

## **Mass Vaccination Centres Focused Inspections (Unannounced)**

Ravens Court, Bridgend and  
Cynon Valley Indoor Bowls  
Centre, Mountain Ash

Cwm Taf Morgannwg University  
Health Board

Inspection date: 03 – 04 March  
2021

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## Contents

1.	What we did .....	5
2.	Summary of our focused inspections .....	6
3.	What we found .....	8
	Quality of patient experience .....	9
	Delivery of safe and effective care .....	11
	Quality of management and leadership .....	16
4.	What next? .....	19
5.	How we inspect mass vaccination centres .....	20
	Appendix A – Summary of concerns resolved during the focused inspections	21
	Appendix B – Immediate improvement plan .....	22
	Appendix C – Improvement plan .....	29

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 Cwm Taf Morgannwg University Health Board on 03 March 2021 and 04 March 2021. The following centres were visited:

- Ravens Court, Brewery Lane, Bridgend, CF31 4AP
- Cynon Valley Indoor Bowls Centre, Dyffryn Road, Mountain Ash, CF45 4DA

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 and sufficient capacity to deliver their mass vaccination programme.

We were assured that, despite the unique environments of the centres we visited, appropriate arrangements had been established for each stage of the vaccination process, and that safe care was being provided to patients.

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
- Vaccines were being stored appropriately and were being manned by security staff
- An effective system was in place at both centres for the timely preparation and administration of the vaccination
- Patients received appropriate assessments and sufficient information prior to receiving their vaccination

- Non-registered vaccinators we spoke to felt that their supervisor was always there to discuss any concerns they had when needed
- Vaccinators had completed the relevant training requirements to competently provide vaccinations to patients.

This is what we recommend the service could improve:

- Check that patients' modesty, personal space and privacy is fully protected when receiving their vaccinations
- Ensure the flooring in the Mountain Ash centre is made safe and fit for purpose
- Review whether hand washing facilities for staff facilitate effective hand hygiene practices
- Remind staff to adhere to the health board's uniform policy
- Review the audit activities being undertaken to maintain patient safety
- Review the system in place to accurately record fridge temperatures
- Review the facilities to ensure patients receive privacy and dignity in the event of a patient emergency
- Revise the standard operating procedures for each centre to ensure they accurately describe the agreed processes for each centre
- Provide senior staff with more support when they are reassigned to work and lead in other centres.

## 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 were identified, including mobile teams out in the community, use of GP surgeries and the repurposing of existing buildings into mass vaccination centres.

Four mass vaccination centres were initially set up and were in operation from January 2021. These included one of the centres we visited, Ravens Court in Bridgend. Around the time of the focused inspections, the four centres had administered approximately 36,000 vaccinations.

Three more mass vaccination centres were subsequently opened and began administering vaccinations from March 2021; these included the second site we visited, Cynon Valley Indoor Bowls Centre in Mountain Ash.

During the time of our focused inspections, both centres were administering second doses of the Pfizer-BioNTech vaccine to patients.



## 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 have received their vaccination at mass vaccination centres to complete an online survey about their experiences. The survey was promoted by posters at the centres we visited and through HIW's social media channels. A total of 35 surveys were completed by patients within Cwm Taf Morgannwg University Health Board.

Overall, patient feedback was 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.

All respondents agreed that infection control measures were followed well where appropriate, for example social distancing, use of hand sanitisers and use of face masks. Furthermore, all respondents said that the centres were clean and tidy. The majority of respondents said that they had their vaccination within ten minutes of their appointment time.

### **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 Mountain Ash, patients were seated in a large waiting area before being called forward by name by staff for their vaccination. We spoke about this to staff and raised the possibility that not all patients would feel comfortable with their name being called out loud. Staff agreed to revisit these arrangements and proposed a different process while we were on site that better protected the confidentiality and privacy of patients. This, and other issues resolved during the focused inspections, are detailed in Appendix A.

