

**Draft ABMU Health Board Action Plan Following HIW Inspection on 27<sup>th</sup> October 2011 (Status 10/8/12)**

Issue Identified by HIW	Action(s)	Lead Manager(s)	Action Date/ Timescale	Progress/ Date Completed
<b>HEALTH BOARD WIDE ISSUES</b>				
Inadequate number of Hand washing sinks in bays (to meet HTM standards) across a number of wards within ABM University Health Board	Options for the Health Board to meet the HTM standards in relation to sinks to be mapped through in order that an Executive Team decision can be made	Assistant Director Planning, Capital Developments	31 <sup>st</sup> October 2012	Survey work will be complete by early October and a report will be prepared for the Director of Planning to present to the Executive Team.
The clinical rooms in two of the three wards visited had an unacceptable hand wash sink that did not meet HTM 64 – the model provides a potential opportunity for contamination of hands	The two sinks – wards F & W to be replaced with units meeting HTM 64 requirements	Site Estates Manager / Assistant Director Planning Capital Developments  Directorates	31 <sup>st</sup> October 2012	Costs Have been submitted to the Assistant Director Planning Estates.
	A full review of all clinical rooms to be undertaken to quantify areas that are non compliant with HTM 64 and a replacement programme implemented	Assistant Director Planning, Capital Developments	31 <sup>st</sup> January 2013	Survey work will be complete by the end of September and a report will be prepared for the Director of Planning
Significant problems with waste in terms of cupboards full, and bags overfilled and incorrectly secured. Linen/waste cupboards – stained in need cleaning of painting and refurbishment. No clear system on who cleans it when there is a problem – no ownership	Consideration to be given to refurbish the waste cupboards so that they are fit for purpose (similar to the CDU cupboard) – consideration of a shelf to segregate waste from linen to be explored	Estates Manager / Assistant Director Planning, Capital Developments / Assistant Director Estates	31 <sup>st</sup> December 2012	SON forwarded for inclusion within the Capital programme
	The ownership of the waste cupboards when shared to be agreed and cupboards to be checked to ensure meet required standards at least weekly	Operational Site Manager- Morrison Hospital	31 <sup>st</sup> March 2012	Proforma sent to all areas Spring 2012. Checks undertaken weekly by the Operational Site Manager
	Review management of waste to be undertaken considering collection times, storage and ownership to ensure safe storage or waste and appropriate/timely collections.	Head of Facilities	29 <sup>th</sup> February 2012	Waste cupboard cleaning regime in place once per week and is undertaken in conjunction with waste collection team. A further review on waste collections is required due to the increase in volumes of waste over the last few months.
Lack of waste posters on display.	Laminated waste posters to be erected across all wards & clinical areas within the Health Board	Waste Manager	29 <sup>th</sup> February 2012	Achieved: Posters have been distributed to all wards / Departments during March 2012
Domestic cupboards are dirty, contain inappropriate items and decanted fluids	Standards for the domestic cupboards to be agreed, disseminated to all domestics and implemented. Spot checks to be undertaken as part of monitoring of cleaning standards	Head of Facilities	31 <sup>st</sup> January 2012	Agreed and in place
	Consideration to be given to refurbish the domestic cupboards so that they are fit for purpose	Head of Facilities/ Site Estates Manager / Assistant Director Planning, Capital Developments / Assistant	December 2012	SON forwarded for inclusion within the Capital programme – estimated costs for this element of the work £46,000 + VAT

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		Director Estates		
Lack of storage space for wards on the Morriston site	All full review of storage on the Morriston site to be undertaken and storage options provided as part of the Health Vision Swansea programme	Assistant Director of Planning / Operational Site Manager	Ongoing linked to site re development	
High and low levels of dust	The costings of the required cleaning hours to meet the minimal frequencies of cleaning outlined in the National Standards of Cleanliness (2009) to be provided to the Executive Team for consideration	Head of Facilities	31 <sup>st</sup> January 2012	Costings outlined and options being worked through
Air Vents dusty	The process in relation to the external cleaning of the air vents to reviewed and process to be monitored through the monitoring and review processes	Head of Facilities	By 31 <sup>st</sup> January 2012	Annual vent deep clean by external contractor in place. Domestic staff dust/clean vents once a week.
