

Mass Vaccination Centres Focused Inspections (Unannounced)

Halliwell and Cardigan Centres,
Hywel Dda University Health
Board

Inspection date: 08 – 09 March
2021

Publication date: 27 May 2021

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk**

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	17
4.	What next?	20
5.	How we inspect mass vaccination centres	21
	Appendix A – Summary of concerns resolved during the inspection	22
	Appendix B – Immediate improvement plan	23
	Appendix C – Improvement plan	27

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 Hywel Dda University Health Board on 08 March 2021 and 09 March 2021. The following centres were visited:

- Halliwell Mass Vaccination Centre, University of Wales, Trinity Saint David, Carmarthen, Carmarthenshire, SA31 3EP
- Cardigan Mass Vaccination Centre, Cardigan Leisure Centre, Park Place, Cardigan, SA43 1AB.

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 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
- Reconstituted vaccine storage and traceability of the vaccine maintained safe practice.

This is what we recommend the service could improve:

- Consider whether patients should be assessed for symptoms of COVID-19 before being allowed to enter the centres
- Privacy within the vaccination bay should be reviewed to maintain dignified care
- Evacuation procedures in the event of an emergency should be reviewed and staff awareness strengthened
- Review variances in resuscitation equipment

- Monitoring the patient post vaccination waiting area
- Monitor staff awareness of the Patient Group Direction and signed audit trail
- Remind staff to adhere to the health board's uniform policy
- Review audit activities being undertaken to maintain patient safety
- Ensure the standard operating procedures 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 existing buildings into mass vaccination centres.

Around the time of the focused inspections, seven functioning mass vaccination centres were in operation that had administered approximately 150,000 vaccinations. Both centres we visited were administering second doses of the Pfizer-BioNTech vaccine to patients.

Quality of patient experience

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 33 patients completed the survey within Hywel Dda 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.

Nearly all patients felt that they were able to maintain their dignity and privacy during their appointment and all but two of the patients said that the aftercare instructions were explained to them during the appointment. The majority of patients also told us that infection prevention and control measures were followed well where appropriate, by following social distancing and appropriate hand hygiene measures. Furthermore, all 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. Although privacy and dignity was maintained to the highest standards possible, within the Cardigan centre we observed a member of the administration team within the vaccination cubicle on one occasion. However, the patient had not been introduced to the member of staff nor asked if they consented to them being present during the vaccination.

Improvement needed

The health board must ensure that patients are made aware of who is present at the time of the vaccination and ask for consent to proceed.

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 centres 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 the name 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 consider 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 evident 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 found these to maintain the security of staff, patients and vaccine stocks.

We looked at the arrangements in place to protect the safety and well-being of patients and staff at both centres. We observed internal fire doors within both centres being propped 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.

During our discussions with staff at both centres we noted that some staff were unaware of the procedures in place to safely evacuate the premises. We also found that there were no evacuation plans in place in either centres.

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.

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

During our focused inspections, staff in both centres told us that they do not assess patients for COVID-19 symptoms before allowing entry. This increases the risk of transmission of infection by possibly allowing COVID-19 positive patients to enter the centres. However, it was pleasing to observe patient safety was maintained through promotion of social distancing and adhering to the requirement of wearing face coverings or masks within the units, unless they were exempt to do so.

We observed clinical staff wearing masks and sanitising their hands in between patients. Separate hand washing facilities for staff were available in the Cardigan Centre, however during our focused inspection we did not observe these being used. In the Halliwell centre staff had to use the sinks within the toilets to wash their hands, and 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.

We noted that personal protective equipment such as aprons and visors were available and used appropriately. We observed appropriate guidance in infection prevention and control (IPC) measures displayed for staff across both sites. However, staff were observed wearing long sleeved tops underneath their uniform which was not in line with health board policy to be Bare Below the Elbow¹.

