

Appendix A

Hospital Inspection: Immediate improvement plan

Service: Swansea Bay University Health Board

Area: Acute Medical Assessment Unit & Emergency Department

Date of Inspection: 27 – 29 January 2020

Quality of patient experience				
Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
There were no concerns that needed to be rectified immediately – our report will provide further information in this area.				

Delivery of safe and effective care

During our inspection of AMAU east side and ED, we identified numerous concerns relating to patient safety. As a result we could not be assured that patient safety is maintained in relation to the issues detailed below.

Resuscitation

We considered the arrangements for the checking of resuscitation equipment on both the AMAU east side and ED. Some records had been maintained of checks by staff, however, there were a number of gaps in the records on some trolleys. This was particularly evident on the AMAU, where in the Green Bay we identified that checks had only be carried out 13 times in 3 years. In addition, the trolley in Green Bay contained numerous items that were past the expiry date, such as syringes for IV use, and the drawers contained thick levels of dust and were dirty. To note, the trolley in Green Bay was removed from use and contents discarded during our inspection.

Each trolley on AMAU and ED was open and not secure, and allowed for items to be removed and not replaced. In addition, staff had documented on ED that checks had been completed and were correct, however, on checking the contents of the drawers, there were numerous items missing. On AMAU, staff were documenting that checks were completed and correct on the trolley in the main corridor, however, there was no checklist available for staff to check that the correct items were present.

This demonstrated that resuscitation equipment in both the AMAU and ED had not always been checked correctly or daily as required by local policy. The lack of regular checks meant that there was a risk to patient safety, whereby the resuscitation trolleys in both units may not be sufficiently stocked, or equipment/ medication may not be in-date and ready for use, in the event of a patient emergency.

Sepsis

Within ED - Sepsis screening was not completed on all applicable patients, and sepsis recognition and management of acutely unwell patients was not always in line with national and local guidelines and standards. Therefore, this increased the risks of patients sustaining avoidable deterioration and harm.

Medication

We considered the safety of medication management on both the AMAU and ED.

In ED, we identified that the medication fridges were not locked and medication was left unattended and accessible to patients and visitors. We saw evidence that a number of IV medications were checked and administered by only one RN, whereas the UHB policy states that this should be completed by two RNs.

IV fluids were not securely stored and were easily accessible to unauthorized individuals and therefore not tamper safe.

We saw a nurse retrieve a bag of IV fluid to administer to a patient and this had not been stored within the vacuum seal. When challenged by our team, the nurse told us that they were happy to use this fluid. We intervened and stopped the use of this fluid, due to the risk it may have been tampered with, but the nurse had no oversight of the issue associated with this.

On AMAU, the IV fluid room door was wedged open on the first two days of our inspection despite us raising this with the nurses in charge. In addition, the door does not have a lock in place, so even if closed, fluids are not securely stored.

There were also multiple items of equipment stored within the room, along with multiple drip stands which obstructed access to some fluids and other consumables within the room.

There were also at least three bags/sacks of confidential paper awaiting collection for shredding, stored in a pile within the room which also raises an issue with the compliance with information governance.

As a result of our findings, we cannot be assured that patient safety is maintained in relation to the safe management and administration of medication.

Ligature Points

Within ED, there were a number of unattended and unlocked areas, with numerous ligature points. These areas were easily accessible to patients/public. We also asked to see the environmental ligature point risk assessments, and there was not one completed. This poses a significant risk for self harm for some patients, in particular those presenting to ED with mental health crisis issues. During our inspection, a patient who presented with mental health issues and was identified as suicidal and drowsy having been transported via ambulance, had absconded from the waiting area. The patient was not being observed by any members of staff. As a result of the increased risk for self harm, the hospital security was called for assistance along with contacting the policy to undertake a welfare check.

Hazardous equipment

Within ED hazardous chemicals and sharps instruments, such as scissors and surgical blades, were within easy reach of patients and visitors, and the chemicals were not stored as per COSHH standards.

On AMAU hazardous chemicals were stored on surfaces in the unlocked sluice, which also had its door wedged open on the first two days of inspection, despite raising this to the nurse in charge. There were also other hazardous chemicals stored in unlocked cupboards in the corridor, therefore not compliant with COSHH standards.

