



# Unannounced Follow up Infection Prevention/Hygiene Inspection Governance Inspection Report

Northern Ireland Ambulance Service  
28 November 2018

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## 1.0 Background

In February 2018, RQIA carried out unannounced follow up inspections to the Northern Ireland Ambulance Service (NIAS) Headquarters and Broadway, Bangor Ambulance Stations. We also carried out an initial inspection to Craigavon Ambulance Station. These inspections identified that the NIAS organisational governance and assurance systems in relation to hygiene, cleanliness and IPC continue to be ineffective. We found deficits in staff training, knowledge and competence and access to specialist IPC advice and support.

Additionally, in relation to Craigavon Ambulance Station we found deficiencies in relation to station environment, vehicle and equipment cleaning, and infection and prevention and control (IPC) practices.

As a result of these findings we extended the date of the Improvement Notices issued to Broadway and Bangor Ambulance Stations to 16 April 2019. These related to The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS (2006) Standard 4.1, Criteria 4.3.

Inspectors also issued two improvement Notices to Craigavon Ambulance Station related to The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS (2006) Standard Statement 4.1 and 5.1 (Criteria 4.3 and Criteria 5.3.1).

Details of these are accessible on the RQIA website;

<https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity/>

As a result, on 28 November 2018, RQIA undertook further unannounced follow up inspections of the Northern Ireland Ambulance Service (NIAS) Headquarters and Craigavon Ambulance Station.

This inspection was conducted over one day and was carried out by inspectors from RQIA's HSC Healthcare team.

Our inspection identified that the NIAS organisational governance and assurance systems in relation to hygiene, cleanliness and IPC were in place. However, we continued to identify that a robust training programme to support staff in implementing the NIAS IPC Policy and Procedures (2018) across the organisation was not in place.

Areas for improvement were discussed with senior NIAS staff who acknowledged that further work is required to develop and embed an Infection Prevention and Control Training Strategy across the Trust.

## 2.0 Inspection Summary

On the 28 November 2018, unannounced follow up inspections were undertaken to NIAS Headquarters and Craigavon Ambulance Station. These inspections were carried out in conjunction with a series of monitoring visits to Broadway, Bangor, Altnagelvin and Ballymena Ambulance Stations on 29 November 2018.

Inspectors reviewed NIAS's governance systems, processes and assurance mechanisms with regard to hygiene and IPC and assessed progress made since the visit to NIAS Headquarters on 6 February 2018.

Our inspectors found mechanisms in place to assure station and vehicle cleaning standards through processes of audit, escalation, and action planning and risk management. We consider that sufficient progress been made to address our concerns in relation to:

### **The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS (2006) Standard Statement 4.1, Criteria 4.3**

**The organisation:**

***(b) has structures and processes to support, review and action its governance arrangements including, for example, corporate, financial, clinical and social care, information and research governance;***

***(i) undertakes systematic risk assessment and risk management of all areas of its work;***

We therefore determined to remove the current Improvement Notice relating to Broadway, Bangor and Craigavon Ambulance Stations.

However, while inspectors consider that NIAS has made some progress in taking forward actions outlined in the Improvement Notice relating to staff training and competency based assessment, we consider that NIAS fail to demonstrate that it has as an organisation, a robust training programme to support staff in implementing the NIAS Infection and Prevention and Control (IPC) Policy and Procedures (2018) across the organisation.

Further work is required by the Trust to develop a robust training and competency based assessment framework and programme in respect of IPC policy. We have therefore taken the decision to issue a Trust wide Improvement Notice relating to:

**The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS (2006) Standard Statement 4.1, 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;***

Inspectors identified a number of areas for improvement which are outlined within the body of this report. All actions required to take forward improvement are outlined within the Trust wide Improvement Notice.

## **3.0 Inspection Findings**

### **Governance**

During this inspection we noted areas of good practice and have set out areas for improvement.

#### **Areas of Good Practice**

- The Infection Prevention and Control Policy and Procedures (2015) document had been reviewed, updated and disseminated to staff in 2018. The guideline is now available electronically on the Trust SharePoint system for all staff to access. Environmental Cleanliness Policy and Ambulance Deep Cleaning Model & Procedure documents have been drafted and await review ratification.
- The Trust has engaged with the Public Health Agency to progress the inclusion of a dedicated NIAS IPC advice section on the online Regional Infection Prevention and Control Manual for Northern Ireland.
- The Trust has begun distribution of tablet computers to station supervisors. There are future Trust plan to provide all NIAS frontline staff with a tablet computer to ensure they have immediate access to IPC guidance. Bespoke IPC videos are being developed to demonstrate best practice for staff to reference.
- The job description for a dedicated Trust IPC nurse has been banded at an 8A; we were informed that this post is due for advertisement in December 2018.

#### **Area for Improvement**

- The new cycle of senior NIAS leadership station walkarounds has yet to commence. Previous leadership walkarounds were undertaken through January, February and March 2018. We were informed that the Trust plan to provide some IPC education sessions for board members to raise awareness of IPC and that discussions in relation to the format of future leadership walk arounds were taking place within the Trust.

