



Summary of Findings

Northern Ireland Ambulance Service Fact Finding Visit

22 February 2018

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1.0 Introduction

On the 22 February 2018, the Regulation and Quality Improvement Authority (RQIA) undertook fact-finding visits to ambulance stations across the five regional divisions of the Northern Ireland Ambulance Service (NIAS): Belfast, South Eastern, Southern, Western and Northern divisions. We carried out these visits as a result of enforcement action taken following inspections to Broadway and Bangor Stations in July 2017 and to Craigavon Station on 8 February 2018. As a result of failings identified during these inspections we issued improvement notices to each of these three stations; details of these improvement notices are available on our website <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity/> .

These fact finding visits were conducted over one day and led by inspectors from RQIA's healthcare team. During our visits, we carried out observational audits of the general environment and cleanliness of 21 ambulance stations and 27 ambulance vehicles operating out of these stations. We spoke with a range of staff including: divisional officers, station officers, supervisors and ambulance crew. This allowed inspectors to assess staff knowledge and understanding of the systems and procedures in relation to hygiene, cleanliness and infection prevention and control (IPC) within and across NIAS.

The findings from our visits include both areas of good practice and areas for improvement. In some divisions, stations and vehicles were maintaining a good standard of hygiene and cleanliness; however in other divisions, stations and vehicles checked were unacceptably poor with regard to hygiene, cleanliness and IPC.

Our findings highlighted that monitoring and assurance mechanisms relating to hygiene, cleanliness and IPC at station, vehicle and organisation level were not working effectively. Additionally we identified that improvement in governance systems; audit and assurance; education and training; and access to expertise of IPC across NIAS was necessary.

These areas were discussed with senior trust representatives at a feedback meeting held on 2 March 2018. Senior NIAS staff present reported that work has already progressed in some of these areas.

This summary report describes the findings from our visits and sets out areas of good practice and areas for improvement which have been presented to NIAS.

2.0 Fact Finding Visit Findings

2.1 Ambulance Stations

Areas of Good Practice

The ambulance stations we visited ranged from very modern purpose built facilities to pre-fabricated buildings.

Across the divisions, and 21 stations, we observed that the majority of staff were working to ensure stations were clean and tidy. Equipment was cleaned regularly and stored correctly, and information was available to inform staff of IPC and environmental cleaning best practice guidance.

New Control of Substance Hazardous to Health cupboards had been purchased to store chemicals safely and securely. In some stations for example Altnagelvin, we were informed of plans to refurbish and upgrade existing station facilities such as flooring and vehicle cleaning sluices.

Areas for Improvement

With the exception of new or refurbished facilities for example Enniskillen, station fixtures and fittings were old and worn, with a lack of storage facilities for general equipment. A domestic sluice was not always available to store cleaning equipment; in some instances a locker was in use.

The mechanism for carrying out station cleaning varied. In some stations, a private provider carried out cleaning, while at other stations, cleaning was carried out via contract by domestic staff from an Acute Health and Social Care Trust. Across divisions, domestic cleaning time in stations varied between one and half hour to three hours daily. Cleaning incorporated only specific designated areas, with set tasks, for example emptying bins and cleaning floors and bathrooms.

We were particularly concerned with the standard of cleaning and IPC practices in Ballymena, Banbridge, Antrim and Armagh Stations. Inspectors observed damage to walls and fixtures and fittings; many surfaces were dusty and in some instances blood stained. We also observed in these stations that equipment used for cleaning was dirty. The domestic store in the new flagship station at Ballymena was untidy and cluttered and contained items of equipment that required cleaning.

2.2 Ambulance Vehicles

Areas of Good Practice

We inspected the interior cleaning of 27 ambulance vehicles across the five NIAS divisions. We observed a high standard of vehicle cleaning within the Belfast and Western divisions.

Vehicle surfaces were clean, free from stains and in a good state of repair. We observed staff wearing personal protective equipment to clean vehicles.

The responsibility for the management of vehicle cleaning has now been devolved to each NIAS regional division. Currently the process for vehicle stand down deep cleaning varies across divisions. In the Belfast and South Eastern divisions, dedicated vehicle cleaning teams have been established, while in other divisions this is still in the development phase. In these divisions the ambulance crews carry out stand down deep cleans. In all divisions ambulance crews are responsible for carrying out vehicle cleans between patient calls and at the end of each shift.