Health Board wide issues to be quantified	A programme of Health Board wide environmental audits to commence in January 2012 and be completed by 31 <sup>st</sup> July 2012 and outcomes reported to the IC Board	Head of Infection Prevention & Control	Commence January 2012, complete by 31 <sup>st</sup> July 2012	Programme completed and audits commenced – outcomes reported to the IP Board via care metric report.
Hand Hygiene outcomes not displayed on ward's 'Know how you are doing boards'	Letter to be sent to all Ward Sisters / Charge Nurses to identify the immediate need to have a 'know how you are doing board' in a public area of the ward with the hand hygiene and other key infection control indicators displayed clearly	Director of Nursing	31 <sup>st</sup> January 2012	Achieved & discussed in Nursing & Midwifery Board
<b>CDU WEST (Lead Nurse Acute Medicine Lead)</b>				
<b>Environment-</b> The drug fridge in the clinical room was found to be unlocked	Wards sister to ensure that all staff are aware of the importance of keeping the drug fridge locked at all times and this is to be monitored by the Nurse in charge during each shift	CDU Sister	With immediate effect	Actioned- all staff made aware & Laminated poster erected to remind staff to keep fridge locked at all times. Co-ordinator is checking compliance
<b>Infection Control</b> –Minimal evidence that staff had received their mandatory infection prevention & control standard precautions training.	100% compliance with ward staff receiving their mandatory standard precautions infection prevention & control training.	CDU Sisters / Lead Nurse / Head of Nursing	31 <sup>st</sup> January 2012	91.2% of staff trained by 10/8/12- all staff have had dates for forthcoming training
Compliance of bare below the elbow for ALL staff.	<ul style="list-style-type: none"> <li>All ward Staff including Medical and Therapists to be aware of bare below elbow compliance</li> <li>100% Hand Hygiene Training undertaken</li> <li>Record monthly performance on Performance Indicators and feed back to all staff</li> </ul>	CDU Sister / Senior Clinical Nurse / Lead Nurse	31 <sup>st</sup> January 2012	Achieved- Ongoing training and monitoring Clinical Lead to raise in Consultants meetings. Individual staff members who are non compliant being seen on individual basis to discuss reasons. Staff informed via communication folder Unit manager undertaking twice monthly hand hygiene audits

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Over use of gloves/inconsistent	Correct use of PPI to be achieved across ward Hand hygiene audits and results to be disseminated	CDU Sister	31 <sup>st</sup> January 2012	Achieved- Know how you doing board now in entrance to CDU west. Unit has staff communication folder as well as office board
<b>Infection Control</b> - Lack of staff knowledge of Infection Control audit e.g. hand washing results.	Ward manager to ensure that all staff at ward level is aware of their audit results. To be included on 'know how we are doing boards' and disseminated through Ward meetings.	CDU Sister / Senior Clinical Nurse/ Lead Nurse	With immediate effect	Achieved- Know how you doing board now in entrance to CDU west. Unit has staff communication folder as well as office board
	Senior nursing team to audit knowledge of infection control rates and evaluate findings. Via metrics and ward walk about.	Senior Clinical Nurse/ Lead Nurse	With Immediate Effect	On going audits and monitoring in place
	Health Board circular re hand washing distributed to ward staff individually. Same to be signed for. Consultant staff also asked to re circulate information around hand washing to medical staff	CDU Sister	31 <sup>st</sup> January 2012	completed
<b>Waste- All areas</b> - Significant problems with waste in terms of cupboards dirty, and bags overfilled and incorrectly secured. This area is shared with 3 areas in total on temp basis whilst A&E refurbished.	Produce and commence a Rota for cleaning and monitoring of the waste cupboard	CDU Sister	With Immediate Effect	Achieved - Cleaning champion in place, cleaning rota updated and reviewed
	Staff to be trained /retrained to ensure aware of correct technique 1.e. swan necking and not overfilling.	CDU Sister	31 <sup>st</sup> January 2012	Achieved - Laminated posters displayed at ward level
	Waste Posters to be displayed	CDU Sister	31 <sup>st</sup> January 2012	completed
	To ensure that there is no sharing or loaning of plastic waste coded ties.	CDU Sister	With Immediate Effect	Immediate action taken – no issues identified since
