

Mass Vaccination Centres Focused Inspections (Unannounced)

Splott and Holm View Centres,
Cardiff and Vale University Health
Board

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2021

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- Independent
- Objective
- Caring
- Collaborative
- Authoritative

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care

Promote improvement:

Encourage improvement through reporting and sharing of good practice

Influence policy and standards:

Use what we find to influence policy, standards and practice

1. What we did

Healthcare Inspectorate Wales (HIW) completed focused inspections of two mass vaccination centres within Cardiff and Vale University Health Board on 01 March 2021 and 02 March 2021. The following centres were visited:

- Splott Mass Vaccination Centre, Cardiff and Vale Therapy Centre, Splott Road, Cardiff, CF24 2BZ
- Holm View Mass Vaccination Centre, Holm Leisure Centre, Skomer Road, Barry CF62 9DA.

Our team, for the focused inspections comprised of two HIW Healthcare Inspectors and one clinical peer reviewer.

HIW explored how the services met the Health and Care Standards (2015).

Further details about how we conduct mass vaccination centre focused inspections can be found in Section 5.

2. Summary of our focused inspections

It was evident that a significant amount of work had been undertaken at pace by the health board to provide temporary environments with sufficient capacity to deliver their vaccination programme.

We were assured that, despite the unique environments of the sites we visited, appropriate arrangements were in place to enable them to function as mass vaccination centres.

Patients who completed the HIW survey provided very positive feedback of their experiences at the centres.

However, we did require some urgent remedial actions to be taken during our visits, and found that the governance arrangements underpinning the continuing safe delivery of the programme could be improved.

This is what we found the service did well:

- Volunteers and clinical staff spoke to patients in a friendly and respectful manner
- Both centres allowed for safe social distancing, and the flow of patients throughout the centres was efficient and timely
- Patients were being assessed for symptoms of COVID-19 before being allowed to enter the centres
- Non-registered vaccinators we spoke to felt that their registered supervisor was always there to discuss any concerns they had when needed.

This is what we recommend the service could improve:

- Review reconstituted vaccine storage and traceability to maintain safe practice
- Review and strengthen staff awareness of evacuation procedures in the event of an emergency

- Ensure patients receive appropriate and consistent clinical assessment prior to receiving their vaccination
- Ensure all staff have signed acknowledgement of the Patient Group Direction
- Remind staff to adhere to the health board's uniform policy
- Review audit activities be undertaken to maintain patient safety
- Revise the standard operating procedure for each centre to ensure they accurately describe the agreed processes for each centre
- Ensure vaccinators have completed the relevant training requirements to competently provide vaccinations to patients.

3. What we found

Background of the service

In response to the COVID-19 pandemic, the health board has worked at pace to plan and deliver a mass vaccination programme across the region to the priority groups set out by the Welsh Government.

A number of delivery models for administering vaccinations was identified, including mobile teams out in the community, use of GP surgeries and the repurposing of health and local authority buildings into mass vaccination centres.

Five mass vaccination centres were initially set up and were in operation from December 2020. These included one of the centres we visited, Splott Mass Vaccination Centre in Cardiff. Around the time of the focused inspections, the five centres had administered approximately 150,000 vaccinations. At the time of our focussed inspections, the Splott centre was administering second doses of the Pfizer BioNTech vaccine to patients, and Holm View was administering the Oxford Astra Zeneca vaccine.

Quality of patient experience

We invited service users to complete a survey on their experiences, to ensure that the service users' perspective is at the centre of our approach to inspection. We looked at whether patients were being treated with dignity and respect, and received timely and accessible information.

We invited patients who had received their vaccinations at the mass vaccination centres to complete an online survey about their experiences. The survey was promoted by posters displayed within the centres and through HIW's social media channels. A total of 253 patients completed the survey within Cardiff and Vale University Health Board.

Overall, patient feedback very positive, with most respondents stating their experience was excellent. Respondents told us that they had received clear communication from the health board prior to their appointment.