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 these were found to be cleaned to high standards. However, we noted within both centres, patients were asked to clean their own chair before and after sitting. We observed two patients leaving without doing this, which poses a risk to IPC measures and patient safety.

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.

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. We were also advised by senior staff that support from clinical leads on each shift and the health boards 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, were to notify senior managers immediately.

Improvement needed

The health board must ensure that:

- Patients are assessed for Covid-19 signs or symptoms to reduce the risk of transmission
- Hand hygiene facilities are reviewed within each centre to ensure effective hand hygiene measures are available
- Staff are reminded of the uniform policy and adherence is monitored through regular audits
- Chair cleaning is reviewed to ensure IPC measures are adhered to at all times.

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 the Pfizer-BioNTech to vaccinate all patients 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 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 within the centres. We did however note that within both centres, not all staff administering the vaccines had 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 the vaccine in both centres, which took place on tables situated within the main vaccination areas. Audit traceability upon reconstitution¹ was seen and noted to be in line with the health board's policy and the National Protocol for safe administration of COVID-19 vaccines.

We also considered whether the centres had adequate facilities to store and dispense the vaccines. During our focused inspections we noted that each centre had lockable fridges, which were regularly checked in line with health board policy.

Portable oxygen cylinders were available for use in the event of a medical emergency, and were adequately checked, monitored and stored.

Adrenaline² was also observed to be available within each centre, however this was not available in each vaccination bay, nor within the post vaccination waiting area. Registered staff we spoke to advised that they had been appropriately trained in the administration if required.

Improvement needed

The health board must ensure that adrenaline is stored appropriately to ensure immediate administration can take place if required in the event of a medical emergency.

¹ Reconstitution: The process of adding a diluent to a vaccine to make the end product.

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

Medical devices, equipment and diagnostic systems

Weekly checks were being undertaken on the automated external defibrillator (AED) and all other equipment to ensure they remained safe to use and that consumables were within a safe date range to use in the event of an emergency. However, within the Halliwell centre the emergency resuscitation equipment checklist was not itemised, which did not allow for accurate checking to take place. We also noted variances in the emergency equipment available within each site. We reviewed the health board risk assessment and noted it did not clearly detail the rationale for what items were made available, as per Resuscitation Council (UK)³ guidelines.

Improvement needed

The health board must ensure that:

- The resuscitation and emergency equipment made available at each centre is in line with Resuscitation Council (UK) guidelines
- The risk assessment details the rationale for what equipment is made available.

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. Within the Halliwell Centre, 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. However, within the

³ <https://www.resus.org.uk/>

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

Cardigan centre we observed the post vaccination waiting area was not observed by staff. This posed an immediate risk in the event of a medical emergency. This issue was immediately rectified and details can be found in Appendix A of this report.

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.

Record keeping

Through discussions with staff and senior managers, together with observations by the clinical peer reviewer, we identified that records were maintained electronically onto 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 January 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 we could not be assured that the measures in place at the centres were in line with the standard operating procedures. We noted in particular that the IPC measures observed did not reflect those detailed within the standard operating procedures. We discussed this with senior staff who confirmed that the standard operating procedures were not accurate. Staff working in either centre could also not provide us with a copy of the standard operating procedures for their centre.

We also noted that the staff within both centres did not have full access to relevant information they required to effectively manage the day to day running of the centres in areas such as staff allocation, expected vaccination numbers and 'Did Not Attend' (DNA) data.

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 within the centres are given access to required data such as staff allocation, expected vaccination numbers and 'Did Not Attend' (DNA) data to ensure they are able to effectively manage the day to day running of the centres.

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. However, we saw that an appropriate number of volunteers, administrative and clinical staff were on site during both of our focused inspections 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 between one or two non-registered vaccinators at a time. In both centres, this detail of daily supervision was noted to be detailed on the daily allocation sheet.