	To ensure good use of space to ensure boxes collapsed before placing in the cupboard.	CDU Sister	With Immediate Effect	Achieved- All areas have been given appropriate safe knife to assist in dismantling card board. Staff discussion with porting team held in relation to waste management
Clinical Room lock has incorrect fitting.	Clinical Room Lock	Estates Manager / CDU Sister	31 <sup>st</sup> January 2012	Completed
Lack of waste posters on display.	Escalate to Head of Facilities as issues raised within the hospital Further request made for additional posters ( 10/1/12)	CDU Sister / Lead Nurse	Immediate	Completed – in place
Formal nursing cleaning schedule available but inconsistent completion e . Also areas of concern were	Review practice on Ward discuss and minute at ward meeting nursing cleaning schedule and importance of compliance with completion.	CDU Sister	Immediate/ Ongoing December 2011.	Achieved – continuous since

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<ul style="list-style-type: none"> <li>Blood splashed under Blood Gas Machine on Wall.</li> <li>One Mattress stained</li> <li>Portable Work station dirty</li> <li>Resus Trolley dusty</li> <li>Standing Aid Dusty</li> <li>Shelving dusty in Dirty Utility</li> </ul>	Allocate unit cleaning champions	CDU Sister	31 <sup>st</sup> December 2011	Actioned December 2011 Cleaning Champion HCW Dianne Williams Also commenced Transforming Care in Jan 2012
A stained mattress was identified	The Health Board procedures for checking mattresses to be undertaken on the ward and a mechanism for ensuring all mattresses are checked before beds are made up for the next patient to be implemented	CDU Sister / Senior Clinical Nurse	With immediate effect	Mattress immediately removed Quarterly Bed Audits undertaken by Lead Nurse and ward Staff member. Last done Feb 12
Cleaning products not in secure cupboard in dirty Utility	To ensure all staff aware of correct storage requirements for all products	CDU Sister	With Immediate Effect	Continuous monitoring of compliance by co-ordinator
Domestic Room cluttered and dirty with unidentified solutions stored inappropriately	Ward Manager to escalate to Domestic service Environmental audit shared with domestic services 9/1/12. actions discussed and agreed Senior nurse aware	Domestic Service Manager	With Immediate Effect	Daily check by Domestic Supervisor's introduced
<b>Ward F ( Lead Nurse - Lead)</b>				
<b>ENVIRONMENTAL</b>  The ward overall was a sub- optimal standard of cleanliness	Accountabilities and responsibilities in relation to the cleanliness of ward F at all times to be made explicit to all staff and monitored at least weekly by the Locality Senior Nursing Team.	Ward F Ward Sister / Senior Clinical Nurse / Lead Nurse	With Immediate Effect	Achieved- On going. Monthly Commode bundles audit undertaken by Lead Nurse. Cleaning book in place. Cleaning Champion appointed
	Spot IC audits to be undertaken monthly by the IC Team until 3 months reliability of acceptable standards are achieved- frequency then to reduce accordingly	Senior Infection Control Nurse / Head of Infection prevention & Control	With Immediate Effect & ongoing	Achieved regular audits undertaken and maintained and Executive unannounced spot checks also undertaken
Significant concern regarding insufficient space for storage resulting in cluttered feel to the environment  Inappropriate storage of equipment e.g. drips, sharps bins and also incontinence pads.	<ul style="list-style-type: none"> <li>Develop service change plans to review the environment and work systems in order that minimum infection control standards are met and risks to patients reduced: Inform estates of storage issues:                             <ul style="list-style-type: none"> <li>Improve storage in clean utility</li> <li>Improve storage in dirty utility</li> <li>Physiotherapy store cupboard</li> <li>Office</li> </ul> </li> </ul>	Ward F Ward Sister / Lead Nurse / Assistant Director of Estates / Assistant Director of Estates – Capital	31 <sup>st</sup> December 2011.	Ward commenced Transforming Care end 2011  Old sink removed & funding for work agreed and remedial work in progress
	Ward to undertaken Transforming care Programme with full Locality Support	Lead Nurse	1 <sup>st</sup> November 2011	Achieved - Ward Commenced Transforming care Programme & progress ongoing