### Areas of Good Practice

- There is representation from all NIAS divisions at the Trust IPC Group. Minutes reviewed evidenced a comprehensive review of key performance indicators (KPI) both locally and organisational wide. Divisional Area Managers report and account for divisional performance indicators outcomes. Where deficits in performance were identified, there was clear evidence of action plans and with progress against these reported to the group.
- The IPC Group produce a regular report for the Trust Assurance Committee and Trust Board which highlights compliance with audit programmes, clinical risk, trend analysis and training. We held discussions with the Trust Chair and a Non-Executive Board member. It was evident that both are aware of their roles and responsibilities in relation to IPC and had been fully appraised of the Trust oversight, performance, and planning relating to IPC.
- The Trust utilise the incident and safety management system Datix, for the reporting of adverse events or failure to adhere to IPC policies and procedures. The IPC reporting system has been improved with the appointment of dedicated Datix administrator to monitor and update the system.
- We were provided with evidence that the Trust continue to evaluate the effectiveness of the incident reporting system. Minutes of the IPC Group highlighted the need for time-critical safety incidents to be immediately expedited by phone or face-to-face and not reliant on alerting by email. During the inspection, we observed a good example of live escalation. A time critical maintenance issue had been identified in a station and was immediately escalated to NIAS Head of Estates.
- We were informed that KPIs have been agreed for performance evaluation. They include hand hygiene compliance (Monthly), IPC training compliance, Vehicle Deep Cleaning Compliance (fortnightly), Station Hygiene (Monthly), Vehicle Hygiene (85% vehicles monthly), Cleanliness and IPC Compliance. Performance with these key indicators is presented at the NIAS assurance committee on a quarterly basis.
- The Trust has procured new electronic software, which allows for the recording of safety, procedural and operational information in line with regional infection, hygiene and cleanliness standards. The software enables NIAS to conduct all IPC audits from any mobile device and allow for real-time reporting of performance against their key performance indicators via a dashboard.

When areas of non-compliance are identified, the software produces an action plan, which is automatically assigned to the responsible person(s). We were informed that discussions with the software provider were taking place to enable action plans regarding station cleaning to be shared with external cleaning providers for accountability and action.

- The software can facilitate the identification of recurrent themes picked up through the audit processes. We were provided with some corporate actions taken to address recurring themes associated with the maintenance of ambulance vehicles. Examples include introducing smooth grab rails, replacing fabric armrests with plastic armrests and replacing the waste cat flap with a smooth surround, all of which will improve staff members' ability to clean internal ambulance surfaces.

### **Area for Improvement**

- The Trust shared a number of Datix forms with inspectors. A review of these forms evidenced that the lessons learned section was not well recorded. This issue had been identified in the minutes of a meeting of the NIAS IPC group.

## **Training**

### **Areas of Good Practice**

- Inspectors reviewed records of staff attendance at hygiene, cleanliness and IPC training. Face to face, training was facilitated for 938 Trust station staff from October 2017 to December 2018. A designated facilitator with expertise in IPC delivered the training. In addition, 146 managerial staff attended face-to-face IPC training for managers. The content of the training presentations was aligned with the Trusts IPC Policy and Procedures (2015).
- From May 2018, vehicle cleaning operatives and cleaning coordinators are in place across all NIAS divisions. We were informed that these staff groups had recently received additional training in the completion of Datix incident forms for the reporting of non-compliance with the Trust IPC policy and procedures.
- We were informed that the Trust had engaged with the Association for Safe Aseptic Practice who had facilitated aseptic non touch technique (ANTT) training and competency assessment for Clinical Support Officers (CSOs) in September 2018.



- NIAS identified that further work is required around defining the number of hand hygiene observations that would provide effective assurance of staff adherence to best practice. Presently the number of monthly observations represents approximately 5% of the clinical workforce. The Trust has engaged with Acute Hospital Trust Directors responsible for IPC to propose a collaborative working arrangement to IPC. This approach would involve IPC nurses from Acute Trusts working alongside NIAS crews to provide support and carry out observations of hand hygiene practice. This would enhance the volume of monthly observations, with staff receiving immediate feedback and support to embed best practice across the organisation.

### **Area for Improvement**

- An Infection Prevention and Control Strategy that identifies staff roles and responsibilities, organisational assurance and accountability mechanisms, compliance monitoring, staff training, education and communication, was not in place.
- Inspectors were told that CSOs provide training and assessment of staff practice in relation to hand hygiene and ANTT. There is a challenge in relation to CSO staff capacity to carry out training and the monitoring of staff practice due to other competing demands within their role. IPC Training Compliance is identified as one of the Trusts KPIs, with Trust compliance set at minimum 90%. NIAS were unable to report on this KPI for Quarter 2 of 2018/19.
- Compliance monitoring in relation to hand hygiene and ANTT practices is at the early stages of development. We found no evidence that the key clinical steps within these practices are assessed using standardised assessment tools.
- Trust staff compliance with IPC practices is not included as part of clinical staff performance and the appraisal process.
- Inspectors reviewed current Trust IPC training presentations. The presentations are long, overly complicated and potentially confusing for staff. Presentations should be simplified with a clear focus on the fundamentals of IPC relating to staff roles and responsibilities.

## 4.0 Conclusion

Members of the RQIA team reported the inspection findings to Senior Trust Representatives at a meeting on 17 December 2018.

Following a view of inspection findings, we determined that mechanisms are in place to assure station and vehicle cleaning standards through processes of audit, escalation, and action planning and risk management. However, further work is required by the Trust to develop a robust training and competency based assessment framework and programme in respect of IPC policy.

Inspectors removed the Improvement Notice relating to structures and processes to support, review and action its governance arrangements and systematic risk assessment and management. However, a Trust wide Improvement Notice was issued to ensure the development of a robust Trust training and competency based assessment framework and programme in respect of IPC policy

Inspectors have identified the improvement actions necessary to evidence compliance with this standard:

- 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.

RQIA will continue to support improvement work in relation to the achieving the above standards.



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