We were told that short 'safety huddles' are held every morning for senior clinical staff to communicate key points, issues and actions to staff, however 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 were asked to disseminate a staff questionnaire to all staff working within the two centres we visited. We received 33 completed questionnaires with findings being very positive. All but two members of staff stated that they had received adequate training for them to carry out their roles, however half of the clinical staff advised that their competencies had not been signed off prior to commencing in their role.

Improvement needed

The health board must ensure that:

- Safety huddles are reviewed to ensure staff receive appropriate information throughout their working day
- 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.

Within both centres, staff advised us that there were no changing facilities available which meant that staff were arriving and leaving in their uniforms. The health board should consider the arrangements in place at each of the mass vaccination centres to ensure suitable and secure changing facilities are available for staff. We also saw suitable break and refreshment areas where staff were able to take breaks throughout the 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.

Improvement needed

The health board must ensure suitable and secure changing facilities are available for staff at each of the mass vaccination centres.

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
Within the Cardigan centre, patients who had received the Pfizer BioNTech vaccine were observed to be seated for 15 minutes post vaccination within a waiting area which was not appropriately overseen or monitored by staff.	Patients are asked to wait for 15 minutes post vaccination to monitor for side effects, however patients were placed at risk in the event of a medical emergency not being acted upon immediately.	Escalated immediately to the mass vaccination centre lead during the focused inspection.	A table and one member of staff were immediately placed within the waiting area to monitor all patients during their 15 minute post vaccination observation time. We were also told that the centre would ensure this area is monitored throughout every shift.

Appendix B – Immediate improvement plan

Centres: Halliwell Centre and Cardigan Leisure Centre Mass Vaccination Centres

Date of inspection: 08 – 09 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				
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.	Health & Care Standard 2.1 / 2.4 / 3.1 / 3.3 / 3.5	Audits of all MVCs completed using the audit tool devised for the area and shared with HIW as part of the self-assessment evidence. As explained during visit this will form the rolling audit programme for each centre managed by the Centre Coordinator and County Leads.	Programme Lead	Completed 12.3.2021

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<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>Audit programme to be developed which includes all centres being utilised as a Mass Vaccination Centre.</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 both centres being propped 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. Evidence of fire risk assessments undertaken at both centres could also not be provided to us when requested.</p>	<p>Health and Care Standard 2.1</p>	<p>All sites to be re-reviewed by appropriate Fire Officer and outcome of review used to inform approach in each centre.</p> <p>Fire Risk Assessments to be reviewed and evacuation plans for each building put in place.</p> <p>An alarm sounded at the Halliwell Centre on 10th March which required full evacuation of the centre. The alarm sounded prior to the start of the clinical session, with no issues or exceptions noted from the local evacuation policy.</p>	<p>Programme Lead</p> <p>Programme Lead</p>	<p>Completed 15.3.2021</p> <p>Completed 15.3.2021</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<p>During our discussions with staff at both centres we noted that some staff were unaware of the procedures in place to safely evacuate the premises. We also found that there were no evacuation plans in place within both centres.</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>Action Required:</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>Provide HIW with evidence to demonstrate ongoing monitoring of staff awareness of</p>		<p>Co-ordinators at each MVC to include reference to health & safety in the daily safety huddle to ensure staff awareness of arrangements.</p> <p>Coordinators at each MVC to be advised that copies of daily safety huddles are to be signed and dated daily and kept locally at each centre by MVC leads.</p>	<p>Programme Lead</p> <p>Programme Lead</p>	<p>Completed 15.3.2021</p> <p>Completed 16.3.2021</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
the appropriate procedures to be followed in the case of an emergency.				

Service / health board Representative:

Name (print):

Bethan Lewis

Role:

Nursing, Quality and Patient Experience Lead - Transformation

Date:

16th March 2021

Appendix C – Improvement plan

Centres: Halliwell Centre and Cardigan Leisure Centre Mass Vaccination Centres

Date of inspection: 08 – 09 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.