Nearly all patients felt that they were able to maintain their dignity and privacy during their appointment. All but two of the patients shared that infection prevention and control measures were followed well where appropriate, for example, social distancing and appropriate hand hygiene measures. Furthermore, the majority of respondents said that the centres were clean and tidy.

Dignified care

We observed volunteers and clinical staff speaking to patients in a friendly and respectful manner at all times during both of our focused inspections. In both centres, patients were seated in a large waiting area before being called forward by staff for their vaccination.

We considered how the environment of each centre would allow for dignified and private care to be delivered to patients receiving their vaccination. Both centres allowed for privacy and dignity to be maintained, through the use of screens and sufficient space between patients.

Patient Information

We saw that patients were kept informed by staff about what to do at each stage of their journey through the centres which meant patient flow throughout the day was efficient and timely.

We were informed that translation services could be accessed should patients wish to communicate in a language other than English or Welsh. We saw that patients were given a vaccination card that recorded their name, batch number and date of their vaccines. We were told that patients are provided with information leaflets following their first vaccination that informs patients on possible side effects and when to seek help if required. The health board should ensure that where needed, such information is available to patients whose first language is not English or Welsh.

Improvement needed

The health board must ensure that where a first language is not English or Welsh, information in the patients chosen language is available if requested.

Delivery of safe and effective care

We considered the extent to which the centres provide high quality, safe and reliable care centred on individual patients.

Safe care

Managing risk and promoting health and safety

It was clear to see that a great deal of planning and preparation had been invested into the transformation of the two centres we visited, ensuring suitability for staff and patients. We found that the centres were visibly well maintained, clean, appropriately lit and ventilated. They were also well organised with a maintained stock of medical consumables.

We looked at the security measures in place within both centres and observed that on multiple occasions, the exit door of the Splott centre was left unattended and unlocked. We also noted that when the exit door was being supervised, the security personnel was not in a position that ensured the door was in their vision at all times. This posed a risk to the security of staff, patients and vaccine stocks.

We also observed internal fire doors within the Splott centre being wedged open. This was not in line with normal fire safety guidance which states that doors can only be held open with the means of an automatic releasing hold-on device, specifically designed and installed to close the doors in the event of fire. We checked the fire risk assessment and also noted that the information provided was not in line with our findings.

We reviewed the arrangements for evacuation in the event of an emergency in both centres. Although we noted there to be an evacuation plan in place in both centres, not all staff had signed the plan to confirm they had read and understood its contents. We were also advised that there was no formal evacuation policy in place. From discussions with staff we were not assured that staff were aware of the correct evacuation procedure to follow in the event of an emergency.

Our concerns regarding the issues detailed above were dealt with under our immediate assurance process. This meant that we wrote to the service immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix B.

We noted that any fluids or products hazardous to health were appropriately stored securely to maintain patient safety.

Infection prevention and control

We observed staff at the entrance to the centres assessing patients for COVID-19 symptoms before allowing entry which was noted to be good practice. Patient safety was also maintained through promotion of social distancing and the requirement of wearing face coverings or masks within the centres, unless patients were exempt to do so.

There were several hand washing and sanitising points throughout the centres and staff were also observed to be using these facilities inbetween patients. We also noted that personal protective equipment, such as aprons, were changed after every fourth patient. We observed appropriate guidance in infection prevention and control (IPC) measures displayed for staff across both sites. Staff were seen to be adhering to the standards of being Bare Below the Elbow¹, however, some staff were found to be wearing jewellery which was not in line with health board uniform policy.

We also considered the cleaning measures in place within the centres and we were advised that a cleaner was on site throughout the day. They were tasked with general cleaning of the facilities and also the touch point cleaning and sanitisation at regular intervals. We also observed staff actively cleaning vaccination cubicles and chairs and found these to be cleaned to high standards. There was sufficient cleaning consumables available to maintain the cleanliness of all areas and waste segregation and disposal was noted to be in line with the health board guidance in place.

We were told that audit activities were not being undertaken at the centres. This included clinical audits such as IPC and hand hygiene, and also environmental audits. These are a vital part of governance to ensure compliance with required standards and to maintain patient safety.

