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Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	25th May 2021	Agenda Item	4.5
Meeting	Quality & Safety Committee		
Report Title	External Inspections Report		
Report Author	Hazel Lloyd, Head of Patient Experience, Risk & Legal Services		
Report Sponsor	Pam Wenger, Director of Governance		
Presented by	Hazel Lloyd, Head of Patient Experience, Risk & Legal Services		
Freedom of Information	Open		
Purpose of the Report	This report provides the Committee with a summary in respect of activity relating to external inspections and letters from inspectorates from 1 September 2020 to April 2021		
Key Issues	<ul style="list-style-type: none"> • HIW programme of work for 2021-2022 together with strategy and operational plan – Appendix 1. • A Tier 1 inspection at Gorseinon Hospital on 4 September 2020. No immediate improvement plan is required. One issue relating to clinical supervision was identified and action has been taken to address this. The final report was received on 1 October 2020. • A Tier 1 inspection at Morriston Hospital Ward B on 9 September 2020. The completed improvement plan was accepted by HIW as sufficient assurance and the final report was issued on 1 October 2020. • A Tier 1 inspection at Morriston Hospital, Cyril Evans Ward on 9 September 2020. No improvement plan is required and two suggestions were made for consideration. Final report received 7 October 2020. • A Tier 1 inspection at Singleton Hospital (Oncology) on 3 November 2020. 5 areas for improvements were identified and the Final report was issued 3 November 2020 • A Tier 1 inspection at Neath Port Talbot Hospital MIU was carried out on 17 November 2020. The Final report was received on 2 March 2021 • A Tier 1 inspection at Morriston ED on 17 March 2021. An immediate improvement notice was issued. The draft report contained 8 actions and the improvement plan is due for return to HIW by 28 April 2021. 		

	<ul style="list-style-type: none"> • A Tier 1 inspection at Bryn Afon (Ferndale) on 13 April 2021. Awaiting draft report • HIW have carried out a review of WAST services. The HB completed self-assessment forms were returned on 20 April 2021 • Joint review of Child Protection Services - A formal notice will be provided on Monday 17 May 2021. • National Review of Mental Health Crisis Prevention in the Community. Meetings to be carried out in June & July 2021 <p>Correspondence update on :</p> <ul style="list-style-type: none"> • Ward T Concerns • HMP Swansea Prison • Maternity Services Review • Mass Vaccination Centres 			
Specific Action Required (please choose one only)	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>
Recommendations	<p>The Quality and Safety Committee are asked to:</p> <ul style="list-style-type: none"> • NOTE the contents of the report. 			

External Inspections Report

1. Purpose

This report provides the Committee with a summary in respect of activity relating to external inspections and letters from inspectorates from 1 September 2020 to 20 April 2021.

From August 2020, all inspections carried out by HIW are Tier 1 Quality Checks, which are conducted remotely, and are designed to provide fast and supportive feedback.

HIW are currently planning their work on a quarterly basis and have provided the provisional planned programme of Quality Checks/Programmes of work.

Setting	Type	Confirmation & Information Request	Quality Check Date
Singleton Hospital (Oncology)	Hospital	20 October 2020	3 November 2020
Neath Port Talbot Hospital (MIU)	Hospital	4 November 2020	17 November 2020
Morriston Hospital ED	Hospital	23 February 2021	17 March 2021
Bryn Afon (Ferndale)	LDs Unit	30 March 2021	13 April 2021
WAST	Joint	1 April 2021	April – May 2021
Child Protection Arrangements	Joint	12 April 2021	17 May 2021
Mental Health Crisis Prevention in the Community		23 April 2021	June/July 2021

HIW have also provided the Health Board with their programme of work, together with their strategy and operational plan for 2021-22.

The HIW four priorities are unchanged:

- to maximize our impact;
- to take action where standards are not met;
- to be more visible
- to develop our people and organisation to do the best possible job.