Risk of acute deterioration and harm to patients

Within the three waiting areas in ED, patients are triaged and then placed back into these areas. Following this, the patients are not always observed consistently, and there is a significant lack of oversight and ownership regarding the care of these patients. During the inspection we found cases where patients had been exposed to significant risk of acute deterioration and harm due to this lack of oversight, ownership and ongoing clinical monitoring and care. The inspection team had to intervene and escalate this with staff in ED and senior managers on a number of occasions.

We also identified patients who were scoring high with National Early Warning Score (NEWS) (more than 8), who were waiting on ambulances after assessment in Rapid Early Assessment Clinical Triage (REACT). Whilst we acknowledge that they were

supervised by a paramedic, they were not always receiving regular nursing and medical input or basic oversight from medics. Our team had to intervene and escalate our concerns to senior managers.

Minor operations theatre - ED

The amputation sterile pack had passed its sterile expiry date, and two jaw wiring packs had also passed their expiry dates. Therefore, this posed a risk of harm to patients with the increased risk of infection as a result of sterility.

Infection Control - Containment of Norovirus - AMAU

We did not inspect the West side of the ward as it was closed due to high incidences of Norovirus, however, we identified the absence of proactive management of basic IPC measures and intervention. For example:

- Doors to the 'closed' west side were repeatedly left open, which also prevented anyone approaching the ward seeing the signs highlighting ward closure
- Although there were norovirus cases on east side 2-3 weeks earlier, and cases were currently affecting west side, floors on east side were dirty and dusty and damaged in key clinical areas
- There was no clear proactive instructions, support and/or action plans in place from IPC team, during this high incidence of norovirus. We were informed by members of the IPC team that their service was advisory and reactive, and they did not have the capacity or resources to work in a proactive and preventative manner, and were not able to regularly visit the areas concerned due to resource issues
- We had significant concerns that 22 staff members of the AMAU ward teams were absent from work as a result of contracting Norovirus
- We identified that immediate re-education was required for the AMAU staff, for robust hand hygiene and the use of PPE. Staff were not seen to be cleaning their hands when applicable, and were moving from bay to bay wearing the same PPE. In addition there was a patient in a side room with suspected Norovirus but no signs present to warn anyone entering the room; neither was there appropriate PPE or hand gel present outside of the room.
- We identified that human traffic was high and must be minimized in affected areas (west side), this includes all hospital staff. For example:
 - There were full teams of medics entering the closed west side to review patients

- AMAU staff were walking between both west and east sides of the ward
- West side staff were sharing the same coffee room based on east side during this outbreak, and also the office on east side, whilst wearing the same uniform and shoes from west side. This therefore, increased the risk of cross infection/contamination to east side, and in to non-clinical areas.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
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<p>The health board must provide HIW with details of the action it will take to ensure that:</p> <p>Resuscitation equipment/medication is always available and safe to use in the event of a patient emergency on both the AMAU and EU and within all other wards and departments across the health board.</p>	<p>Standards 2.1, 2.6, 2.9, 3.1 and 3.5</p>	<p>Emergency Department:</p> <p>The 3 Trolleys in New/Old Trolley Bay and minors have all been checked, cleaned and new checklist attached.</p> <p>Designated person assigned to carry out weekly audit of resuscitation trolley checks.</p> <p>New lockable resuscitation trolleys to be ordered following consultation with the resuscitation officers,</p>	<p>Matron ED</p> <p>Matron ED</p> <p>Matron ED</p>	<p>Completed - 28/01/2020</p> <p>Started 05/02/2020 Weekly thereafter.</p> <p>Completed – date of delivery by 31.03.2020</p>
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		<p>ensuring that they are suitable for ED use.</p> <p>As an interim measure until the arrival of new lockable trolleys (above), all trolley drawers have had breakable tape applied to them to ensure equipment is not removed for purposes other than resuscitation.</p> <p>Scoping exercise to be undertaken to ensure essential equipment is readily available and in sterility date.</p>	<p>Matron ED</p> <p>Matron ED</p>	<p>Completed 05/02/2020</p> <p>Completed - 07/02/2020</p>
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		<p>AMAU East & West:</p> <p>The second resuscitation trolley on AMAU East was removed immediately and relocated to the new ambulatory care unit on AMAU.</p> <p>New lockable resuscitation trolleys to be ordered following consultation with the resuscitation officers</p> <p>Assurance audits for checks to be implemented weekly by ward manager.</p>	<p>Matron, Medicine</p> <p>Matron, Medicine</p> <p>Senior Ward manager, AMAU</p>	<p>Completed 27/01/2020</p> <p>Completed – date of delivery by 31.03.2020</p> <p>Completed - Started 28/01/2020. Now weekly and ongoing.</p>
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		<p>All resuscitation trolleys will be replaced across the Morriston Hospital Site in conjunction with the Resuscitation Committee in two stages:</p> <ul style="list-style-type: none"> • Stage 1: 50% of trolleys by March 2020 • Stage 2: remaining 50% by April 2020 	<p>Resuscitation Service Manager and Heads of Nursing</p>	<p>31.03.2020</p> <p>30.04.2020</p>
		<p>All resuscitation trolleys to undergo audit assurance that are clean, checked and complete.</p>	<p>Matrons and Heads of Nursing</p>	<p>Completed 04/02/2020</p>