The majority of patients who completed a HIW survey told us they felt able to maintain their dignity, privacy and modesty during their appointment. However, we noted that privacy screens weren't available in either centre we visited, and therefore other people were able to see patients receiving their vaccinations. In Bridgend, patients were sat quite close to each other. This meant that confidential medical information could potentially be heard by other patients.

The health board should consider whether the arrangements in place at each centre fully protect the modesty, personal space and confidentiality of patients.

#### Improvement needed

The health board must consider whether the modesty, personal space and confidentiality of patients are fully respected when receiving their vaccinations.

#### Patient information

We saw that patients were kept informed by staff about what to do at each stage of their journey through the centres we visited, which meant the flow of patients 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 arriving with a card that recorded the name and date of their first vaccine. We were told that patients are provided with information leaflets following their first vaccination that informs them of possible side effects and when to seek help.

All patients who completed a HIW survey said that they were happy with the way things were explained to them during their appointment and that they were given aftercare advice on what to do should they have an adverse reaction.

## 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. We were told that the health board ensured that each venue used as a mass vaccination centre was fully compliant with all health and safety policies and procedures before opening. We saw that both centres we visited allowed for safe social distancing, and that clear one-way systems were in operation for patients and staff to navigate throughout the venue.

Parts of the building in Bridgend were still being used by other organisations for office space, but we saw a clear separation in operation to ensure only patients and staff could access the clinical areas. The inside of the building was light, spacious and clean.

The centre in Mountain Ash had previously been utilised as a mass COVID-19 testing facility. This meant that a lot of planning and preparation had already been undertaken on the premises. However, during our visit we could see that there were issues with the temporary flooring that had been installed over the bowls pitches. The floor in places was uneven and the waterproof membrane had started to rip, leaving multiple trip hazards. Staff we spoke to were aware of the issues, but the health board must provide assurance to HIW on how the flooring will be fixed to ensure it is safe and fit for purpose.

We observed internal fire doors within the centre in Mountain Ash being propped open. Upon checking whether this was mitigated against in a fire risk assessment, we were told that one had not been undertaken of the premises in its use as a mass vaccination centre. Evidence of a fire risk assessment undertaken at the centre in Bridgend could also not be provided to us when requested. We saw that evacuation plans were in place in both centres, however, there was no record at Mountain Ash that staff had signed the evacuation plan to say they had read and understood its contents. Our concerns regarding these issues 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.

During our tour of the centre in Mountain Ash we saw hazardous cleaning materials were being stored in the female changing rooms. The key to the changing rooms was missing and therefore the room was not able to be locked. We escalated this issue to the site manager who arranged for the cleaning materials to be moved to a locked cupboard during our visit.

#### Improvement needed

The health board must ensure the flooring of the centre in Mountain Ash is repaired and made safe and fit for purpose.

#### Infection prevention and control

We observed staff at the entrances to both centres we visited assessing patients for symptoms of COVID-19 before allowing entry, which we noted as good practice. Patients were also reminded of the requirement to wear a mask unless they were exempt to do so. We saw that bottles of hand sanitiser were available at the entrances and at various places throughout the centres to encourage good hand hygiene.

We observed clinical staff wearing masks and sanitising their hands in between patients. Separate hand washing facilities for staff were not available near the vaccination stations at either centre; staff had to use the sinks within the toilets to wash their hands. In Mountain Ash, the toilet facilities were shared with the public, and staff had to physically open doors to get back to their vaccination station. The use of multiple touch points increases the risk of transmission of infection, and the health board must review the hand washing facilities at each mass vaccination centre to ensure they provide and facilitate effective hand hygiene practices.

In both centres we visited we saw clinical staff cleaning their vaccination station and chairs between every patient, and saw staff wiping down chairs after patients left the waiting areas.

In Bridgend, we saw that hand hygiene audits had been regularly undertaken to monitor staff compliance. We were told that further infection prevention and control (IPC) audits were being developed and were going to be implemented at each centre across the health board. We noted at each centre that some clinical staff were wearing jewellery and did not have their hair tied back. We discussed this with senior staff who confirmed that this was not in line with

standard IPC procedures. The health board must review the audit activities being undertaken at each centre to ensure they monitor compliance with all relevant standards to maintain patient safety.