HIW envisage that the impact of COVID-19 on their work will continue to be significant for the coming year. However, as the vaccination programme protects more and more of the population, HIW focus will be to return to their full range of assurance and inspection activities, building on their enhanced ways of working, to both take action where standards are not met but to also support a broader recovery of health and care services. The HIW strategy and operational plan sets out the approach to achieving this as well as how they will move forward as an organisation in a number of important areas.

2. External Inspections

2.1 HIW Inspections:

Update: All inspections undertaken since June 2017, have been reviewed and updates/confirmation of completed improvement plans has been received. **Appendix 2** details the services which have had an inspection and RAG grades each action plan in terms

of present position. In total 22 action plans have been submitted to HIW of which 5 are green and fully completed and 7 are amber which means there are actions which are still progressing in line with the set target date. Some action target dates have had to be revisited as a result of the impact of the pandemic on services abilities to fully complete the actions.

HIW Quality Checks

The HIW quality checks focus on four key areas: COVID-19 arrangements; environment; infection prevention and control; and governance.

HIW key lines of enquiry are as follows:

- To ensure that there are sufficient numbers of appropriately trained staff on the ward to provide safe and effective care
- To ensure that the risk of infection is assessed and managed to keep patients, visitors and staff safe
- The ward environment is safe and protects patients from harm, and maintain patient dignity

2.1.1 Gorseinon Hospital

A Tier 1 Quality Check was carried out on 4 September 2020. HIW found that the overall service provided safe and effective care.

In terms of positive findings, HIW found:

The hospital has been following the COVID-19 Infection Prevention and Control and the Use of Personal Protective Equipment (PPE) guidance produced by the Health Board to help protect against the transmission of coronavirus throughout the ward. A specialist Infection Control Nurse has been visiting the ward weekly throughout the COVID19 pandemic to ensure that policies and procedures are being complied with. The nurse also undertakes weekly checks of the ward in relation to infection control and the Ward Manager confirmed that all issues raised by the nurse have subsequently been addressed.

Changes have been made to the environment of the ward due to the onset of Covid-19, and risk assessments are undertaken to ensure the ward is safe and suitable.

Staff have added their names to the top of their PPE equipment such as visors, to help improve communication with patients and to help make it easier to identify staff members providing their care.

The hospital has continued to ensure patient needs are met and that patients are involved in discussions about their care. Activities are planned to help engage patients and aid with their recovery. During lockdown and visiting arrangements, patients were able to stay in touch with their families virtually using I-pads gifted to the hospital.

Management arrangements are in place to ensure that there are sufficient numbers of appropriately trained staff on the ward to provide safe and effective care. The amount of staff on shift increased during the COVID-19 pandemic due to the higher level of needs of patients at the hospital. It was noted that staff have been flexible and shown a willingness to adapt and take on extra responsibilities.

In terms of service improvement, HIW suggested the following improvement:

- Staff last received clinical supervision under previous management in 2018. The ward manager confirmed that plans were in place to train senior staff as clinical supervisors and restart the programme; HIW would expect this to be implemented as a priority to help develop staff (due date July 2021).

Update 24.3.21: Matron has set up a Clinical Supervision plan which spans over the next 6 months. To date one member of staff has received formal clinical supervision, the roll-out plan has been affected due to COVID and the associated workforce impact. However, informal supervision continues to take place. The full roll-out of formal clinical supervision will be completed by July 2021.

2.1.2 Morriston Hospital Orthopaedic Surgery, Ward B

An inspection was carried out on 9 September 2020. In terms of positive findings, HIW found:

Evidence of up to date infection control policies, including COVID-19 infection control policies, such as the COVID-19 Patient Testing and Management Pathway and the Adult Patient Pathway for Patients Recovering from COVID-19. HIW were satisfied that the Health Board were reviewing COVID-19 cases to identify learning and that they had a plan to adopt the All Wales Methodology once approved by the Nosocomial1 Group. There was good evidence of hand hygiene and regular audits and PPE management was well organised.

Good communication between staff and patients, patients included in plan of care.

A pilot in relation to visitors had been introduced on the ward, to help with patient mood, especially for those patients who have been on the ward for a considerable time.