		<p>Morrison Service Delivery Unit will provide assurance reports on compliance with the resuscitation trolleys to the Health Board's Quality and Safety Governance Group.</p>	Unit Nurse Director	31.03.2020
		<p>A local Patient Safety Notice to be issued across the Health Board to ensure all staff adhere to the checking of resuscitation equipment in line with policy.</p>	Head of Health & Safety/Resuscitation Service Manager	14.02.2020

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<p>The health board must provide HIW with details of the action it will take to ensure that:</p> <p>Sepsis screening is completed on all applicable patients within the ED and throughout the health board, and all applicable patients are managed and treated appropriately, in accordance with local and national sepsis guidelines.</p>	<p>Standards 2.1, 2.7, 3.1, 3.5 and 5.1</p>	<p>Emergency Department:</p> <p>Sepsis screening to be discussed daily at morning/evening handover for ED nurses and medical staff.</p> <p>“Sepsis team” to be re-established within the Emergency Department.</p> <p>Sepsis screening books to be made available in all areas of ED. Ordering has been reviewed to ensure constant supply.</p>	<p>Matron ED/Clinical Director ED</p> <p>Matron ED/Clinical Director ED</p> <p>Matron ED</p>	<p>Completed - 04/02/2020</p> <p>Completed 05/02/2020</p> <p>Completed immediately from 26/01/2020 with ongoing daily monitoring.</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		Sepsis information board to be updated with teaching material to support improvement in practice.	Clinical Educator ED	Completed 05/02/2020
		Monthly assurance audits to be implemented for sepsis screening.	Clinical Educator ED and Matron ED	Completed 07/02/2020
		Health Board Infection Control Committee to consider the results of the sepsis audit.	Unit Nurse Director	02.04.2020

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>AMAU East & West:</p> <p>Section on Sepsis screening to be added to handover sheets to prompt staff to discuss at “safety huddles” on each change of shift for nursing staff.</p>	<p>Senior Ward Manager AMAU and Matron, Medicine.</p>	<p>Completed - With immediate effect from 04/02/2020. Ongoing frequency - twice daily.</p>
<p>All staff within ED and AMAU must complete training or update training on sepsis screening and the management of patients with sepsis. This must also be considered for all other areas within the health board where appropriate.</p>		<p>Emergency Department:</p> <p>Sepsis screening is included on mandatory training day, compulsory for all ED Staff</p>	<p>Clinical Educator ED</p>	<p>Completed 05/02/2020</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		Sepsis screening training compliance to reach 100%.	Clinical Educator ED and Matron ED	To be completed by 30/06/2020
		<p>AMAU East & West:</p> <p>Clinical educators for medicine to reintroduce sepsis screening training onto mandatory training days for all registered nurses.</p>	Clinical Educator, General Medicine and Clinical Educator, AMAU	Starts 27/02/2020 and repeated on last Thursday of each month.
		Regular assurance audits implemented to measure sepsis screening.	Ward Manager AMAU and Matron, Medicine.	With immediate effect from 04/02/2020 and monthly thereafter.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		Infection, Prevention & Control Committee to consider whether any further actions need to be taken across the Health Board in regard to sepsis management.	Assistant Director of Nursing – Infection, Prevention & Control	02.04.2020
The health board must provide HIW with details of the action it will take to ensure that:	Standards 2.1, 2.4, 2.6, 2.9, 3.1 and 3.5			
Refrigerated medication is stored safely and securely on both the AMAU and EU, and within all other wards and departments across the health board		Emergency Department: Refrigerator in the paediatric area is now locked and key held by nurse in charge of the paediatric area	Matron ED	Completed 03/02/2020

