The Regulation and Quality Improvement Authority

COVID-19 HSC and Independent Hospital Inspections

Emerging Learning

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Assurance, Challenge and Improvement in Health and Social Care

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Summary

In response to the COVID-19 pandemic RQIA's Hospital Programme Team (HPT) have introduced a series of Infection Prevention and Control (IPC) Inspections of HSC Acute and Independent Hospitals across Northern Ireland. This programme of inspections was undertaken following receipt of information by members of the public who were concerned with IPC practices when they visited our hospitals.

The COVID-19 pandemic has presented significant challenges in respect of how hospital care is planned and delivered. Changes that would typically take months or years to come into effect have been agreed and implemented at speed and under huge pressures while ensuring hospitals remain a safe environment for patients and staff.

Today we are sharing our findings from these inspections in our report 'COVID-19 HSC and Independent Hospital Inspections' which includes; what we have seen; what staff, patients and visitors have told us has worked; and what challenges them during the pandemic.

Effective IPC practices are essential for protecting patients, visitors and staff from acquiring the COVID-19 virus. The focus of these inspections was to provide assurances regarding how HSC acute and independent hospital services are responding to and minimising the risks of the COVID-19 virus and to share good practice, uphold high quality care and keep people in our hospitals safe.

The HPT have visited **13** hospitals; across **five** Health and Social Care Trusts and **two** hospitals within the Independent Sector. Moving forward, it is our intention, that all of our hospital inspections will include a focus on how services are managing during the COVID-19 pandemic.

HSC Acute Hospitals inspected

Trust	**Hospital**		**Inspection Date**
NHSCT	1.	Antrim Area Hospital	23 September 2020
	2	Causeway Hospital	24 September 2020
SEHSCT	3	Ulster Hospital	6 October 2020
	4	Lagan Valley Hospital	7 October 2020
BHSCT	5	Royal Victoria Hospital	21 October 2020
	6	Belfast City Hospital	22 October 2020
	7	Mater Hospital	23 October 2020
WHSCT	8	Altnagelvin Hospital	9 November 2020
	9	South West Acute Hospital	11 November 2020
SHSCT	10	Craigavon Area Hospital	25 November 2020
	11	Daisy Hill Hospital	26 November 2020

Independent Hospitals inspected

Hospital		**Inspection Date**
1	Ulster Independent Clinic	17 November 2020
2	Kingsbridge Private Hospital	1 December 2020

During our inspections, we sought assurances across the following key criteria to determine if each hospital's approach to infection control was effective in achieving and maintaining a COVID- 19 safe environment:

1. Governance & Collaborative Working
2. Risk Assessment
3. Audits of Staff Practices
4. Staff Training
5. Information Sharing
6. Innovative Practice
7. Environment and Cleaning Practices
8. Observations of Staff Practice
9. Supporting Patients and Visitors
10. Support for Staff

We inspected both clinical and non-clinical areas of the hospitals using an inspection framework which draws from a range of best practice sources in the management of COVID-19. We spoke with staff at all levels across each of the hospital sites and engaged with patients and visitors to get an understanding of their experiences when using these services.

The reports for each of these services are in various stages of completion and will be issued to each Trust or Independent Hospital in line with our regulatory framework. Having given consideration and being at a critical stage of the pandemic, we are undertaking to share our key findings with you to support sharing of learning across the healthcare sector.

Key findings

Governance and collaborative working

We found effective governance arrangements underpinned by clear strategic and organisational objectives aimed at preventing the spread of the virus. We found evidence of collaborative and multi professional working and good communication systems for the sharing of information and learning. The development of hospital based partnerships which included staff from a range of teams, disciplines and expertise has been effective in delivering operational coordination and consistency of COVID-19 risk reducing initiatives across sites.

We found that IPC teams within Trust Hospitals and IPC specialists within Independent Hospitals held a vital role in outbreak management during this pandemic. Additionally, they have led on key IPC strategies of education, training and risk management and have been crucial in interpreting and communicating changes in guidance.

Some Trusts and Independent Hospital providers had managed to put extra resources into their IPC teams, as demand on services increased. All Trust IPC teams advised of being overstretched in supporting both public and independent healthcare services. Two Trust management teams identified the need for investment in the infrastructures of their IPC teams.

Risk assessment

The completion of COVID-19 environmental risk assessments and the implementation of control measures was an essential component to help manage risk and protect patients' staff and visitors.

Despite some hospitals having an older estate, we found pragmatic measures were implemented to prevent the spread of the virus e.g. putting in place social distancing measures, prominent signage, one way systems, staggering staff shifts, providing additional handwashing facilities, provision of face coverings, and repurposing other areas of the hospital for COVID-19 patients.

In some instances we found that COVID-19 environmental risk assessments were not comprehensively completed. On these instances we mainly found that clinical support rooms such as treatment rooms, clinical rooms, dirty utility rooms and storage rooms, had not been assessed for their maximum staff capacity which would allow for safe social distancing measures to be implemented.

We observed some isolated incidents where staff and visitors did not comply with the above control measures. For example, on one occasion a group of eight staff were observed congregating whilst not adhering to social distancing measures when on a ward.

We found that risk assessments had been completed for staff returning to work following shielding to protect them against exposure to the virus in the workplace.

Audits of staff practices

IPC audits provide assurances that our hospitals are maintaining a high standard of practice to minimise and prevent the spread of the virus. In some hospitals we found that routine audits of hand hygiene, the use of PPE and environmental cleanliness had been stepped down. Audits of these practices are vitally important in identifying gaps in practice and improving these.