Quality of the patient experience				
The health board must ensure that patients are made aware of who is present at the time of the vaccination and ask for consent to proceed.	4.1 Dignified Care	All patients are introduced to staff within their clinical space, the purpose of their role and to obtain their consent to continue with the vaccination procedure with those present. The MVCs are in the process of reviewing the current system of recording vaccination data and will aspire to transition to a paperless system which reduces the overall number of staff within the direct clinical space	Clinical Lead	Complete

<p>The health board must consider that where a first language is not English or Welsh, information in the patients chosen language is available if requested.</p>	<p>4.2 Patient Information</p>	<p>Information in relation to the vaccine in patients chosen language is available at time of clinic from the PHE website and has been successfully used across two of our MVC's recently</p>	<p>Clinical Lead</p>	<p>Complete</p>
---	--------------------------------	---	----------------------	-----------------

Delivery of safe and effective care

<p>The health board must ensure that patients are assessed for Covid-19 signs or symptoms to reduce the risk of transmission.</p>	<p>2.4 Infection Prevention and Control (IPC) and Decontamination</p>	<p>All correspondence and website information locally and Nationally clearly identifies that people should not attend for their vaccination if they had any signs or symptoms of Covid-19. This is also reinforced within the invite letters.</p> <p>Each MVC will review the use of posters at the entrance of their buildings to inform patients they should not enter the premises if they have any signs or symptoms of Covid-19.</p>	<p>Clinical Lead</p>	<p>Complete</p>
<p>The health board must ensure that hand hygiene facilities are reviewed within each centre to ensure effective hand hygiene measures are available.</p>	<p>2.4 Infection Prevention and Control (IPC) and Decontamination</p>	<p>All facilities considered for use as a MVC are assessed for their access to handwashing facilities with the advice of our Infection Prevention & Control Team. Each of our 7 MVC's have been assessed as suitable venues for the provision of handwashing facilities</p>	<p>IPC Lead</p>	<p>Complete</p>
<p>The health board must ensure that staff are reminded of the uniform policy and adherence is monitored through regular audits.</p>	<p>2.4 Infection Prevention and Control (IPC) and Decontamination</p>	<p>All staff working within the MVC are advised of the uniform policy when recruited. Monitoring in place through audit.</p>	<p>Clinical Lead</p>	<p>Complete</p>

		At times when the conditions within the MVC, for example the drive through facility, are such that additional clothing is required to ensure staff are working in comfortable conditions there is a risk assessed approach to the approach to maintaining the uniform policy and infection prevention & control procedures		
The health board must ensure that chair cleaning is reviewed to ensure IPC measures are adhered to at all times.	2.4 Infection Prevention and Control (IPC) and Decontamination	Review of chair cleaning procedure completed and monitoring in place through the use of clinic staff to observe areas and promote patients to use cleaning equipment available and support cleaning where required. Audit in place to ensure environmental cleaning standards are maintained.	Clinical Lead	Complete
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.	2.6 Medicines Management	All MVC's have reviewed their PGD to ensure they have the most recent version and that each member of staff has read and signed a copy at each site that they work, regardless of whether they have signed in another MVC. A copy of the list of signatories is retained at each site. This is repeated each time a new version of the PGD is published. A similar process is in place for the National	Clinical Lead	Complete

		Protocol of each vaccine. In addition a monthly audit has been implemented to provide full assurance.		
The health board must ensure that adrenaline is stored appropriately to ensure immediate administration can take place if required in the event of a medical emergency.	2.6 Medicines Management	Each MVC has access to adrenaline for immediate administration if required. This is located with the 'Emergency Use' kit at one point in each MVC. At each change of staff a 'Patient Safety Huddle' takes place which identifies for staff starting their shift emergency issues such as fire exist, fire cylinders, emergency kit in case of Resuscitation and /or anaphylaxis. Staff are required to sign that they have understood and know the location of these items. Consideration was given to whether to locate adrenaline at each cubicle but the risk of tracking single ampoules, possible theft and/or damage, a single location is preferred. The use of screens are currently under review, and removal of these (for use in temporary situation e.g. reaction) will ensure greater visibility across the MVC, reducing further the potential risk of patient harm.	Clinical Director of Pharmacy & Medicine Management	Complete