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>Main ED drug refrigerator has had a lock fitted and the key to be held by nurse in charge within the ED.</p> <p>Review options for amalgamating the fridge into the Omnicell as a further precaution.</p>	<p>Matron ED</p> <p>Matron/ Head of pharmacy</p>	<p>Completed 07/02/2020. This arrangement to stay in place until "Omnicell" (an automated and secure dispensing station) becomes operational.</p> <p>14/02/2020</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>AMAU East & West:</p> <p>Order two new refrigerators for AMAU East and AMAU West so they can be locked and keys held by nurse in charge.</p>	Ward manager, AMAU	Completed 04/02/2020
Medication is stored securely at all times and is not left unattended and accessible to patients and visitors.		<p>Emergency Department:</p> <p>Facilities to hold “Patient’s own drugs” installed in all designated patient spaces.</p> <p>Compliance monitored daily via matron’s daily walk through inspection.</p>	<p>Matron ED</p> <p>Matron ED</p>	<p>Completed January 2020</p> <p>Started 04/02/2020 and to continue daily</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>AMAU East & West:</p> <p>Assurance audits of compliance to ensure that safe storage is in place.</p>	<p>Matron medicine / ward manager AMAU/ pharmacist AMAU</p>	<p>Completed - With immediate effect from 04/02/2020 and weekly thereafter.</p>
<p>IV medication is checked and administered by two RNs as per UHB policy.</p>		<p>Emergency Department:</p> <p>Refresher training and education to be delivered to ALL staff in ED reinforcing the Health Board IV medication policy to attain 100% compliance.</p>	<p>Clinical Educator ED</p>	<p>31.03.2020</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>AMAU East & West:</p> <p>Weekly refresher training/ education for existing and new staff.</p>	<p>Clinical Educator, AMAU</p>	<p>Implemented on 04/02/2020 to reach 100% compliance target by 31/03/2020.</p>
<p>IV fluids are securely stored and are safely administered on both the AMAU, ED and within all other wards and departments across the health board.</p>		<p>Emergency Department:</p> <p>IV fluids no longer stored in resuscitation bays.</p> <p>Estates department to assess the feasibility of fitting a lockable door to the current IV fluids storage facility.</p>	<p>Matron ED</p> <p>Estates Manager / Matron</p>	<p>Completed 05/02/2020</p> <p>Completed 05/02/2020</p> <p>Storage facility to be made secure by 28/02/2020.</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>AMAU East & West:</p> <p>Doors kept closed at all times. More prominent signs put in place.</p> <p>Order to be made to replace current door to one that has spring closing mechanism and key pad lock.</p> <p>Units, using revised Patient Safety Notice 30 (to be issued imminently), undertake an audit against the notice.</p> <p>Findings of the Unit reviews to be reported</p>	<p>Ward Manager AMAU East</p> <p>Ward Manager AMAU East / Head of Estates</p> <p>Unit Nurse Directors</p> <p>Unit Nurse Directors/Principal Pharmacists</p>	<p>Completed with immediate effect 20/01/2020.</p> <p>Completed – door ordered.</p> <p>30.06.2020</p> <p>31.07.2020</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		to the Medicines Safety Group to consider further actions to be taken across the Health Board.		
The health board must provide HIW with details of the action it will take to ensure that:	Standards 2.1, 2.7, 2.9, 3.1			
Within ED, the unattended and unlocked areas which are accessible to patients and visitors, and contain numerous ligature points, are risk assessed, to minimize the risk of self-harm to people in distress.		Emergency Department: Risk assessment completed and given to estates with recommendations for improvements to the areas to minimise the risk of harm, including	Matron ED	Completed 06/02/2020

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>ligature free bays/rooms.</p> <p>Risk assessment recommendations agreed with Unit Nurse Director and funding agreed for changes.</p> <p>Review of security cameras currently carried out and agreed to be installed with display screens.</p>	<p>Estates</p> <p>Matron, UND and Assistant Director of Health & Safety</p>	<p>Completed visual inspections 04/02/2020 written risk assessment received 07/02/2020</p> <p>Review completed 04/02/2020</p> <p>Installation timetable to be confirmed by 14/02/2020</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		reported to the Health & Safety Committee.		
The health board must provide HIW with details of the action it will take to ensure that:	Standards 2.1, 2.2, 2.3, 2.5, 3.1, 3.2, 4.1, 5.1, 6.2 and 7.1			