¹ Best practice is for staff involved in direct patient care to be bare below the elbow, this includes wearing short sleeved clothing, not wearing jewellery (with the exception of a plain wedding band), wrist watches, nail polish or false nails.

Our concerns regarding the issues detailed above were dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided in Appendix B.

We were told that all staff were trained in IPC, that clinical leads were able to provide support on each shift and that the health board's IPC lead was available if required. It was also pleasing to be advised that all staff within the centres had received their COVID-19 vaccine and if staff experienced any symptoms, they would immediately be referred for testing. We were told that a roll out of lateral flow device testing was underway, but had not yet been implemented at the centres we inspected.

Improvement needed

The health board must ensure that:

- Staff are reminded of the uniform policy and adherence is monitored through regular audits
- Further roll out of lateral flow testing for staff should be considered.

Medicines management

We considered whether the vaccine could be safely delivered to patients in a timely manner. We found in both centres there were sufficient supplies of both the Pfizer-BioNTech and Oxford Astra Zeneca vaccines to vaccinate all patients that were booked in. We were provided with the COVID-19 Vaccination Medicines Management standard operating policy and the Patient Group Direction (PGD) for the administration of the vaccines. Both documents provided the guidance and framework to ensure the health board and the staff administering the vaccine meet the regulatory and legislative requirements governing the use of vaccines. These documents were also supported with a range of other standard operating procedures around delivery, storage, preparation and administration of the vaccines within the centres. We noted, within both centres, that some staff administering the vaccines had not signed the latest version of the PGD. Without the signed confirmation of reviewing the PGD, we could not be assured that the most up-to-date best practice was being followed.

Improvement needed

The health board must ensure that staff review and sign the most recent version of the PGD associated with the vaccine being administered to maintain safe and effective practice at all times.

We reviewed the preparation of vaccines in both centres. We noted this took place in a separate pharmacy room, with vaccines being reconstituted² and syringes being placed in blue trays. The trays did not contain any traceable information such as batch number or expiry. The trays were then transported by staff to a central table in the vaccination area.

We could therefore not be assured during our visits that the process in place at each centre was in line with the National Protocol for safe administration of COVID-19 vaccines due to the lack of appropriate checking of vaccine details, such as batch number and expiry, at the point of administration. Our concerns regarding this issue were dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided in Appendix B.

We also considered whether the centres had adequate facilities to store and appropriately manage the vaccines. During our focused inspections it was noted that each centre had lockable storage rooms and lockable fridges. We did however observe within the Splott centre a bag of wasted vials left out on one of the locked fridges. This was escalated immediately to the Vaccination Lead and we were advised that they had been spoiled for valid reasons and appropriately logged, however staff were unsure why they had not been immediately disposed of. This issue was immediately rectified and details can be found in Appendix A of this report.

Adrenaline² was also observed to be available within each vaccination cubicle and all registered staff we spoke to advised that they had been appropriately trained in the administration if required.

Medical devices, equipment and diagnostic systems

We saw that emergency resuscitation equipment was available within each centre which was found to be in line with the Resuscitation Council (UK)³ guidelines. Weekly checks were being undertaken on the automated external defibrillator (AED) and all other equipment to ensure they remained safe to use

² Adrenaline is a medicine used for the treatment of serious shock produced by a severe allergic reaction or collapse.

³ <https://www.resus.org.uk/>

and that consumables were within a safe date range to use in the event of an emergency.

Effective care

Safe and clinically effective care

We considered the arrangements for caring for patients in the event of an emergency such as an anaphylactic reaction⁴. During our focused inspections, staff told us if assistance was required, shouting for help would be effective due to the nature of the centre set up within open plan areas. We were also told, and observed, the team leader overseeing all cubicles during our focused inspections. Appropriate post vaccination processes were in place, and in the event of an emergency, the patient would be cared for in line with health board policy and Resuscitation Council (UK) guidance.