Staff well-being sessions had been arranged in the hospital gym, to support the well-being of staff during the pandemic.

Staff shortages have been covered by nurse practitioners, nurses from the fracture clinic and with the assistance of student nurses, through the pandemic. There have not been any instances of staffing below the requirements of the Nurse Staffing Levels (Wales) Act 2016.

In terms of service improvement, HIW suggested the following improvements:

- A review of Falls Prevention, following a deep dive that was completed for patients over 65. No evidence was provided on the action taken as a result of the score being under 50%
- An action plan to be put in place following the Ward Fundamentals of Care Safety Audit that had been undertaken on 14 Jul 2020. The audit showed that nutritional assessments had not been completed on three patients. There were no written records of any action taken as a result of this
- To review staff training levels for Safeguarding Children Level 2 (current training levels are 45.1%) by December 2020

HIW advised that the improvement plan has provided them with sufficient assurance.

2.1.3 Morriston Hospital Cardiac, Cyril Evans Ward

An inspection was carried out on 9 September 2020.

HIW found that the service provided safe and effective care. It was noted that ward function had changed since the start of the pandemic and staff had embraced this change with enthusiasm. HIW noted that ward management were proud of the adaptability demonstrated by staff.

The following positive evidence was received:

During the COVID-19 pandemic, ward IPC audits have been supplemented by additional audits, which are undertaken by the local IPC group, who are staff not based on the ward. These audits scored positively in a number of areas.

There are facilities on the ward to isolate patients with COVID-19 where required, and that isolation risk assessments are carried out. This includes identifying the level of risk of transmission and ensuring staff use the correct PPE. Non-COVID-19 related infection rates on the ward appear to be appropriately managed.

Safe staffing has been maintained at all times and the temporary rostering of an additional nurse on each shift during the height of the pandemic has helped the ward team to further support patient needs.

PPE Management was well organised.

No specific improvements were identified. However, HIW suggested advisory comments for the Health Board to consider as follows:

- The Health Board is advised to consider how it can further support and maintain these staffing arrangements, particularly as the pandemic progresses.

Update 24.3.21 - Cyril Evans had an uplift following the NSA review and now has 5 qualified on an early and late Monday to Friday which equates to an additional 1.4 WTE being funded.

- The Health Board is advised to consider how it utilises space on the ward with a view to provide single sex toilet facilities, where possible

Update 24.3.21 - Cyril Evans Ward placed the issue of single sex toilets on the risk register (on 2.9.2020 - risk rate 9). Consideration on how to provide additional space for toilets cannot be facilitated without considerable structural works that will impact on three ward areas, this was not deemed viable during COVID pandemic. The aim is to reassess the footprint of the ward post pandemic

2.1.4 Singleton Hospital Oncology

A Tier One quality check was carried out on 3 November 2020. HIW found that the service provided safe and effective care and the following positive evidence was received:

- The process described to HIW of screening and testing patients for the Covid-19 virus, demonstrates the ward has taken measures to manage patient admissions as safely as they can.
- There is an official pathway in place for the safe screening of in-patients with suspected COVID-19.
- There is a clear process for dealing with staff who have suspected COVID-1, demonstrating that staff are confident in applying the process they have in place to minimise any risks of COVID -19 transmission which might come from staff.
- The ward has access to PPE. Training is provided by champions on the ward who have been trained to show staff how to safely don and doff PPE and provide advice and support to help maintain safe standards.
- They have allocated two side rooms equipped with toilets and showers to isolate patients with suspected or confirmed COVID-19. In the event these rooms are not available, patients can be transferred to ward 16 in Singleton Hospital which is currently being used as a cohort COVID-19 ward.
- Routine visiting is not permitted at present and the ward day room is closed. These measures help prevent cross contamination and transmission of the virus.
- Upon admission to the ward, consultants provide a virtual consultation with patients. This maintains social distancing whilst identifying all patient needs.