<p>A review of the model of care for managing patients within waiting areas who are sat in chairs is immediately undertaken. This must also include patients waiting to enter the department who are waiting on ambulances.</p> <p>The review must demonstrate a solution to ensure that those who are acutely unwell are monitored and assessed in an appropriate and timely manner.</p>		<p>Emergency Department:</p> <p>Immediate introduction of additional Emergency Department Assistant (EDA) on every shift to assist with monitoring the waiting area.</p> <p>Monitoring of staffing roster compliance.</p> <p>The development of a “Target Nurse” to work alongside the EDA to provide ongoing monitoring, care and treatment to patients in waiting areas and on the back of ambulances i.e. reviewing NEWS,</p>	<p>Matron ED</p> <p>Matron ED</p> <p>Head of Nursing / Matron ED/Sister ED</p>	<p>Increase in establishment agreed with Unit Nurse Director 04/02/2020.</p> <p>Started 04/02/2020 and monthly thereafter.</p> <p>Establishment increase Agreed with Unit Nurse Director and Head of nursing 04/02/2020.</p> <p>Development of the role started 07/02/2020.</p>
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		<p>sepsis and deteriorating patients, and re-triaging of patients whose NEWS scores have increased to re-inform triage category.</p> <p>Introduction of Ambulance white board, detailing NEWS, skin integrity, treatment and investigations.</p> <p>Ambulance triage nurse to undertake this under supervision of nurse in charge and consultant ED until the “Target Nurse” role is implemented.</p> <p>The “Target Nurse” role will work alongside WAST crews and triage nurse to ensure patient</p>	<p>Matrons / WAST Clinical Team Leader (CTL)</p> <p>Matrons/WAST</p>	<p>Introduction of role anticipated by 28/02/2020.</p> <p>Completed - Implemented on 04/02/2020</p> <p>Completed - Monitoring daily from 04/02/2020</p>
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		<p>information is communicated and acted upon.</p> <p>Bi monthly meetings with WAST and triage nurses to discuss improvements and challenges with oversight of ambulance patients, triage and deteriorating patients</p> <p>Introduce the ED safety checklist, such as the tool developed by the University of West of England Academic Health Science Network (UWE AHSN).</p>	<p>Matrons/ WAST manager</p> <p>Matrons</p>	<p>Completed - Already in place. Last meeting held was 30/01/2020</p> <p>Implementation date to be confirmed after visit to NBNHST.</p>
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		Visit North Bristol NHS Trust to see UWE AHSN safety checklist in action.	Matrons	Visit provisionally scheduled for w/c 10/02/2020.
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Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>AMAU East & West:</p> <p>Not applicable</p>		
<p>A review of the current provision of care to ensure that patients within the waiting areas have access to basic and appropriate nutrition and hydration.</p>		<p>Emergency Department:</p> <p>Target Nurse and EDA will assist with assessment of nutritional needs and the provision of nutrition. Triage Nurse to undertake this until EDA in place</p> <p>Replenishment frequency of food vending machines to be reviewed and</p>	<p>Matron ED</p> <p>Service Manager, Emergency Care & Hospital Operations;</p>	<p>Started Immediately by Triage Nurse until implementation of Target Nurse.</p> <p>Completed 10/02/2020.</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>assurance to be gained that they are adequately stocked at all times, including weekends.</p> <p>Installation of water fountain in waiting areas.</p>	<p>Head of Catering, Morriston Hospital</p> <p>Matron ED and Estates Manager</p>	<p>Installation date to be secured by 14/02/2020.</p>
		<p>AMAU East & West:</p> <p>Not applicable</p>		
<p>A review of the registered nursing establishment is undertaken, which takes in to account the layout of the unit and waiting areas and visibility of the patients.</p>		<p>Emergency Department:</p> <p>Meeting planned with external review body (Kendall- Bluck) to discuss proposed increase to</p>	<p>ECHO Team</p>	<p>Completed 05/02/2020</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>establishment medical and nursing</p> <p>Executive sign-off of nursing and medical increase in establishment.</p> <p>To be reported to Board Nursing Staffing Act/Nursing Workforce Group.</p>	<p>Executive team</p> <p>Unit Nurse Director/Deputy Director of Nursing</p>	<p>14/02/2020</p> <p>31.03.2020</p>
		<p>AMAU East & West:</p> <p>Review of Nursing establishment completed and agreed as the area is not currently part of the statutory reporting</p>	<p>Head of Nursing and Unit Nurse Director</p>	<p>Completed in November 2019.</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>within the Nurse Staffing Act legislation.</p> <p>Acuity data collection completed and will be validated prior to review or ward staffing in this area.</p> <p>Executive review of all ward staffing model against January 2020 data collection. To be reported to Board Nursing Staffing Act/Nursing Workforce Group.</p>	<p>Ward Manager & Matron</p> <p>Unit Nurse Director and Head of Nursing with Executive Director of Nursing/Deputy Director of Nursing</p>	<p>Completed 31/01/2020</p> <p>Validation by 28/02/2020.</p> <p>31/03/2020</p>
<p>The health board must provide HIW with details of the action it will take to ensure that:</p>	<p>Standards 2.1, 2.4, 2.7 and 3.1</p>			