Staff training

In most areas we found a good record that staff have attended IPC mandatory training. Additionally, we found that front line staff have received training on donning/doffing PPE, fit checking of masks and hand hygiene. We found that both Trusts and Independent Hospital providers had been innovative in moving their training delivery approaches from the traditional face to face method to the use of digital solutions to reduce the risk of transmission. This included training such as virtual classroom sessions, e-learning and video based learning.

Information sharing

In all Trusts and Independent Hospitals, we found clear lines of communication to connect directly and quickly with key stakeholders both internally and externally. Communication channels used to provide staff with the latest updates included email, intranet postings, fliers, posters, videos and blog posts on social media platforms, where employees and the public can source the latest updates. With Trusts having locations across multiple sites, we found good use of electronic platforms to facilitate remote conferencing, meetings and training events. Some staff felt disconnected from being updated with information as they did not have email or internet access.

Innovative practice

We were advised that following the first surge of the pandemic, as visiting to hospitals resumed, some Trusts employed staff on a temporary basis to take on a visitor support role. Within Independent Hospitals we observed nursing staff carrying out this role. Different names are used to describe this role including COVID -19 Marshalls, safety champions and safety officers; their remits are similar. This role is used to support visitors to the hospital with face coverings and provide guidance regarding social distancing, one way systems and visiting arrangements. In hospitals that have employed these individuals we found improved adherence from visitors with these practices. These individuals were positioned at hospital and department entrances and we observed them circulating within communal hospital areas such as corridors, lifts and restaurants. We identified that in two busy hospitals the entrance areas with high flows of people would especially benefit by having a similar type support officer in place. We found that the success of this role for these staff is dependent upon the provision of robust IPC training and good customer service skills.

Environment and cleaning practices

We observed the standard of environmental cleaning throughout hospitals to be excellent. Non-clinical areas such as entrances, reception areas, public toilets and clinical areas such as patient bay areas, side rooms and sanitary areas throughout the wards and departments were clean, tidy and uncluttered. Trusts and Independent Hospital providers had implemented successful intensive cleaning programmes targeted at surface decontamination.

Observations of staff practice

We observed that both standard and transmission based IPC precautions were, in the main, carried out well. Generally we found good compliance with key measures of hand hygiene, respiratory and cough hygiene, safe management of care equipment and the disposal of waste. We found no issues with the availability of personal protective equipment (PPE) including; gloves, aprons, gowns, masks, and eye protection. Staff advised there had been some difficulty with continuity of supply of PPE especially masks during the first surge of the pandemic however this was longer an issue.

Staff had an excellent knowledge of the management of patients suspected or confirmed with the COVID-19 virus. This was also supported in our observations of practices as we found that staff mostly used PPE in line with best practice and Public Health guidance.

In one Emergency Department, we identified that some staff had poor compliance with hand hygiene, use of PPE and uniform policy. At RQIA's request, we were provided with an immediate action plan to address the concerns identified.

Supporting patients and visitors

We spoke to **63** patients and **12** visitors during our inspections. We found that patients and visitor's experiences have been positive. All patients' we spoke with provided positive feedback, confirming that they felt safe and confident with staff practices (hand hygiene, use of PPE and social distancing) and cleanliness of the hospital environment. While visiting has been restricted Trusts and Independent Hospital providers have set up a range of systems for people to keep in touch with their loved ones, which included using tablet computers. All visitors spoken to, were complimentary about staff practices and the advice/guidance provided to them in relation to visiting arrangements at the hospital or when attending appointments. To ensure visitors wore masks and complied with social distancing, information was provided through hospital websites, clear signage and meet and greet services.

Support for staff

We spoke to **312** staff during our inspections. Staff talked openly about their experiences during the first surge of the pandemic and the challenges of the second surge. Staff described fears about their personal safety, burnout, fatalities amongst patients and fears over a lack of PPE and redeployment. Other staff however reported feeling an increase in resilience following the first surge and feeling more knowledgeable and prepared. Throughout our inspections we have been impressed by the ways in which Trusts and Independent Hospital providers have raised awareness of how staff can access mental health and psychological support services. Hubs have been created on hospital intranet sites, designed to help staff find information quickly to support their health and wellbeing.

Opportunities for Improvement

1. **All Trusts and Independent Hospital providers should ensure that a COVID-19 environmental risk assessment is fully completed for clinical and non-clinical areas. An important element of this process is to ensure that the capacity of all rooms is identified to support safe social distancing measures.**

2. **All Trusts and Independent Hospital providers should reintroduce audits of environmental cleanliness, hand hygiene and PPE for routine completion in all their clinical areas.**

3. **Where staff do not have ready access to email and internet services organisations must ensure they are updated on the latest COVID-19 guidance by other means.**

4. **All Trusts and Independent Hospital providers must maintain good practice and where gaps are identified, improve mechanisms to support visitor's compliance with face coverings, social distancing and one way systems.**

5. **All Trusts should explore potential ways to expand the current capacity of IPC teams to enable them to respond to the needs of services.**

6. **At this critical stage of the pandemic it is important that all Trusts and Independent Hospital providers continue to focus on the health and wellbeing of staff.**

Overall, we have found that Trusts and Independent Hospital providers have responded effectively to minimise the risks of the COVID-19 virus and to keep people safe in our hospitals across Northern Ireland. It is now even more important for these healthcare providers to maintain and drive further IPC improvements in the standards they have set. We have identified some opportunities for improvement and regional learning across our healthcare sector. We would like to take this opportunity to express our gratitude to all the patients, visitors and staff that have assisted RQIAs HPT while we have carried out this series of COVID-19 HSC and Independent Hospital inspections.

Any issues we identified were raised in real time with the relevant organisation and will be referenced in individual hospital inspection reports.

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