Areas for Improvement

The standard of vehicle cleanliness within the other Northern, Southern and South Eastern divisions requires urgent attention. Only 17 % (one out six) of ambulances in the Northern division, 25% (two out eight) of ambulances in the Southern Division and 60% (three out five) of ambulances in the South Eastern Division were cleaned to an acceptable standard. We observed surfaces that were dusty and on occasions blood stained.

In these three divisions, we reviewed ambulance cleaning schedules which highlighted that not all vehicles had received a stand down clean. Station staff reported that at times vehicles could not be stood down for cleaning due to the increased demands on the service over the winter period.

We observed that not all stations had adequate vehicle cleaning sluices or equipment to carry out effective cleaning. In some stations, where present, sluices and equipment were old, worn, dirty and not fit for purpose.

2.3 Staff Knowledge

Areas of Good Practice

Staff told us that they had recently received IPC refresher training. Some staff training was outstanding; we were told that this was due to sick leave.

Areas for Improvement

On discussion with staff and observation of practice we identified variation in staff knowledge of disinfectant dilution rates. Not all staff were aware of the correct dilution rates for disinfectant used for general and environment cleaning.

2.4 Infection Prevention and Control

Areas of Good Practice

On observation of staff, we noted variation in the application of IPC best practice guidance and standard precautions.

With the exception of the Northern division single use equipment was stored correctly, with stock rotation carried out to assure equipment is used before its expiry date.

Areas for Improvement

The cleanliness of reusable patient equipment in ambulances varied. Equipment such as suction machines had not been cleaned properly and we found blood on one patient transport board. In some stations we found certain items of stock had been over ordered. This can result in stock not being used and expiry dates going out of date.

We found variation in practice in the use and disposal of sharps boxes, waste and linen. Temporary closure mechanisms on sharps boxes, used to prevent spillage or easy access, were not always in place, with the date/signature on the box not always recorded. Waste bags inside ambulances were not always emptied. Linen was not always stored correctly in containers/cupboards that were clean and fit for purpose.

2.5 Governance

Areas of Good Practice

Some staff told us that since the initial inspections of NIAS stations in July 2017, more emphasis had been placed by Trust senior staff on IPC and cleanliness. Most staff were aware of or had seen leadership walk rounds by senior NIAS staff.

We observed some evidence of assurance within stations/divisions by completion of environmental and vehicle cleaning audits and audits of staff practice relating to IPC and cleanliness.

Areas for Improvement

The inspection team did not find evidence of a robust organisational governance and accountability system which would give assurance in relation to hygiene, cleanliness and IPC practices in NIAS.

Our findings have also highlighted that operational monitoring and assurance mechanisms relating to hygiene, cleanliness and IPC at station and vehicle level were not working effectively

From our observations of practice, we were not assured that learning from previous inspections had been taken on board and that staff fully understood their roles/responsibilities. We were advised that staff require additional advice and support on how to use the IPC audit tools. Staff also need guidance on the IPC specifications required when purchasing equipment. In the Northern division documentation viewed evidenced that issues identified with vehicle cleaning through audit had not been addressed.

3.0 Conclusion

Members of the RQIA team met with senior NIAS representatives at a feedback meeting on 2 March 2018. This meeting was also attended by representatives from the Department of Health (DoH) sponsor branch.

Having analysed the findings of these visits and our engagement and discussion with NIAS to date, we consider that despite our efforts to support and encourage improvements in hygiene, cleanliness and IPC, insufficient progress has been made towards addressing our continuing concerns. We consider that governance and operational systems across NIAS fall below what is required by the Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS (March 2006):

- Standard 4.3: (b, i, m) Corporate Leadership and Accountability of Organisations
- Standard 5.3.1: (f) Safe and Effective Care - Ensuring Safe Practice and the Appropriate Management of Risk

We therefore recommend that the DoH agrees and implements a special measure for NIAS. This is with a view to improving the systems and processes for effective corporate leadership and organisational accountability in relation to hygiene, cleanliness and IPC across NIAS.

The special measure we recommend is the secondment into NIAS of a senior clinician, with experience in infection prevention and control/hygiene and cleanliness and governance/assurance. This secondee should have a demonstrable track record of working across complex organisations and with multi-professional staff groups. They should report directly to the Chief Executive, working across the organisation for a period of three months, in the first instance. The secondee should have experience in governance and in the implementation of systems supporting robust assurance of organisation-wide standards of hygiene, cleanliness and IPC.

Senior NIAS trust staff present acknowledged the need for additional support develop and implement robust governance and assurance systems across NIAS. They confirmed that areas identified for improvement will be addressed (work has already commenced in some areas), to ensure adherence to best practice.

We will continue to support improvement work in relation to the achieving the required standards.



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