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
All hazardous chemicals are stored securely as per COSHH standards.		<p>Emergency Department:</p> <p>All hazardous chemicals now locked away in cupboard and storage room only accessible by staff</p> <p>Wall mounted COSHH-compliant cupboards to be ordered</p> <p>Staff reminded to of securing hazardous chemicals appropriately.</p>	<p>Matron ED /Charge Nurse ED</p> <p>Matrons ED</p> <p>Matrons ED</p>	<p>Complete 03/02/2020</p> <p>12/02/2020</p> <p>Completed 04/02/2020</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>AMAU East & West:</p> <p>New COSSH recommended wall mountable cupboards to be ordered</p> <p>And then installed.</p>	<p>Matron, Medicine</p> <p>Ward managers AMAU (E) and AMAU(W).</p>	<p>Ordered on 03/02/2020 and awaiting delivery. Procurement have been made aware of the urgency of delivery.</p> <p>Once delivered cupboards to be installed 3 working days later.</p>
<p>All sharps instruments are stored securely.</p>		<p>Emergency Department:</p> <p>Compliance with Health Board sharps policy reinforced. Sharp instruments have been removed from</p>	<p>Matron ED</p>	<p>Completed 03/02/2020</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>unsupervised areas and stored appropriately in a locked store room</p>		
		<p>AMAU East & West: Compliance with Health Board sharps policy reinforced. Sharp instruments have been removed from unsupervised areas and stored appropriately in a locked store room. Health & Safety Operational Group to consider timescales of next deep dive review</p>	<p>Ward managers AMAU (E) and (W) Associate Director of Health & Safety</p>	<p>Completed 03/02/2020 31.05.2020</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		of Sharps management and COSHH.		
The health board must provide HIW with details of the action it will take to ensure that:	Standards 2.1, 2.4, 2.9 and 3.1			
All sterile instrument packs and consumables are in date and remain sterile for use within the minor operations theatre in ED, and also throughout the department as a whole.		Emergency Department: All sterile instrument packs checked and returned if out of date. Designated person to be identified on a weekly basis by Matron ED	Matron ED	Started 28/01/2020. Weekly thereafter

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		Scoping exercise to be carried out to ensure that only essential equipment is ordered and stored within ED		To be completed by 29/02/2020
The health board must provide HIW with details of the action it will take to ensure that:	Standards 2.1, 2.4 and 3.1			

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		Regular audits of compliance to provide assurance	Matron ED	04/02/2020 and weekly thereafter

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>AMAU East and West:</p> <p>Hand hygiene training to re-started with all staff reminded the importance of hand hygiene as a standard</p> <p>PPE training to be commenced</p> <p>Assurance audits to be done weekly by matron to ensure compliance</p>	<p>Ward managers AMAU(E) and AMAU(W)/Infection control team</p> <p>Ward managers AMAU(E) and AMAU(W)/Infection control team</p> <p>Matron, medicine</p>	<p>With immediate effect from 03/02/2020</p> <p>With immediate effect from 03/2/2020</p> <p>Immediate effect 03/2/2020 and weekly thereafter</p>