Environment

- Ward 12 has recently had Perspex screens installed in patient bays.
- The ward recently had a new intercom system installed at the entrance to the ward to enable them to monitor and manage people accessing the ward.
- Patients are able to access a chaplain service for their religious needs.
- The ward aims to discharge a patient as soon as they are medically fit and it is safe to do so.
- There are no current problems or delays with discharge from ward 12 at the present time.

Infection Prevention & Control

- Up to date Infection Control and Covid19 policy
- Audits are being conducted
- Hand hygiene compliance (with the requirement for staff to be bare below the elbow)
- Cleaning audit tool used – 99.44 % compliance
- IPC audit identified the ward environment was clean
- A review of patient equipment identified items were clean and labelled, sharp items were being disposed of safely in contaminated waste facilities, linen was being stored and handled appropriately and signage was in place to provide guidance on social distancing.

Governance

- Ward 12 has been nominated and will be receiving an award for outstanding contribution to learning and development on the 25 November 2020.
- The staffing roster is planned six weeks in advance on the live system "Allocate". The ward uses bank and agency staff to support safe staffing levels.

- A practice development nurse is responsible for staff training. Evidence that staff are compliant with mandatory training including in areas including IPC, resuscitation, health, safety and welfare, safeguarding, equality, diversity and equal rights.
- A tissue viability nurse provides specialist advice and supports the review of pressure ulcers
- Staff have access to a Wellbeing Policy, wellbeing Unit and the occupational department.

In terms of service improvement, HIW suggested the following improvements:

- Poor compliance with the completion of assessments, care plans and skin bundles in respect of Pressure Ulcers. The health board must provide HIW with evidence that confirms staff have been adequately trained to assess and monitor patient pressure ulcers and that the completion of assessments and care plans has improved and is subject to regular audit and management review

Update 24.3.21:

100% of available staff have been trained in PURPOSE T.

100% of available staff have been trained in Pressure Ulcer prevention.

Unannounced peer review audit completed by the senior TVN on 10th February 2021 noting an overall improved compliance. 100% compliance noted for pressure ulcer risk assessment and 100% for care plans.

- HIW requires assurances that the health board assesses and analyses the reasons for patient falls and every effort is made to prevent and reduce harm.

Update 24.3.21 - All falls identified as causing moderate harm or above are investigated and presented at Cancer Services falls panel. If identified as avoidable then incident will be progressed under Putting Things Right regulations. 100% of available staff have been trained in falls policy and documentation.

- HIW require assurance that action has been taken which demonstrates that resuscitation equipment is effectively maintained so that it is safe to use.

Update 24.3.21 - Area reviewed by senior estates officers and Assistant Director of H&S. Trolleys now stored in under counter storage area. The review identified that satisfactory control measures in place.

- HIW require assurance of what action the ward took at the time to ensure learning from this finding and to ensure that practices have improved. (Issue that nurse had not removed PPE after leaving a patient room).

Update 24.3.21 – Addressed with individual. Re-audit completed, learning shared. 100% staff training in IPC level 1 & 2. Covid19 monitoring tool completed twice weekly

- HIW require assurance and evidence to confirm the level of mandatory and other training compliance is improved and meets health board requirements.

Update 24.3.21 - Completed

2.1.5 NPTH MIU

A Tier 1 Quality Check was carried out on 17 November 2020. During the check, HIW were provided with evidence that indicated significant improvements had been made in MIU, in relation to the patient experience and safe and effective care. The HB provided evidence to show they had implemented the improvements noted in their action plan and had made further improvements.

The following positive evidence was received:

Health promotion displayed (using QR codes), TV available to provide information

Water available on request (waiting for a drinking water fountain)

In terms of service improvement, HIW suggested the following improvements:

- The HB is required to provide MIU with the official procedure that identifies the process by which the safe use of portable electrical appliances and equipment is risk assessed

Update 26.3.21 – Policy regarding PAT has been developed and approved

- The HB must provide HIW with assurance that the risk assessment of falls for patients attending MIU is conducted in line with HB policy, national standards and evidence based guidelines in order to reduce avoidable harm.