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	A review of waste bins on the ward to be undertaken and those that are inappropriate and rusting to be replaced in line with Waste regulations	Lead Nurse	31 <sup>st</sup> January 2012	Achieved – new bins in place that meet regulation & IC requirements
Cluttered general bathroom inappropriate storage of equipment – e.g. Hoist and drip stands	All staff to be reminded of need to ensure only appropriate equipment stored in ward meeting and IC education	Ward F Ward Sister / Lead Nurse	31 <sup>st</sup> December 2011.	All staff notified
	Removal of the non longer required Manual Handling Hoist	Ward F Ward Sister	With Immediate Effect	Completed- Hoist Removed
	Removal of drip stands	Ward F Ward Sister	With Immediate Effect	Completed – drip stands removed
	Liaison with ward E regarding a rota for cleaning and monitoring shared cupboard	Ward F Ward Sister / Lead Nurse	31 <sup>st</sup> December 2011	Achieved- rota in place - This has now been implemented Hospital wide
	<ul style="list-style-type: none"> <li>• Costing for divider within cupboard to segregate linen and black bags and cardboard</li> <li>• Establish costings for respartex washable wall covering.</li> </ul>	Ward F Ward Sister / Site Estates Manager / Assistant Director of Estates	31 <sup>st</sup> January 2012	Estates have visited and are costing The Waste cupboards. Proposals and estimated costs for the upgrading have been submitted to the Assistant Director Planning (Estates)- Hospital wide review underway
	There is to be an Identified named individual identified on the off duty as being 'in charge' when the Sisters are not on duty	Ward F Ward Sister	With immediate effect	Achieved & in place
	Staff to be trained/retrained to ensure aware of correct technique i.e. swan necking and not overfilling.	Ward F Ward Sister	31 <sup>st</sup> December 2011	Achieved- Discussed at unit sisters meeting 02.2012. Ward Manager reinforcing procedure and daily checks of waste cupboard undertaken, checking correct waste disposal, signature recorded daily.
Light not working in linen cupboard	Light to be replaced	Ward F Ward Sister / Site Estates Manager	With immediate effect	Completed – light replaced 08/12/11
Lack of waste posters on display.	Waste poster to be displayed Poster for Swan ties displayed	Ward F Ward Sister	With Immediate Effect	Posters acquired, laminated and erected
Formal nursing cleaning schedule available but inconsistent completion and evidence of non adherence	<ul style="list-style-type: none"> <li>• Review ward cleaning schedule to ensure fit for purpose and review quarterly</li> <li>• Discuss and minute at ward meeting nursing cleaning schedule and importance of</li> </ul>	Ward F Ward Sister / Lead Nurse	Immediate/ December 2011.	Achieved- cleaning schedule in place and compliance and outcomes (cleanliness of items) monitored & recorded on care

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	compliance with completion. <ul style="list-style-type: none"> <li>• Allocate cleaning champion</li> <li>• Audit compliance with ward cleaning schedule weekly – check completed and items have been appropriately cleaned</li> </ul>			metrics
Cluttered dirty utility – Spare patient bowls stored inverted on tops of shelves. Incorrect storage of products (clean items)	Seek clarity regarding storage of patient bowls	Ward F Ward Sister	Immediate/ December 2011.	Actioned- bowls labeled not for patient use.
	All products to be stored correctly – remove clean items and store in appropriate place	Ward F Ward Sister	With immediate effect	Achieved
	Dirt Utility room to be 'wow'd' as part of Transforming Care programme	Ward F Ward Sister	To commence December 2011	Undertaken as far as possible within space constrictions
Not all beds had alcohol gel at the base	<ul style="list-style-type: none"> <li>• Audit of all beds to ensure holders and gels in place- acquire holders and replace gel immediately.</li> <li>• Liaise with IC and order any holders required</li> <li>• All staff needs to be aware of responsibilities in regards to use of gel dispensers via ward meeting</li> <li>• Audit tool for documentation of compliance</li> <li>• Include as part of Cleaning schedule</li> <li>• Review and share process when transferring beds</li> </ul>	Ward F Ward Sister	30 <sup>th</sup> November 2010	All replaced – also in weekly cleaning book & quarterly check audits undertaken by Lead Nurse
No information about hospital acquired infection on display	"Know How are we doing Board" to be erected and updated monthly	Ward F Ward Sister	31 <sup>st</sup> December 2012	Board now in place. Transforming care info board also in place.