We were told that all clinical staff must have completed IPC training before beginning their role as a vaccinator at any of the mass vaccination centres across the health board. Staff we spoke to at the centres we visited told us they had received their COVID-19 vaccine and that staff had access to lateral flow device tests in case they began to experience symptoms.

### Improvement needed

The health board must review the hand washing facilities at each mass vaccination centre to ensure they provide and facilitate effective hand hygiene practices.

The health board must remind staff to adhere to the health board's uniform policy.

The health board must review the audit activities being undertaken at each mass vaccination centre to ensure they monitor compliance with all relevant standards to maintain patient safety.

### Medicines management

We were provided with the COVID-19 Vaccination Medicines Management Policy and the Patient Group Direction for the administration of the Pfizer-BioNTech COVID-19 Vaccine document which provided the guidance and framework to ensure the health board meets the regulatory and legislative requirements governing the use of vaccines. This was supported by a range of other standard operating procedures around delivery, storage, preparation and administration. We were told that neither of the centres that we visited were experiencing any issues with delivery of the Pfizer-BioNTech vaccine.

We found suitable arrangements in place for the safe management of the COVID-19 vaccines at each centre we visited. Vaccines were being stored appropriately in locked fridges that were being manned by security staff. Temperature readings of each fridge were being recorded by staff and uploaded onto the electronic Welsh Immunisation System (WIS) for pharmacy colleagues to monitor. In Mountain Ash, these readings were being written on post-it notes and then taken back to the vaccination area to enter onto WIS. We found this system to have issues in relation to the potential of post-it notes being lost or mixed up. The health board should consider an alternative

approach in Mountain Ash that better protects the accuracy of the fridge temperatures being taken and recorded.

We saw that vaccines were being provided to vaccinators when they had one or two doses left to administer from their current vial. Registered clinical staff were responsible for drawing up the vaccine in front of non-registered vaccinators, who would observe and then administer the vaccine themselves. We noted that this system seemed to be working well at both centres.

#### Improvement needed

The health board should review the system in place within each of the mass vaccination centres to ensure the fridge temperatures are taken and recorded accurately onto WIS.

### Medical devices, equipment and diagnostic systems

We saw that emergency resuscitation equipment and adrenaline<sup>1</sup> was available within each centre to provide immediate treatment in the event of an anaphylactic reaction<sup>2</sup> or cardiac arrest following a vaccination. In Mountain Ash, we saw that some resuscitation equipment (such as face masks) was stored inside a bag that had been zip-locked and tagged with an expiry date by the resuscitation department at the health board. A tube of oxygen and an automated external defibrillator (AED) were stored alongside the bag in the resuscitation area.

In Bridgend, we saw a similar set-up. However, the bag of resuscitation equipment was open, and had not been zip-locked and tagged with an expiry date by the resuscitation department at the health board. We were told that checks of the contents of the bag were not being undertaken to ensure the contents were within their expiry dates and safe to use. We were told that checks of the AED were also not being carried out at either site.

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<sup>1</sup> Adrenaline is a medicine used for the treatment of serious shock produced by a severe allergic reaction or collapse.

<sup>2</sup> An anaphylactic reaction is a severe, potentially life-threatening allergic reaction. It can occur within seconds or minutes of exposure to a medication.

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

## **Effective care**

### **Safe and clinically effective care**

Our clinical peer reviewer obtained permission from some patients and staff to observe the care provided to patients at the vaccination station. We were assured at both centres we visited that patients received appropriate assessments to ensure they were suitable for the vaccination and that patients were provided with the right information to give informed consent prior to receiving their vaccination.

