangements for frontline NIAS staff making safeguarding referrals out of hours.

At our meeting with the Trust on 11 September 2019, Senior Trust Representatives acknowledged the need to further develop clear internal mechanisms, linked to regional standards and processes, to support staff in making safeguarding referrals. An area for improvement in relation to safeguarding has been made.

Total number of actions for improvement	1
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7.0 Quality Improvement plan (QIP)

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed at the inspection feedback and during the meeting at RQIA on 11 September 2019. The timescales for implementation of these improvements commence from the date of this inspection.

The Trust should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further action. It is the responsibility of the Trust to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

7.1 Areas for improvement

Areas for improvement have been identified in which action is required to ensure compliance with The Quality Standards for Health and Social Care DHSSPSNI (March 2006).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to meet the areas for improvement identified. The Trust should confirm that these actions have been completed and returned the completed QIP to BSU.Admin@rqia.org.uk for assessment by the inspector by 03 January 2020.

The improvements necessary to achieve minimum compliance are outlined in the Improvement Notice issued to the Trust on 21 December 2018 and extended on 29 March 2019 and 20 September 2019.

Should the Trust decide that compliance has been achieved before the compliance due date, RQIA should be informed and will consider this information.

Quality Improvement Plan

The Trust must ensure the following findings are addressed:

**Area for improvement
No. 1**

Ref:
Standard 5.3.1 (c, d)

Stated: First Time



To be completed by:
30 September 2020

Review and strengthen the current safeguarding arrangements within NIAS:

- Review and update as appropriate the Trust Safeguarding Policy in line with Adult Safeguarding Policy for Northern Ireland (2015) and Adult Safeguarding Operational Procedures (2016).
- Liaise with relevant persons in the HSCB and HSC Trusts to agree a standardised regional approach for NIAS reporting of safeguarding referrals, with particular emphasis on incidents that occur out of hours.
- Update staff on their roles and responsibility for reporting adult and children safeguarding concerns.
- Train staff to recognise the types of abuse and indicators of potential abuse, the referral process and actions to be taken should a safeguarding issue be identified.
- Implement a robust system to monitor, audit, investigate and report on adherence to the safeguarding referral process.
- Report to Trust Board and provide assurance of the overall management of safeguarding referrals.

Response by the Trust detailing the actions taken:

- Trust Safeguarding Policy in development in line with Adult Safeguarding Policy for Northern Ireland (2015) and Adult Safeguarding Operational Procedures (2016).
- Trust Safeguarding Referral Procedure currently being reviewed and updated.
- The Trust has liaised with relevant persons in HSCB and HSC Trusts and a regional group led by HSCB now meets to agree a standardised approach for NIAS reporting of safeguarding referrals, with particular emphasis on those that occur out of hours.
- The Trust have reviewed current Trust Safeguarding Training programmes and are currently updating in line with regional and standards.
- Systems to monitor, audit and report on adherence to the safeguarding referral process have been developed and will be strengthened with the introduction of electronic patient report forms, electronic referral pathways as well as the appointment of a Head of Safeguarding within the organisation.

Name of person (s) completing the QIP	Lynne Charlton		
Signature of person (s) completing the QIP		Date completed	30.01.20 *Resubmitted via the portal 7.8.20
Name of person approving the QIP	Michael Bloomfield		
Signature of person approving the QIP		Date approved	*07.08.20
Name of RQIA inspector assessing response	Lorraine O'Donnell		
Signature of RQIA inspector assessing response	Lorraine O'Donnell	Date approved	07.08.20

Please ensure this document is completed in full and returned to BSU.Admin@rqia.org.uk from the authorised email address



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