	Order new racks for patient/public information and have fixed in corridor.	Ward F Ward Sister	31st December 2012	One rack in place, further rack to be ordered using endowment fund
<b>CLEANLINESS</b> High and low dust levels found on ward	Ward Sister to ensure monthly infection control ward audits undertaken and escalate immediately any cleaning deficits to facilities manager	Ward F Ward Sister	With immediate effect	Achieved – process in place
	To cost out the cost for increasing the cleaning hours on ward F to meet the cleaning frequencies outlined in the National Standards of Cleanliness (2009) and provide to the Executive Team for consideration	Head of Facilities	31 <sup>st</sup> January 2012	Report provided to IPB on HB wide cost of implementing minimum frequencies of cleaning outlined in revised NSOC
Sharps trays stained	<ul style="list-style-type: none"> <li>• To Include as part of cleaning schedule &amp; governance systems in place around it</li> <li>• To remind all disciplines of staff that it is their responsibility to fully clean trays after use</li> </ul>	Ward F Ward Sister	With Immediate Effect	Completed
Handrail found to be soiled (patient had just use facility)	To remind all staff that need to address any cleaning issues when identified	Ward F Ward Sister	With Immediate Effect	Actioned & ongoing

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Resuscitation trolley dusty	<ul style="list-style-type: none"> <li>• Include as part of cleaning schedule</li> <li>• To educate staff to dust replacement trolleys when collected for Rhesus</li> <li>• Staff to be reminded to clean resuscitation trolley as part of the daily check</li> </ul>	Ward F Ward Sister	With Immediate Effect	completed
Sharps box on trolley not compliant	Liaise with Resuscitation officer to ensure that his staff assembling sharps boxes do so correctly	Lead Nurse	December 2011	Completed
Oxygen and suction dusty	To be included as part of the ward cleaning schedule & governance systems put in place around it	Ward F Ward Sister	With immediate effect	Achieved- included
Trolleys used for patients' procedures and also used for dressings. Were found to be badly soiled.	<ul style="list-style-type: none"> <li>• Trolleys to be cleaned immediately.</li> <li>• Additional trolleys to be discarded appropriately</li> <li>• Controls be put in place so that infection control requirements are met</li> <li>• To be added to cleaning book for weekly recording of check.</li> <li>• All staff to be reminded of their responsibilities for ensuring equipment is correctly decontaminated after each patient or procedure use in the next ward meeting.</li> </ul>	Ward F Ward Sister / Lead Nurse	Immediate December 2011 December 2011  November 2011 November 2011	Achieved - additional trolleys discarded Added to weekly cleaning schedule.
Old shower room Arjjo shower no longer being used as shower facilities are not suitable- current shower should be removed and more suitable facilities made available	Shower room to be redeveloped as a 'wet room' that would meet the stoke patients needs. This would also allow for mixed sex separate bathing facilities.	Ward F Ward Sister / Site Estates Manager	31 <sup>st</sup> December 2011	Achieved
Communal toiletry items were found on the ward which has the potential for contamination	No communal toiletry items to be used on the ward. In the event of patients leaving any in the wash areas the ward staff to determine the owner and return explaining the importance of not leaving them in the wash areas.	Ward F Ward Sister	With immediate effect	Achieved on going monitoring in place
The hand wash sink in the clinical room is not acceptable as it does not conform to Health Technical Memorandum (HTM 64). <i>(All clinical hand washing sinks should have wrist, elbow or sensor operated taps which area easy to turn on and off without contaminating hands)</i>	As per action on page 1	-	-	-
Cleaning products and medication were found unlocked in the clinical room. Staff should ensure all medicines or hazardous substances are locked at all times	All staff to be reminded of the importance of ensuring that all cleaning products and medicines are locked away at all times and to be monitored continually by the Nurse in Charge	Ward F Ward Sister	With immediate effect with daily monitoring	Actioned- Cupboard designation reviewed and appropriate Locked cupboards in place
Diluted general purpose cleaner was found in the domestic room	Items to be removed	Local domestic / Head of facilities	With immediate effect	Actioned & removed

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	All domestic staff to be advised in writing that cleaning fluids should not be diluted into general containers. If products are made up – health board approved containers to be used with full product labeling	Head of Facilities	31 <sup>st</sup> January 2012	Actioned