In Mountain Ash, we saw that a resuscitation area had been created behind screens by the waiting area to provide treatment and privacy to patients feeling unwell. A trolley with wheels was available to ensure patients could be moved away from the waiting area. In Bridgend, the resuscitation area was within a small stock room, and a trolley without wheels was located inside. The health board may wish to consider whether creating a resuscitation area similar to the one in Mountain Ash would be more beneficial in Bridgend.

In Bridgend, we noted that adrenaline was available within each vaccination station in order for it to be administered quickly in an emergency. In Mountain Ash, we saw a different arrangement, where adrenaline was only stored on separate desks at either end of the centre. We discussed these differences with senior clinical staff, who agreed that adrenaline would be administered more quickly to patients if it was also available within each vaccination station. We saw that staff were already starting to action this before we left the site.

### **Record keeping**

Clinical staff had access to their own laptop to electronically record details onto the Welsh Immunisation System about each vaccination they administer, such as the medical history of patients and information about the vaccine given. The system developed by NHS Wales Informatics Service enables the health board to receive information on the amount of vaccinations delivered to track progress with the vaccination programme and monitor patient uptake.

## 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.*

### **Governance, leadership and accountability**

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. However, our conversations with staff in Bridgend revealed an apparent lack of awareness around who the senior managers were who had responsibility for the delivery of the programme. We discussed this with the Senior Responsible Officer for the programme who informed us that they were in the process of visiting each of the mass vaccination centre sites across the health board. We welcomed this approach and would encourage regular contact between the senior managers and staff at each of the centres across the health board to improve communication and reporting of any quality and safety issues.

We were provided with the standard operating procedures created for the mass vaccination centres that had been operational from January 2021. The purpose of the document was to set out the local arrangements in place at each centre 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.

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.

## Staff and resources

### Workforce

From our discussions with senior staff it was evident that the identification and availability of workforce, and access to suitable venues, are ongoing challenges faced by the health board. Due to the fast changing nature of the vaccination programme, staff are often being redeployed to provide extra resources where needed. This has meant that continuity of the workforce at the centres has not always been possible. 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. However, some senior staff we spoke to felt that they had not always been supported by senior managers when being reassigned to work in other centres. The health board must ensure that senior staff are provided with sufficient support, and with information about the local governance arrangements, during their initial transition to working and leading in other centres.

We were informed that the organisation of staffing rotas was currently being managed centrally, however, we noted that this did not seem to be working effectively; some staff reported to us that communication on various aspects of the rotas could be improved. We were told that the organisation of the staffing rotas would shortly become the responsibility of senior clinical staff within each of the centres to manage locally. We welcome this change, as it should improve communication and transparency for staff working at each centre.

We were told that registered clinical staff were responsible for supervising up to three non-registered vaccinators at a time. In Mountain Ash, it was not immediately clear which staff were responsible for the non-registered vaccinators. The health board may wish to consider implementing a clearer system of displaying this for clarity, especially during shift handovers.

While registered clinical staff were not providing direct supervision, the non-registered vaccinators we spoke to at either site 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 for senior clinical staff to communicate key points, issues and actions to staff, which we noted as good practice. 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.

#### Improvement needed

The health board must ensure that senior staff are provided with support and information in relation to local governance arrangements when being reassigned to work and lead in other centres across 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 focused inspections

The table below summarises the concerns identified and resolved during our focused inspections.

Concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
In Mountain Ash, patients were seated in a large waiting area before being called forward by name by staff for their vaccination.	Some patients may not feel comfortable with their name being called out loud for personal reasons.	We spoke to senior clinical staff and the site manager about our concerns.	A new system of informing staff who was next in line for their vaccination was implemented without having to call out the name of each patient. The new system ensured the confidentiality and privacy of patients was better protected.
In Mountain Ash, hazardous cleaning materials were being stored in an unlocked room.	Patients or staff could come to harm if hazardous cleaning materials are accessible.	We spoke to the site manager about our concerns.	The site manager arranged for the cleaning materials to be moved to a locked cupboard during our visit.
In Mountain Ash, adrenaline was only stored on separate desks at either end of the centre.	There may be a delay in administering adrenaline to patients if they suffered an anaphylactic reaction at a vaccination station.	We spoke to senior clinical staff about our concerns.	Staff arranged for adrenaline to be stored at each vaccination station, which was in line with the arrangements in the Bridgend centre.