<p>All floors within clinical areas in ED, AMAU and throughout the health board are appropriately and adequately cleaned, and where applicable are repaired in a timely manner.</p>		<p>Emergency Department: Flooring assessments undertaken by the Estates team, ED manager and matron. 'Snag' list has been compiled</p> <p>Funding agreed by Health Board senior leadership team to increase domestic services staffing budget at Morriston Hospital</p> <p>Meeting arranged with domestic supervisor to review daily cleaning schedules and supervision of domestic staff.</p>	<p>Matrons ED</p> <p>Head of Support Services / Chief Operating Officer</p> <p>Matron ED / Head of Support Services</p>	<p>Assessment completed 05/02/2020</p> <p>Completed 05/02/2020</p> <p>Arranged for 10/02/2020</p>
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Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>AMAU East & West:</p> <p>Flooring assessments undertaken by the Estates team, ward manager and matron. 'Snag' list has been compiled.</p> <p>Cleaning assessments completed across the unit and areas of concern highlighted. Template produced for domestics to sign after particular areas of concern have been identified. These areas</p>	<p>Matron medicine, Ward managers AMAU(E) and AMAU(W), Estates team</p> <p>Matron medicine, Ward managers AMAU(E) and AMAU(W), Domestic Services manager</p>	<p>Completed 06/02/ 2020</p> <p>Work schedule to be confirmed by 14/02/2020</p> <p>Implemented 05/02/2020</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>to be cleaned on a daily basis</p> <p>Morrison Hospital Wards:</p> <p>Estates to undertake ward by ward assessment of flooring and detailed work plan to be presented to the Morrison Hospital Directors</p>	Estates manager	14/03/2020
<p>A review of the role and remit of the Infection, Prevention and Control team is undertaken, to ensure that:</p> <ul style="list-style-type: none"> • Clear proactive instructions and support is provided to all clinical areas 		Define roles and responsibilities of the delivery Unit and Infection Control Nurses (ICN)	Assistant Director of Nursing (Infection)	31/03/2020

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> • Appropriate support is provided to clinical teams, along with developing and implementing action plans for use during incidence of norovirus or other infection outbreaks • The capacity and resources are reviewed within the IPC team, to ensure proactive and preventative measures are considered in addition to a reactive and advisory service. 		<p>Two model wards to be identified exploring an alternative model for cleaning and have Infection, Prevention and Control (IPC) champions that link in with ICNs</p> <p>Implementation of MDT environmental reviews on initiation of a period of increased incidence. (PII) and follow up any actions ensuring all actions are complete before closure of the PII</p>	<p>Assistant Director of Nursing (Infection)</p> <p>Assistant Director of Nursing (Infection)</p>	<p>31/03/2020</p> <p>28/2/2020</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		IPC team to provide advice and support for core working hours 7 days a week.	Assistant Director of Nursing (Infection)	07/03/2020
		ICNs to work clinically where capacity allows to use the opportunity for role modelling, teaching and supporting staff	Assistant Director of Nursing (Infection)	30/04/2020
		Bespoke training to be delivered to Allied Health Professionals and site team on IPC	Assistant Director of Nursing (Infection)	30/04/2020
		Improved medical engagement in the IPC requirements to be addressed	Assistant Director of Nursing (Infection)/ Unit Medical director / Executive medical director	30/04/2020

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of management and leadership				
<p>The health board must provide HIW with details of the action it will take to ensure that:</p> <p>Confidential waste is stored appropriately and securely, prior to its collection for shredding.</p>	<p>Standard 3.4</p>	<p>Emergency Department:</p> <p>Confidential waste stored in locked waste room.</p>	<p>Matron ED / Portering Services manager.</p>	<p>Completed 04/02/2020</p>
		<p>AMAU East & West:</p> <p>Confidential waste removed immediately from area highlighted during the inspection</p>	<p>Ward managers AMAU(E) and AMAU(W) Ward administrators AMAU(E) and AMAU(W) Portering Services Manager</p>	<p>Completed 28/01/2020 Ongoing monitoring</p>
		<p>Datix report completed Waste now stored in a</p>	<p>Ward Manager</p>	<p>Completed 04/02/2020</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		locked room whilst awaiting collection Collections of confidential waste to be undertaken daily rather than weekly.	Portering Services Manager	Completed Collections started 10/02/2020
Review and monitoring of implementation of the entire action plan		Monthly meetings with clinical leads and hospital directors to review completion of action plan	Matrons/Heads of Nursing/ Estates management/ Clinical Directors with Hospital Directors	To start by 14/02/2020 Monthly updates to be provided by Unit Nurse Director to Health Board Executives

Service / health board Representative:

Name (print): Mark Madams

Role: Unit Nurse Director, Morriston Hospital

Date: 10/02/2020