

Enforcement Inspection Report

31 March 2020



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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of the 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: N/A	Person in charge at the time of the inspection: N/A

4.0 Inspection summary

We undertook a desktop inspection of the NIAS Trust (the Trust) on 31 March 2020 from 09:30 hours to 10:30 hours to assess the NIAS Infection Prevention and Control (IPC) Training Improvement Plan dated January 2020, progress made in relation to this plan and make a determination regarding compliance with the extended Improvement Notice (IN) - IN000001 (E) 2 issued to the Trust on 20 September 2019. During a meeting held with the Trust on 24 February 2020, the Trust provided an update on their progress in achieving compliance with the IN. This included details of training programmes, number of staff who have completed training, recruitment of staff to deliver training and competency assessments and the Trust's assurance framework. We did not visit the Trust as part of this inspection due to the current impact on all services as a result of COVID-19. An inspection of the Trust will be undertaken once the current pandemic is over.

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).

On 21 December 2018 RQIA issued an IN - IN000001. We received correspondence from the Trust 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 IN we agreed to extend the date by which compliance must be achieved until 30 June 2019. The extended IN - IN000001 (E) was issued to the Trust on 29 March 2019.

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

During these unannounced monitoring visits to Altnagelvin, Ballymena, Broadway, Craigavon and Lisburn Ambulance Stations we determined that frontline staff had a continued focus in relation to IPC practices, equipment and vehicle cleaning. Work had commenced to develop an IPC training strategy however we could not evidence that this had been widely implemented or that the necessary assurance systems were in place. We found evidence of some improvement and progress made to address the improvements necessary to achieve compliance as outlined in the IN; however, we did not find sufficient evidence to validate full compliance.

As a result of our findings we invited senior Trust representatives to a serious concerns meeting in RQIA on 11 September 2019. The senior Trust representatives acknowledged that further work was required to implement and embed an IPC training strategy and provided detail regarding how they planned to move forward with the necessary improvements. As a result RQIA agreed to extend the IN for a second time until 31 March 2020. The extended IN - IN000001 (E) 2 was issued to the Trust on 20 September 2019.

We invited the Trust to a meeting on 24 February 2020, the purpose of which was to provide the Trust with an opportunity to update us on the improvements they have made towards achieving compliance with the extended IN. RQIA informed senior Trust representatives that the information provided during the meeting would be taken into consideration as part of our assessment of the Trust's compliance with the IN. Having received the update from the Trust regarding the progress they have made we acknowledged their continued commitment to deliver, embed and sustain the required improvements.

This inspection sought to assess the level of compliance achieved in relation to the extended IN - IN000001 (E) 2. 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 IPC training, a competency based assessment framework and IPC policy and procedures.

4.1 Inspection outcome

	Standards
Total number of areas for improvement	1*

*One action required to ensure compliance with the quality improvement plan (QIP) generated as a result of the inspection undertaken 29 and 30 July 2019 was partially reviewed as part of this inspection and will be carried forward to the next inspection. No new areas for improvement were identified during this inspection.

As a result of the findings of this inspection we determined that the Trust had made the improvements necessary to achieve compliance as outlined in the extended IN -IN000001 (E) 2.

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.

5.0 How we inspect

Prior to the inspection, we reviewed a range of information relevant to the Trust including the following records:

- written and verbal communication received since the previous inspection;
- the previous inspection report;
- QIP returned following the previous inspection;
- minutes from meetings; and
- the IN-IN000001 (E) 2.

In assessing compliance with the actions outlined in the IN we took account of the commitment demonstrated by the chair of the Trust's board and members of the Trust's senior management team evidenced during our ongoing engagement with them. We also took account of the progress we evidenced during our inspection on 29 and 30 July 2019 and the additional commitment demonstrated by the Trust during our meeting on 24 February 2020.

During our meeting on 24 February 2020 the Trust agreed to share statistics used to measure progress such as numbers of staff trained, key performance indicator measures (KPI's), and the Assurance Committee Audit Report with RQIA. Due to the impact on the Trust as a result of COVID-19 the Trust were not in a position to provide RQIA with additional information. We will review this information during our next inspection of the trust.

The findings of our inspection were provided to Michael Bloomfield, Chief Executive, in a letter dated 15 April 2020.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspections dated 28 November 2018 and follow-up inspection dated 29 and 30 July 2019

This inspection focused on the improvements necessary to achieve compliance outlined in the extended IN - IN000001 (E) 2 (issued on 20 September 2019). One area for improvement, from the last inspection on 29 and 30 July 2019 was partially reviewed as part of this inspection and is carried forward to the next inspection. The QIP in section 7.2 reflects the carried forward area for improvement.

6.2 Inspection findings

IN Ref: IN000001 (E) 2

Improvement Notice: Failure to comply with a statement of minimum standards:

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 this IN the following five improvements were necessary to achieve compliance.

The NIAS Trust board, chief executive and executive team must ensure in relation to clinical practice:

1. An infection prevention and control (IPC) 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.
2. 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.
3. Sufficient designated staff needs to be made available, to deliver training, carry out competency assessment of practice and support front-line staff.
4. Outcomes from staff training and competency assessment should be aligned and used to inform staff members' performance appraisal.
5. Key performance indicators (KPI's) related to IPC training and competency assessment must be routinely reported through the trust assurance framework.

Action point 1

An infection prevention and control (IPC) 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 IPC training strategy which was still in draft during our inspection on 29 and 30 July 2019 was approved 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, clinical support officers (CSOs) and IPC champions have a role to support and provide assurance of training and competency based assessment.