We noted inconsistencies in clinical assessment⁵ prior to vaccine administration. We noted comprehensive assessments taking place by registered vaccinators, however, this was not the case for unregistered vaccinators who were not always elaborating on questions when required. This was escalated to the team leader during the focused inspections and we were assured that the clinical supervisor would ensure appropriate questioning is taking place through continued training and supervision.

Improvement needed

The health board must ensure that continued supervision, training and support is given to vaccinators who are not registrants to ensure the safety of the patient and to promote continuous development in their role.

⁴ An anaphylactic reaction is a severe, potentially life-threatening allergic reaction. It can occur within seconds or minutes of exposure to a medication.

⁵ Clinical assessment in vaccination is the collecting information and drawing conclusions through the use of observation and interviews with the patient to determine suitability of the procedure to be performed.

Record keeping

Through discussions with staff and senior managers, together with observations by the clinical peer reviewer, we noted that records were maintained electronically on the Welsh Immunisation System (WIS) within both centres. The system developed by the NHS Wales Informatics Service enables the health board to receive information on the amount of vaccinations delivered to track progress and monitor patient uptake across the health board vaccination programme. We observed appropriate interaction between staff and patients ensuring verbal consent was obtained before administering the vaccine.

Quality of management and leadership

We considered how the centres are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care.

Prior to the onsite element of our inspections we requested evidence and information from the health board in relation to the governance of the vaccination programme. We saw documentation that evidenced the structures in place to oversee the delivery of the COVID-19 vaccination programme across the health board. Upon speaking with staff during the focused inspections, they also confirmed that they were aware of the leadership structure within the health board. We were also provided with documents such as training data, programme board documents and risk management evidence which gave an overview of the services being offered in advance of the focused inspections.

We were provided with the standard operating procedures created for the mass vaccination centres that had been operational from December 2020. These set out the local arrangements in place at the centres to ensure the safe delivery of all aspects of the vaccination process. However, during our focused inspections, staff working in either centre could not provide us with a copy of the standard operating procedures for their centre. We also noted that infection prevention and control measures in place at the centres did not reflect those outlined in the standard operating procedures. We discussed this with senior staff who confirmed that the standard operating procedures were not accurate. The health board must review the standard operating procedures for each mass vaccination centre and ensure they accurately describe the agreed processes for each centre.

Improvement needed

The health board must:

- Provide assurance that staff are aware of the relevant standard operating procedures for the centres at which they work, and have read and understood its contents
- Review the standard operating procedures for each mass vaccination centre and ensure they accurately describe the agreed processes for each centre.

Staff and resources

Workforce

It was evident that the ongoing identification and availability of workforce, and long term access to suitable venues, will be key challenges faced by the health board in relation to delivering the vaccination programme. During our focused inspections we saw that an appropriate number of volunteers, administrative and clinical staff were on site to safely deliver the vaccinations booked in on those days.

We were informed that the organisation of staffing rotas was currently being managed centrally, and we were advised by staff that this appeared to be working effectively.

We were told that registered clinical staff were responsible for supervising up to five non-registered vaccinators at a time. In both centres, clear detail was provided on information boards to highlight which registrant was responsible for non-registrants within their working hours which was found to be good practice.

While registered clinical staff were not providing direct one to one supervision, the non-registered vaccinators we spoke to within both centres did not find this to be an issue, and they felt that their supervisor was always there to discuss any concerns they had when needed.

We were told that short 'safety huddles' are held every morning and afternoon for senior clinical staff to communicate key points, issues and actions to staff. The health board should consider how staff arriving for later shifts can receive these updates to a similar extent to ensure they are kept as informed as other staff.

New vaccinators must complete the relevant training requirements and be assessed as competent by allocated supervisors before being able to vaccinate unsupervised. Staff with existing vaccination skills must complete the same training requirements but can use the COVID-19 vaccinator competency assessment tool to self-assess and identify any additional training needs. We were told that all clinical staff receive an induction pack before starting their role.

During the focused inspections, the health board was asked to disseminate a staff questionnaire to all staff working within the two centres we visited. We received 51 completed questionnaires with responses being very positive. All but one member of staff stated that they had received adequate information for them to carry out their roles, however, around five percent of the clinical staff advised that they had not completed some of the training required. Furthermore,

around a fifth of the staff shared that their competencies had not been signed off prior to commencing in their role.