Update 26.3.21 – Audit carried out, compliance 93% (bi-annual audit of falls to commence)

- The HB is required to provide assurance that action will be taken to install a convex mirror in the children's waiting room in MIU in order to protect the welfare and safety of children.

Update 26.3.21 – Convex mirror installed

2.1.6 Morriston Emergency Department

The HIW Tier 1 Quality Check took place on 17 March 2021. During the assessment HIW identified an issue of concern in relation to compliance with mandatory training and issued an immediate improvement notice. A review was undertaken in terms of the actual position of the training compliance and how incomplete/inaccurate information had been provided to HIW during the Quality Check. The Workforce & Information Systems Manager reviewed the compliance of mandatory training in the Emergency Department and this information was uploaded to HIW on Friday 19 March 2021 and is provided below:

Mandatory Training Compliance and accessibility of the data to staff will be an agenda item on the Quality & Safety & Governance Group ("Q&SGG") for the meeting on 30 March 2021. The Q&SGG will hold the Service Group Directors to account for ensuring their staff can

access the Electronic Staff Record for the areas they are responsible for, provide their compliance levels with mandatory training and improvement plans, as required, will be monitored by the Q&SGG and reported to the Health Boards Management Board and Workforce & Organisational Development Committee.

Actual compliance figures are set out in black type and the information provided to HIW is in red type on the table.

Competence Name	Assignment Count	Required	Achieved	Compliance %
Equality, Diversity and Human Rights - 3 Years	145	145	107	73.79%
Fire Safety - 2 Years	145	145	111	19% 76.55%
Health, Safety and Welfare - 3 Years	145	145	114	78.62%
Infection Prevention and Control - Level 1 - 3 Years	145	145	112	9% 77.24%
Information Governance (Wales) - 2 Years	145	145	108	74.48%
Moving and Handling - Level 1 - 2 Years	145	145	99	20% 68.28%
Resuscitation - Level 1 - 3 Years	145	145	114	0-25% 78.62%
Safeguarding Adults - Level 1 - 3 Years	145	145	109	12% 75.17%
Children - Level 1 - 3 Years	145	145	124	32% 85.52%
Violence and Aggression (Wales) - Module A - No Specified Renewal	145	145	123	84.83%
Dementia Awareness - No Renewal	145	145	131	90.34%
Social Services and Well Being Act Wales Awareness (2014) - No Specified Renewal	145	145	124	85.52%
Violence Against Women, Domestic Abuse and Sexual Violence - 3 Years	145	145	86	59.31%
Sepsis	144	144	98	12% 61%
IV medications	110	110	65	47% 59.09%
Hand Hygiene	144	144	126	16% 88.71%
DOLS	145	145	109	9% 75.17%
MCA	145	145	109	13% 75.17%
IPC	144	144	126	87.71%
Safeguarding level 3 adults	110	110	17	15.45%
Safeguarding Children level 3	110	110	44	40%
Resuscitation level 1 above	145	145	114	78.62%
Resuscitation level 2 and 3	110	110	34	30.91%
NEWS	144	144	88	61%

The final report was received on 15.4.21. The following positive evidence was received: Several changes had been made to the dept/environment in response to the pandemic, including:

- one way system, red zones
- Access to PPE
- Resource allocated to triage to swab patients on arrival
- Handwashing/sanitising stations available
- Hygiene audits & Face to face training on HH and PPE
- Level of cleaning had increased
- Waiting rooms arranged to enable social distancing
- Provision of water/food for patients if hungry
- 2 additional roles to act as flow coordinators
- Saw evidence of numerous policies that reflected the changes made in response to Covid 19
- Access to wider hospital group systems to support service delivery
- Rota coordinator actively managing gaps in the Rota

- Consultant meetings weekly and some operate an open door policy
- Nurse wellbeing checks at handover
- Clinically vulnerable staff allowed to work from home

In terms of service improvement, HIW suggested the following improvements:

- The HB must ensure it accurately and consistently reports levels of tolerance and outlines the action it has taken or any progress made to achieve health board tolerance levels and national targets
- The HB must ensure action is taken to ensure staff are reminded of the need to be BBE and to provide training or learning as deemed appropriate (noted that a doctor & nurse were not compliant)
- The SICPs audit tool completed by the Infection prevention & Control Nurses for ED – whilst the outcome identified a high level of compliance, there was no context, detail or comments provided other than one issue that was referred to the Estates department. The health board must ensure that details are provided to confirm the time the audit is completed, the areas and equipment that were reviewed, number of staff observed, good practice, any issues arising and the action taken to address those issues.
- Compliance in IC dropped to 81% in Feb 2021. The health board should ensure all outcomes are supported with evidence and the action it plans to take to address the issues arising.
- IC audit 12.2.21 identified issues where ED was not wholly compliant with infection control. The health board must ensure the outcome of audits and any actions required are documented accurately and in full.
- Waterlow assessments – not completed in full. The health board must ensure staff are aware of the requirement to assess patients for pressure and tissue damage and to document the outcome of the assessment.
- Poor compliance with KSF. The health board must ensure staff receive a timely appraisal and confirm how the emergency department plans to improve compliance.
- Agency/ bank equate to 49% of workforce. HIW require assurance that the Health Board has a robust workforce plan in place acknowledging the need for recruitment and retention of nurses in the Emergency department.

The improvement plan was returned to HIW on 28 April 2021.

2.1.7 Bryn Afon (Ferndale)

HIW conducted a Tier One Quality Check of Bryn Afon (Ferndale) on Tuesday 13 April 2021. Awaiting draft report.

2.1.8 Welsh Ambulance Service Trust (WAST) Review

HIW have undertaken a review of WAST services. As part of the local review, WAST will consider:

- the impact of ambulance waits outside of Emergency Departments on patient safety, privacy, dignity and overall experience

The assessment will help HIW to understand the degree of insight each Health Board has into its own strengths and areas for improvement with its ambulance handover services. The

completed self-assessment documentation for Morriston and Singleton Hospitals was returned on 20 April 2021.

2.1.9 Child Protection Arrangements

HIW provided notice of a Joint Inspectorate review of Child Protection Arrangements - Neath Port Talbot County Borough Council within Swansea Bay University Health Board

A formal notice will be provided on Monday 17 May 2021, and a meeting for the inspectorates and partners has been provisionally arranged for Thursday 20 May 2021 at 11.00-12.30. This meeting will provide the opportunity for HIW to share the methodology in more detail and to address any questions partners may have.

2.1.10 National Review of Mental Health Crisis Prevention in the Community

HIW is currently undertaking a national review of Mental Health Crisis Prevention in the Community. As part of this review we will be engaging with professionals within each health board along with other organisations, which support the public with their mental health needs. There are two key areas for the professional engagement that are critical to the national review:

- A professional survey, for staff providing services to share their experiences with us anonymously
- Interviews with senior health board staff and service representatives.

Meetings to be carried out in June and July 2021.

3. HIW Correspondence:

3.1 Morriston Hospital

On 12 November 2020, HIW raised concerns over a patient's care in a Ward in Morriston Hospital. The concerns include:

- Confidentiality breach
- Patient care
- Patient harm

Safeguarding processes were followed.

The complaint investigation is now complete and the final response was sent to the family

3.2 HMP Swansea

An inspection of HMP Swansea (HIW attended in a supportive capacity to HMIP who led the inspection), identified concerns from a healthcare perspective, relating to medicines management, infection control and governance. The response and Improvement Plan was submitted to HIW on 14 October 2020. HIW have accepted the actions as providing assurance for the oversight of healthcare provision at the site. Since then however, HIW have been made aware of an incident that has occurred following an assault on a prisoner, where head injury protocols were not followed by medical staff tending to the victim. This incident has raised concern over the ability of healthcare services within HMP Swansea to keep the prisoners safe. A meeting between Health Board and HIW staff will be arranged to discuss assurance for the improvements which will be made

4. Reports:

12

Quality and Safety Committee – Tuesday, 25th May 2021

4.1 Maternity Services Review 2019/2020

The aim of the review was to provide a national picture of the quality and safety of NHS maternity services across Wales, to understand whether the care being provided is safe, and to identify wider learning to improve services for women and their families.