<p>The health board must ensure that the resuscitation and emergency equipment made available at each centre is in line with Resuscitation Council (UK) guidelines.</p>	<p>2.9 Medical Devices, Equipment and Diagnostic Systems</p> <p>3.1 Safe and Clinically Effective care</p>	<p>As per Resuscitation Council statement January 2021 'Additional information for the treatment of anaphylaxis following vaccination'</p> <p>The recommended skills & equipment are available across all sites</p> <p>This will be subject to regular review by the Health Board Resuscitation Committee</p>	<p>Head of Simulations & Clinical Skills</p>	<p>Complete</p>
<p>The health board must ensure that the risk assessment details the rationale for what equipment is made available.</p>	<p>2.9 Medical Devices, Equipment and Diagnostic Systems</p> <p>3.1 Safe and Clinically Effective care</p>	<p>Risk assessment completed and will be reviewed at next Health Board Resuscitation Group</p>	<p>Head of Simulations & Clinical Skills</p>	<p>Complete</p>
<p>Quality of management and leadership</p>				
<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>Each MVC have up to date standard operating procedure packs for the safe preparation, delivery and disposal of vaccination. There is an identified Pharmacy lead for each MVC who is responsible for ensure the most up to date copy of the procedures area</p>	<p>Clinical Lead</p>	<p>Complete</p>

		available to staff and to support the Band 6 Clinical Coordinator to update staff and ensure they are understood		
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.	Governance, Leadership and Accountability	In addition to the Standard Operating Procedure packs available at each MVC the Health Board has an overarching Standard Operating procedure for vaccination which is currently undergoing a review and updates will be authorised at Bronze Vaccination Group	Interim Assistant Director of Public Health	May 2021
The health board must ensure the centres are given access to required data such as staff allocation, expected vaccination numbers and 'Did Not Attend' (DNA) data to ensure they are able to effectively manage the day to day running of the centres.	Governance, Leader and Accountability	Staff rota and allocation is available locally at each MVC and shared with teams on a daily basis. All MVC's have access to produce their own clinic lists for each vaccinating day. The lists are up to date as of that morning and will only identify those planned to attend. DNAs are managed locally by each MVC and are in line with the National directive of managing those not attending and maximising 'leaving no-one behind' ethos of the programme	Clinical Lead	Complete
The health board must ensure that safety huddles are reviewed to ensure staff receive appropriate information throughout their working day.	Governance, Leader and Accountability	Safety huddles are embedded into the MVC working day and reviewed to ensure staff feel adequately informed	Clinical Leads	Complete

		and remain current and up to date with the programme and local needs		
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.	7.1 Workforce	All staff receive full training prior to commencing their initial 'shadow shift' as an introduction to the MVC. There is additional monitoring provided by the Workforce Staff Development Team. Once start date agreed new staff immunisers will work supervised whereby the sign off of their competency, through the use of the competency assessment tool is completed. The introduction of the Band 6 Clinical Lead for each MVC and the Band 7 County Lead provide the monitoring to ensure adherence locally to the sign off process.	Clinical Lead	Complete
The health board must ensure suitable and secure changing facilities are available for staff at each of the mass vaccination centres.	7.1 Workforce	All buildings considered for use as an MVC are assessed for their facilities to promote staff wellbeing and rest. Where possible additional secure changing facilities are considered but may not always be possible given the location and size of venues. In these instances smaller areas suitable to support staff who wish to change on arrival or at end of their shift are identified and managed	Clinical Lead	Complete

		locally by Band 6 Clinical Lead with all team members		
--	--	---	--	--

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): Bethan Lewis

Job role: Interim Assistant Director of Public Health

Date: 26.03.2021