Improvement needed

The health board must ensure to maintain patient safety, staff have completed all required training and competencies before commencing within their role. Evidence of this should also be recorded and easily obtainable.

We saw changing facilities for staff in both centres and we were told that staff were encouraged to follow the uniform policy when arriving on site and also leaving at the end of the shift, however as previously detailed, this was not found to be the case where the wearing of jewellery was observed. We also saw suitable break and refreshment areas where staff were able to take breaks throughout their shift. The majority of staff who completed the staff questionnaire shared that well-being and safety within the teams was very positive with staff health being highlighted as a priority of the health board.

4. What next?

Where we have identified improvements and immediate concerns during our focused inspections which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the focused inspections.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other mass vaccination centres in the health board. This includes findings from appendices A, B and C.
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect mass vaccination centres

Our focused inspections of mass vaccination centres are usually partly announced. This means we will tell the health board we will be visiting a number of centres in a particular time period, but will not give any further information. The health board can then prepare some of the information we need in advance. This reduces the amount of time we need to spend on site, and means the focused inspection causes as little disruption to patients and staff as possible.

Feedback is made available to service representatives at the end of the focused inspection in a way which supports learning, development and improvement at both operational and strategic levels.

We check how the centres are meeting relevant parts of the [Health and Care Standards 2015](#). We consider other professional standards and guidance as applicable.

These focused inspections capture a snapshot of the standards of care within mass vaccination centres.

Further detail about [how HIW inspects the NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
Wasted vials of vaccine were found to be stored on top of a locked fridge within the pharmacy room of the Splott Mass Vaccination Centre.	Wasted vials could have been used in error by staff who may have been unaware of the reason for their inappropriate storage, meaning a risk of inappropriate and unsafe administration.	Escalated immediately to the mass vaccination centre lead during the focused inspection.	The wasted vials were immediately disposed of and the lead advised that staff would be reminded of the appropriate procedure to follow in future.