## Appendix B – Immediate improvement plan

**Centres:** Ravens Court and Cynon Valley Indoor Bowls Centre

**Date of inspection:** 03-04 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.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>During the focused inspections we looked at the resuscitation equipment available at both centres. At Cynon Valley Indoor Bowls Centre we saw that some resuscitation equipment (such as face masks) was stored inside a bag that had been zip-locked and tagged with an expiry date by the resuscitation department at the health board. A tube of oxygen and an automated external defibrillator (AED) was stored alongside the bag in the resuscitation area. However, we were told that checks of the AED were not being carried out to ensure it was still working and safe to use.</p> <p>At Ravens Court we saw a similar set-up. However, the bag of resuscitation equipment</p>	<p>Health and Care Standards 2.1 / 2.9 / 3.1</p>	<p>Each Community Vaccination Centre has been supplied with resus equipment according to local guidelines for emergency situations in the community.</p> <p>Defibrillator - daily check list developed by Senior Nurse &amp; implemented by Team Leaders ensuring time/date is clearly recorded and signed off by Clinical Supervisor. The CVC team leader/ sessional lead will be responsible for ensuring all staff are aware and complete the daily check. All Team Leaders have been briefed and</p>	<p>Senior Nurse &amp; Team Leaders</p>	<p>Completed</p>

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>was open, and had not been zip-locked and tagged with an expiry date by the resuscitation department at the health board. We were told that checks of the contents of the bag or the AED were not being undertaken.</p> <p>We could therefore not be assured that a system was in place at either centre to ensure that all equipment necessary for the resuscitation of patients was in good condition, within expiry dates and safe to use.</p> <p><b>Action Required:</b></p> <p>The health board must ensure that regular documented checks of the resuscitation equipment is being carried out at all mass vaccination centres across the health board in line with the Resuscitation Council (UK) guidelines.</p>		<p>have implemented the below daily check sheet as part of their daily routine.</p> <p>Resuscitation bags must be zip locked with an expiry date. Team Leaders across all 6 CVCs to check bags, where it is identified that zip locks/expiry date is not in place, Team Leader to contact Resus Department immediately with a view to rectifying as a matter of priority. All Team Leaders have been briefed and have implemented the daily check sheet as part of their daily routine.</p>		
<p>We looked at the arrangements in place to protect the safety and wellbeing of patients and staff at both centres. We observed internal fire doors within Cynon Valley Indoor Bowls Centre being propped open. We asked staff if any mitigations had been made within the fire risk</p>	<p>Health and Care Standards 2.1 / 3.2</p>	<p>Health and Fire Safety assessments were carried out at all venues prior to their commencement.</p> <p>These assessments have been referenced in the Community Vaccination Venues Governance</p>	<p>Wayne Lewis- Venues and Infrastructure Lead</p>	<p>Majority completed, with some due 27 March 2021</p>

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>assessment to allow for this and were told that a fire risk assessment had not been undertaken of the premises. Evidence of a fire risk assessment undertaken at Ravens Court could also not be provided to us when requested.</p> <p>During our discussions with staff at Ravens Court we noted that some staff were unaware of the procedures in place to safely evacuate the premises. We saw that evacuation plans were in place in both centres, however, there was no record at Cynon Valley Indoor Bowls Centre that staff had signed the evacuation plan to say they had read and understood its contents.</p> <p>We could therefore not be assured that the safety of patients and staff would be maintained in the event of an emergency at either centre.</p> <p><b>Action Required:</b></p> <p>Provide HIW with evidence that an immediate review and update of fire risk assessments has taken place for all mass vaccination centres across the health board to ensure that the safety of all persons within the buildings is maintained and that national guidance has been adhered to.</p>		<p>Pack which is a new Document that incorporates the two previous set of SOP's, clinical and non-clinical. The Governance pack was approved by the Vaccination Operational Board 11th March and the SRO.</p> <p>Please see below excerpts from the CTMUHB CVC Governance Pack Document which provides evidence to demonstrate a strengthening of existing arrangements and procedures and demonstrate ongoing staff awareness and appropriate procedures to follow in the event of an emergency below:</p> <p>Responsible Officer for Fire Safety and Evacuation</p> <p>We have made it explicit in each of the Venues SOP's that the Community Venues On Site Manager will now be the responsible officer for ensuring all staff, clinical and non-clinical staff read and sign to say they understand the Fire</p>		



Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>Provide HIW with evidence to demonstrate ongoing monitoring of staff awareness of the appropriate procedures to be followed in the case of an emergency.</p>		<p>Safety and Evacuation procedure (page 245). This has been deployed across all sites and now a documented part of the Venues On Site Managers role, documentation for each site is kept for audit purposes.</p> <p>“It is the responsibility of the Community Vaccination Venue Site Manager responsible for the day to day management of the service, to ensure all staff/volunteers read and sign to say they understand the procedure via the ‘Fire Safety Information Emergency Procedure - Signing Sheet’ provided in the Appendices section of the Community Vaccination Centres Governance Pack”.</p> <p>Each venue has their own Fire Safety and Evacuation Procedure which can be found in the Appendices, Appendix 6 (Page 228) - Individual Vaccination Centre Fire</p>		

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>Safety Information Emergency Procedures - contained within the Governance Pack.</p> <p>Venue Health and Fire Safety Assessments</p> <p>The Governance Pack now includes a Compliance Matrix which provides an assurance that appropriate Health and Fire Safety Assessments have been carried out at each vaccination venue. This can be found on Page 263.</p> <p>Mechanism to Update Staff on Procedures and Changes to Procedures</p> <p>Each member of staff will be given the opportunity to read the latest approved version of their venues SOP and given the opportunity to ask any questions regarding its contents with their line manager. Staff will then be asked to sign that they have read and understood all</p>		

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>the procedures and measures set out within the document. The signing in sheet can be found in Appendix 8, Page 245 - Generic Community Vaccination Centre Venue and Infrastructure SOP – Signing Sheet.</p> <p>ESF Fire Safety Training is recognised as core mandatory training. The Community Vaccination Centre Venues On Site Manager has now been nominated as the responsible officer for ensuring compliance for this training for clinical and non-clinical staff. An E-Learning training programme is currently being designed with the intention of staff receiving training by 27th March 2021.</p> <p>From 27th March onwards - New staff will undergo the E-learning Fire Safety Training as part of their induction process.</p>		