The phase one report is now complete and was published on 19 November 2020.

Findings to date show the quality of care that is being provided across Wales is generally good, and that the majority of women and families who use maternity services report positive experiences, delivered by a hugely committed and dedicated group of professionals.

Phase one of the review identified some issues in relation to aspects of maternity care that were outside the original scope of the national review. These key areas to focus upon relate to:

- Antenatal care – to consider the quality of care provided by community midwifery teams
- Postnatal care – to consider the periods after the birth and up to the stage of health visitor engagement
- Follow-up on some of the inspections undertaken as part of Phase One, to understand what progress is being made

Maternity Services have implemented an Improvement Plan in response to the recommendations. Phase Two will seek again to explore in relation to the above:

- The experiences of women, their partners and families. It will also explore the extent to which Health Boards across Wales:
- Provide safe and effective maternity services
- Understand the strengths and areas for improvement within their community maternity services

An update from HIW was received on 30 November 2020, in regards to the recent publication of the National Review of Maternity Services Phase One Report. HIW feel that there are further discussions needed regarding timescales. They met with the Heads of Midwifery (HoM's) the week before publication to give them a brief overview of the findings within the report. This meeting went extremely well with findings being taken on board by all. In the meeting HIW also advised that following on from the WG/HIW Learning Event being held on Wednesday, 2 December 2020, they would arrange to meet with all HoMs to look at timescales for sending back completed improvement plans.

The action plan was submitted to HIW on 19 March 2021, following approval by the Executive Nurse. Continuing to work towards completing the outstanding actions.

4.2 Mass Vaccination Centres (MVCs)

HIW carried out a check of a sample of Mass Vaccination Centres (MVCs) in Health Boards across Wales, including the Swansea Bay MVCs (Bay Field, Margam & Gorseinon) – An

improvement plan on the progress against the factors identified during the check were returned to HIW on 31.3.21

Issues identified during the check:

- Vaccines being left unsupervised and not checked between preparation and administration

SBU Monitoring - Weekly spot checks by clinical leads to monitor. Clinical supervisors on duty 12/7 to monitor and assure compliance

- No clinical or environmental audit activity

SBU Monitoring - Monthly audits/weekly spot checks

- Security, fire regulation compliance and emergency evacuation

SBU Monitoring - Fire Audit (all areas)

- Checks of resuscitation equipment

SBU Monitoring - Checklists available at resuscitation equipment site (checked daily)

5. Correspondence with Inspectorates:

Correspondence Summary	
Date	Correspondence Details
30/09/2020	Improvement Plan sent to HIW (Morrison Orthopaedic Surgery)
14/10/2020	Following the CHC Report of Healthcare Services at HMP Swansea, the completed Action Plan was submitted to HIW
08/01/2021	Improvement Plan sent to HIW (Singleton Oncology)
23/02/2021	Improvement Plan sent to HIW (NPTH MIU)
22/03/2021	Immediate improvement (training compliance) for Morrison ED sent to HIW
31/03/2021	MVC improvement plan sent to HIW
20/04/2021	WAST responses (Singleton/Morrison) sent to HIW
25/04/2021	WAST survey sent to ED for cascading

6. Recommendations:

The Committee is requested to note the contents of the report.

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>	
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
This report sets out performance against patient experience measures and actions being taken to improve the services that we provide.		
Financial Implications		
No implications to note.		
Legal Implications (including equality and diversity assessment)		
No implications for the Committee to note.		
Staffing Implications		
No implications for the Committee to note.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
No implications for the Committee to be notified of.		
Report History	Standing agenda item. Reported previously to the October Quality and Safety Committee	
Appendices	Appendix 1: HIW programme of work for 2021-2022 together with strategy and operational plan Appendix 2: Summary of Healthcare Inspectorate Wales Progress Against Action Plans	