Appendix B – Immediate improvement plan

Centres: Splott and Holm View Mass Vaccination Centres

Date of inspection: 01 – 02 March 2021

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
<p>Within both centres we reviewed the preparation of vaccines which was noted to take place in separate pharmacy rooms. The pre-filled syringes were then observed to be transported by staff to a central table in blue trays.</p> <p>The syringes in each tray were observed to be unlabelled and therefore did not have associated details such as vaccine, diluent,</p>	<p>Health and Care Standards 2.1 / 2.6 / 3.1 / 3.2 / 3.5 / 5.1</p>	<p>Current position</p> <p>Preparation and drawing up of the vaccines in a separate pharmacy room as part of the MVC operating model was a decision which was discussed and agreed by the programme operational group based on minimising the risk of critical volume measurement by using a quieter/calmer location.</p>	<p>D Baker, Director of Pharmacy Services, C&V UHB</p>	<p>Complete</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<p>appropriate checking of vaccine particulars, batch number and expiry. This is also contradictory with advice provided to HIW by PHW advising that vaccinators should check the particulars before administration.</p> <p>Action Required:</p> <p>The health board are required to review this process in line with the National Protocol and provide assurance that the process has been amended and implemented for all mass vaccination centres across the health board in line with the protocol requirements for when the vaccine is to be administered by a person other than the person preparing it.</p>		<p>is no risk of the wrong drug being used.</p> <p>Since the HIW inspection the pathway has been reviewed and time cards have been introduced by MVC Pharmacy leads across all sites to ensure that the time from drawing up to use of the vaccine is able to be noted and vaccine delivered as quickly as possible in time order. This is to ensure that the vaccine is not left for any longer than 15 minutes from draw up to injection.</p> <p>Regular audits and safety checks will be undertaken of the use of the Time card.</p> <p>The CAV vaccine SOP is in line with the National Protocol and the vaccine details i.e. brand, batch number and expiry date, are shared with all</p>		<p>Daily basis</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		vaccinators via a notice in each pod at the start of each session		
<p>We were told that audit activities were not being undertaken in either of the sites we inspected. This included clinical audits such as infection prevention and control and hand hygiene, and also environmental audits. These are a vital part of governance to ensure compliance with required standards and to maintain patient safety.</p> <p>Action Required:</p> <p>Implement a programme of audits at all mass vaccination centres across the health board to ensure the environment is safe and appropriate and that healthcare is being provided in line with best practice standards and guidance.</p>	<p>Health & Care Standard 2.1 / 2.4 / 3.1 / 3.3 / 3.5</p>	<p>A schedule of Audits has been put in place with immediate effect on a weekly basis for the following</p> <ul style="list-style-type: none"> • IPC • Environment • Resus Trolley • Citizen Experience <p>The environmental audit will identify the Fire regulations requirements.</p>	<p>Senior Nurse MVC's</p>	<p>Completed</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>responsibility should they be required to undertake Fire evacuation should they be required.</p> <p>Ensuring that all staff on shift are aware of fire exits and the evacuation notices has now been included within the daily shift responsibility for the shift lead for the day</p>		Now in place
<p>We looked at the security measures in place within both centres and observed that on multiple occasions, the exit door of the Splott centre was left unattended and open. We also noted that when the exit door was being monitored, the security guard was not in a position that ensured the door was in their vision at all times. This posed a risk to the security of staff, patients and vaccine stocks.</p> <p>Action Required:</p>	Health & Care Standard 2.1	<p>Immediate arrangements were put into place for military personnel to cover the Security guard breaks to ensure there was continuity for the whilst the contract for security staff was being renegotiated to include cover for staff breaks.</p> <p>Security arrangements have now been reviewed at Splott MVC and a plan has been put in place to ensure that</p>	MVC Operational Managers	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<p>Provide HIW with evidence that the security measures in place at all entry and exit points for all mass vaccination centres across the health board will be appropriately monitored and secured.</p>		<p>there is a constant Security presence at both the front and back doors.</p> <p>The contracted security firm has confirmed by e-mail that 'whilst the centre is open for vaccinations there will always be a security officer on the back door (in the gymnasium area in which the vaccinations are given), the officer will be advised that they need to face into the room to monitor the vaccine area as well as controlling egress'</p>		
<p>During our discussions with staff in both centres we noted that some staff were unaware of the procedures in place to safely evacuate the premises. We saw that evacuation plans were displayed in both centres, however, not all staff had signed the evacuation plan to say they had read and understood its contents. We were also told</p>	<p>Health & Care Standard 2.1 / 3.2</p>	<p>Fire staff awareness sessions are going to be held during March and April 2021. These will include evacuation procedures.</p> <p>Fire safety is included in all staff induction at the MVCs. It is also an</p>	<p>UHB Fire Officer</p>	<p>March/April 2021</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<p>there was no evacuation policy that outlined the arrangements on what to do in the event of different types of emergency.</p> <p>Action Required:</p> <p>Provide HIW with evidence to demonstrate the introduction of an evacuation policy for all mass vaccination centres across the health board, including evidence of ongoing monitoring of staff awareness of the appropriate procedures to be followed in the case of an emergency.</p>		<p>annual mandatory requirement for all UHB Staff.</p> <p>UHB Fire Officer is satisfied with the Fire evacuation plans being available on site and providing Fire awareness sessions.</p>		

Service Representative:

Name (print):

Tracey Meredith

Role:

Vaccination Programme Lead

Date:

12 March 2021

Appendix C – Improvement plan

Centres: Splott and Holm View Mass Vaccination Centres

Date of inspection: 01 – 02 March 2021

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The health board must ensure that where a first language is not English or Welsh, information in the patients chosen language is available if requested.	4.2 Patient Information	<p>The UHB MVC Leads will work with PHW to obtain multi language leaflets when available for provision at all MVC's.</p> <p>The MVC centres to have access to UHB language and translation services for telephone/I pad and in person translation where required and highlighted.</p>	Senior Nurse/Immunisation Co-ordinators	<p>July 2021</p> <p>Now in place</p>
Delivery of safe and effective care				
The health board must ensure that staff are reminded of the uniform policy and	2.4 Infection Prevention and	1. Compliance and adherence to uniform policy to be reiterated at the Safety briefings at the start of each	Senior Nurse/Immunisation Co-ordinators	With immediate effect