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): Clare Williams**

**Job role: Director of Planning and Performance and COVID Vaccination Programme  
Senior Responsible Officer**

**Date: 12 March 2021**

## Appendix C – Improvement plan

**Centres:** Ravens Court and Cynon Valley Indoor Bowls Centre

**Date of inspection:** 03-04 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
<b>Quality of the patient experience</b>				
The health board must consider whether the modesty, personal space and confidentiality of patients are fully respected when receiving their vaccinations.	4.1 Dignified Care	Clinical and site lead Operational Vaccination Board members have reviewed. Each vaccinator works within their own clinical space with each patient to maintain confidentiality. White clinical screens or a private vaccination room is available in all of the centres to maintain patient privacy and dignity when required. Through these actions patients modesty, personal space and confidentiality are respected.	Clinical Lead	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
<b>Delivery of safe and effective care</b>				
The health board must ensure the flooring of the centre in Mountain Ash is repaired and made safe and fit for purpose.	2.1 Managing risk and promoting health and safety	<p>This has been reviewed and discussed at both Strategic and Operational Vaccination Board Meetings.</p> <p>Following a decision made at Strategic Board on the 8<sup>th</sup> April, the entire floor at Cynon Valley Bowls was replaced on the weekend of the 24<sup>th</sup> and 25<sup>th</sup> April 2021.</p>	Programme Manager	Completed
The health board must review the hand washing facilities at each mass vaccination centre to ensure they provide and facilitate effective hand hygiene practices.	2.4 Infection Prevention and Control (IPC) and Decontamination	<p>Members of Operational Board along with colleagues from Infection, Prevention and Control (IP&amp;C) have reviewed the handwashing facilities at each vaccination centre to ensure that they provide the best solution given the temporary nature of the premises which are exclusively owned by 3<sup>rd</sup> party organisations.</p> <p>The current arrangements are satisfactory within these constraints, and regular IPC audits have been undertaken and will continue.</p>	IPC Senior Nurse	Completed
The health board must remind staff to adhere to the health board's uniform policy.		The Clinical Lead has reviewed this with the Team Leaders at each of the Community Vaccination Centres.	Clinical Lead	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>As a result of this, the importance of adhering to the 'All Wales Uniform Policy' has been reiterated to staff at each venue during the daily safety briefing.</p> <p>Monitoring and noncompliance will be addressed by the Team Leaders for each vaccination centre.</p>		
<p>The health board must review the audit activities being undertaken at each mass vaccination centre to ensure they monitor compliance with all relevant standards to maintain patient safety.</p>		<p>Community Vaccination Centre Leads (including the Programme Manager, Venue Lead and Clinical Lead) have reviewed this requirement and recognise that patient safety spans many areas and disciplines at a vaccination centre. We have incorporate a number of controls into the on inspection check list to ensure a high level of compliance.</p> <p>Clinical audit to be completed monthly will ensure patient safety standards are met, (see AG1 evidence below.</p>	<p>Venue Lead and Clinical Lead</p>	<p>Completed</p>
<p>The health board should review the system in place within each of the mass vaccination centres to ensure the fridge temperatures are taken and recorded accurately onto WIS.</p>	<p>2.6 Medicines Management</p>	<p>This has been reviewed by the Community Vaccination Centre Leads.</p> <p>As a result of this, the Clinical Lead has informed all Team Leaders of the requirements to accurately record the daily fridge temperatures on WIS in a timely manner. All team leaders have read the standard operating procedure which gives clear</p>	<p>Clinical Lead</p>	<p>Completed</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>instructions on how and when to record Fridge temperatures on WIS.</p> <p>Fridge temperature monitoring included in monthly clinical audit to ensure compliance with standards.</p>		
<b>Quality of management and leadership</b>				
<p>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.</p>	<p>Governance, Leadership and Accountability</p>	<p>This has been reviewed by members of the Operational Board. SOP's are reviewed in line with the prescribed frequency stated on the document. We also have a briefing sheet which Staff sign as and when they read the SOP. In addition, we have reviewed our Staff and Volunteer 'Safety Induction' process and content, and have implemented a new process whereby we capture signatures for all inductees.</p>	<p>Venue Lead</p>	<p>Completed</p>
<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>This has been discussed between Community Vaccination Centre Leads. As a result, a competent person involved in the operation of the vaccination centre reviews Standard Operating Procedures to ensure that they are current and relevant for the practices in place in line with the prescribed frequency stated on the document.</p>	<p>Venue Lead and Clinical Lead</p>	<p>Completed</p>



Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that senior staff are provided with support and information in relation to local governance arrangements when being reassigned to work and lead in other centres across the health board.	7.1 Workforce	<p>This has been discussed between the Community Vaccination Centre Leads and is being accomplished through a combination of:</p> <ul style="list-style-type: none"> <li>- Site Specific Staff Briefings and Induction,</li> <li>- Regular contact and communications with direct reports including updates from Strategic and Operations Board Meetings.</li> </ul> <p>Ongoing weekly team leader meetings being held with Senior Nurse and some operational board members. Team leaders receiving regular updates via meetings, emails and training sessions.</p>	Clinical Lead and Venue Lead	Completed

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): Stephen Robbins**

**Job role: Programme Manager**

**Date: 30 April 2021**