During a meeting with senior Trust representatives on 24 February 2020 we were informed of how the IPC training strategy was being implemented and that the implementation was being supported by the recently appointed IPC lead nurse. The Trust confirmed that adequate resources are in place to deliver the training.

Outcome

We were assured that the Trust had developed an IPC training strategy and that they have made significant progress to implement the training strategy.

Action point 2

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.

Senior Trust representatives confirmed that IPC training is now part of the corporate induction for all staff. Since April 2019, approximately 100 staff have completed Level 1 IPC training and over 360 staff have completed Level 2 IPC training online. Senior Trust representatives confirmed that these figures equate to over one third of the Trust's staff. Non-executive Trust board members have also completed IPC training, including the duty of quality, quality standards and board responsibilities around IPC strategy.

The two-yearly IPC training competency assessment which is mandatory commenced in September 2019. CSOs provide training and carry out competency based assessment of staff practice in relation to hand hygiene and aseptic non touch technique (ANTT) and their ability to provide this training has been enhanced following the recruitment of CSOs.

The Trust is progressing plans to make Wifi available in all stations to facilitate on line training and the planned introduction of personal electronic devices to all operational staff within NIAS will also facilitate online training.

During our meeting with senior Trust representatives on 24 February 2020 the Trust provided details of the assurance systems in place such as key performance indicator (KPI) measures relating to IPC training and competency based assessment for staff hand hygiene and ANTT.

Outcome

We were assured that sufficient progress has been made to ensure the IPC training programme is fully implemented and embedded into practice across the Trust.

Action point 3

Sufficient designated staff need to be made available, to deliver training, carry out competency assessment of practice and support front-line staff.

During our meeting with senior Trust representatives on 24 February 2020 they confirmed that 14 additional CSOs to achieve a full complement of 30 officers and 6 additional training officers have been recruited to supplement nine staff already in post. The new IPC lead nurse is in post and the IPC practitioner and environmental cleanliness lead role awaits job evaluation. The IPC lead nurse informed us of the Trust's plan to embed hand hygiene by training a group of staff to carry out a rolling programme of peer led training. This training commenced in October 2019. An IPC link group has been established with representation from each division. The group meet regularly to discuss IPC audits, agree actions, share learning and oversee improvement work related to audit results.

Outcome

We were assured of the progress that has been made to enhance the workforce and develop staff to ensure they had the capacity to deliver on the strategy.

Action point 4

Outcomes from staff training and competency assessment should be aligned and used to inform staff members' performance appraisal.

During our meeting with senior Trust representatives on 24 February 2020 it was confirmed that competency based assessment and observation of ANTT practices which commenced on 19 September 2019 has led to 260 staff having completed assessments. There are further plans to progress with classroom based competency assessment and to undertake assessments of staff practises during clinical observations later in the year. A bespoke audit tool has been developed and is currently being piloted. It is expected that each division will have completed one audit per station by the end of February 2020. Station managers and CSO's have access to IPC training, competency based assessments and hand hygiene records to inform the appraisal process. This will ensure that line managers have better oversight of staff training and are empowered to understand staff training needs and deficits.

Outcome

We were assured that sufficient progress has been made to ensure staff training and competency assessment are aligned and used to inform staff members' performance appraisal.

Action point 5

Key performance indicators (KPI's) related to IPC training and competency assessment must be routinely reported through the trust assurance framework.

During our meeting with senior Trust representatives on 24 February 2020 details of the assurance systems in place were provided and included KPI measures relating to IPC training, competency based assessment for staff hand hygiene and ANTT and station and vehicle cleanliness. IPC education and training KPI measures are now included in the assurance committee reports.

The IPC champions undertake IPC audits to provide assurance of training and competency based assessment. Senior Trust leadership visits to stations have commenced as part of senior staff support and engagement in front line practice.

We were informed that hospital ambulance liaison officers (HALOs) undertake spot checks of vehicles and hand hygiene practises while staff are waiting to handover patients in hospital emergency departments.

Outcome

We were assured that significant progress has been made in relation to IPC training and competency assessment audit and governance arrangements.

6.3 Conclusion

We found sufficient evidence was available to validate compliance with the improvement necessary to achieve compliance contained within the extended IN - IN000001 (E) 2.

7.0 Quality improvement plan

There were no new areas for improvement identified during this inspection. The attached QIP contains the area for improvement carried forward from the last inspection on 29 and 30 July 2019.

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

7.1 Areas for improvement

No new areas for improvement were identified during this inspection. The attached QIP includes an area for improvement identified during the last inspection on 29 and 30 July 2019. This area for improvement outlined in the QIP will be reviewed at a subsequent inspection.

7.2 Actions to be taken by the service

The responsible person is not required to return a completed QIP for assessment by the inspector as part of this inspection process. The QIP reflects the carried forward area for improvement from inspection on 29 and 30 July 2019.

Quality Improvement Plan	
The trust must ensure the following findings are addressed:	
<p>Area for improvement 1</p> <p>Ref: Standard 5.3.1 (c)(d)</p> <p>Stated: First Time</p> <p>To be completed by: 30 September 2020</p>	<p>Review and strengthen the current safeguarding arrangements within NIAS:</p> <ul style="list-style-type: none"> • 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.
	<p>Action required to ensure compliance with this quality standard was partially reviewed as part of this inspection and full review will be carried forward to a subsequent inspection.</p>



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