Improvement needed	Standard	Service action	Responsible officer	Timescale
adherence is monitored through regular audits.	Control (IPC) and Decontamination	<p>shift during the service operating hours.</p> <p>2. Adapted 'Perfect Ward' audit to be undertaken weekly in every MVC by Clinical Lead/Supervisor.</p> <p>3. Senior Nurse to undertake monthly assurance audit in each MVC</p> <p>Uniform supply issues to be escalated to Procurement and management team leads as and when necessary, to expedite orders.</p>		<p>Weekly</p> <p>Monthly</p>
The health board must ensure that the roll out of lateral flow testing for staff is continued.	2.4 Infection Prevention and Control (IPC) and Decontamination	Lateral Flow testing has now been made available to all staff working in the MVC's. This is accessed on a voluntary basis and is not mandated.	Immunisation and Testing Deputy Manager	Now in place
The health board must ensure that staff review and sign the most recent version of the PGD associated with the vaccine being administered to maintain safe and effective practice.	2.6 Medicines Management	1. Most recent version of PGD and Protocol has been signed off by the Executive Team	Public Health Programme Lead/Director of Pharmacy	Now in place

Improvement needed	Standard	Service action	Responsible officer	Timescale
		2. Most recent version of PGD and protocol is now available in all MVCs 3. Clinical Leads and shift supervisors now actively confirm on each shift that staff are aware of and have signed the most up to date version	Immunisation Co-ordinators Clinical Leads	Now in place Now in place
The health board must ensure that continued supervision, training and support is given to vaccinators who are not registrants to ensure the safety of the patient and to promote continuous development in their role.	3.1 Safe and Clinically Effective care	Supervision of non-registrants is now covered in the daily safety briefing and paperwork is in place to ensure that Registrants are clear who they are supervising on a shift by shift basis. A Regular programme of updates and refresher training will be provided to all staff groups including non-registrants.	Immunisation coordinators	Ongoing – review end May 2021
Quality of management and leadership				
The health board must provide assurance that staff are aware of the relevant standard operating procedures for the centres at which they work, and have read and understood its contents.	Governance, Leadership and Accountability	The relevant Standard operating procedures to be made available in all centres and regularly reviewed as part of the weekly audit schedule.	Senior Nurse/Clinical Leads	3 rd May 2021

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board must review the standard operating procedures for each mass vaccination centre and ensure they accurately describe the agreed processes for each centre.</p>	<p>Governance, Leadership and Accountability</p>	<p>Overarching Standard Operating Procedure to be reviewed and specific site and processes highlighted.</p> <p><i>(A risk based decision has been made by the management team that separate documents would not be helpful to the staff who operate across all sites. All sites apart from Bayside operate in the same way. The vaccine delivery plan alters frequently and a flexible plan is required to meet changes in planning and deployment of staff resource.)</i></p>	<p>Head of Delivery</p>	<p>3rd May 2021</p>
<p>The health board must ensure that all staff have completed all required training and all competencies before commencing within their role. Monitoring of this should also be introduced to ensure adherence is maintained.</p>	<p>7.1 Workforce</p>	<p>Training and on-boarding process has been agreed.</p> <p>Administrative team oversee all staff on boarding and training and induction and staff are only rostered when they have been signed off by the MVC clinical leads or Immunisation coordinators</p> <p>Training passports are to be reviewed by the Immunisation coordinators regularly</p>	<p>Senior Nurse/Admin Lead</p> <p>Immunisation Co-ordinators</p>	<p>Now in place</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		and targeted support provided for staff not meeting the required standards.		

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Tracey Meredith

Job role: Vaccination Programme Lead

Date: 29 April 2021