Commode cleaning – 2 commodes examined both found to be heavily soiled despite commode bundle tape signed in evidence.	<ul style="list-style-type: none"> <li>• Review management</li> <li>• Commodes to be immediately cleaned appropriately.</li> <li>• Ensure all ward staff have been trained and update staff. Commode bundle trainers</li> <li>• Staff to be spoken with in ward meeting to understand their responsibilities regarding cross infection – seriousness of breach and potential for disciplinary action.</li> <li>• Lead Nurse to undertake spot audits weekly at ward Level</li> <li>• Appropriate action to be taken when staff have not adequately cleaned a commode after use</li> </ul>	Ward F Ward Sister / Lead Nurse	Immediate/  December 2011.  December 2011	Achieved - Training sessions undertaken, champions identified  Lead Nurse undertaking audits - includes Commode Bundle Audits  Ward Manger undertaking daily checks Commodes bundle
<b>STAFF KNOWLEDGE/PRACTICES</b>  Little evidence that staff had received their mandatory infection prevention & control standard precautions training.	<ul style="list-style-type: none"> <li>• To collaborate with IC team to provide ward based IC training</li> <li>• To develop in house study days to capture mandatory training to ease issues of releasing staff.</li> </ul>	Ward F Ward Sister / Lead Nurse	31 <sup>st</sup> January 2012	Training sessions provided- 50% staff trained
	100% compliance with Hand Hygiene & Standard precaution training to be achieved	Ward F Ward Sister / Lead Nurse	31 <sup>st</sup> January 2012	96% staff received training
Compliance of bare below the elbow for ALL staff.	All ward Staff including Medical and Therapists to be aware of bare below elbow compliance, by production and dissemination of a memo to Ward Managers and Consultants	Lead Nurse / Lead Clinician and Ward Consultants	31 <sup>st</sup> November 2011	Achieved – spot checks in place good compliance
	Ward Staff to challenge anyone working clinically who are not 'bare below the elbows', immediately escalate continues non compliance & request staff member leave the clinical area due to risk posed to patients	Ward F Ward Sister / Lead Nurse	Immediate effect	Actioned – in place
Over use of gloves	100% of staff to have received hand hygiene training & standard precaution IC training as appropriate use of gloves is covered in both training	Nicola Gravette, Governance Manager / Linda Elt, Ward Sister	31 <sup>st</sup> January 2012	As above

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Lack of staff knowledge of Infection Control audit e.g. hand washing results.	<ul style="list-style-type: none"> <li>Ward manager to feedback audit results to individual staff.</li> <li>Audit results to be put on the public 'know how we are doing board'</li> <li>Disseminated through Ward meetings.</li> </ul>	Ward F Ward Sister / Lead Nurse	With immediate effect	Ward Meetings now being planned on regular basis
	Senior nursing team to audit knowledge of infection control rates via care metrics and ward walk abouts, evaluate findings and document plan for improvements.	Senior Clinical Nurse / Lead Nurse	With immediate effect	Continuous
<b>Ward W – (Head of Nursing Lead)</b>				
<b>OVERALL AIM: To improve cleanliness and the environment</b> <b>Good Practice</b> <ul style="list-style-type: none"> <li>dirty utility room well organised</li> </ul>	Daily checks by the Ward Manager or Deputy to ensure that this area is clean, tidy and up to standard. The use of health care support worker as house keeper has been initiated and we will audit the effectiveness of this role.	Sister Ward W & Senior Clinical Nurse	31 <sup>st</sup> November 2011 & ongoing	HCSW as house keeper commenced in November 2011.- Regular process of checking instigated and area is clean and tidy and free from clutter- area is re audited monthly
<ul style="list-style-type: none"> <li>infection control training up to date</li> </ul>	To ensure that standards are maintained. Within the next 3 months, we hope to have 100% who will have completed the statutory mandatory training. Hand hygiene up to date	Sister Ward W & Senior Clinical Nurse	Immediately & Ongoing	Achieved – 100% Compliance since March 2012 – compliance has been maintained
<b>Environmental</b>  Ward has not been upgraded	General Management from MSK Mike Bond, to devise a business case to upgrade the ward.	General Manager & Head of Nursing	By March 2012.	Business case & plan developed – site decant facilities required
Torn foot stool.	Footstool to be removed and condemned	Ward W Ward Sister	Immediately	Actioned & removed 27/10/11- system of regular checks put in place
Bathroom used for storage has toilet and sink in it.	Toilet and sink to be removed .	Site Estates Manager	31 <sup>st</sup> November 2011	Actioned - Toilet & Sink Removed
No waste posters evident on ward	Posters to be acquired and erected on the ward	Ward W Ward Sister	31 <sup>st</sup> January 2-12	Actioned – posters Erected
Sharps boxes not labelled	Ward Manager to check daily that all sharps boxes are put together properly and labeled.	Ward W Ward Sisters	With immediate effect	Actioned immediately and audited & monitored on a regular basis. Full compliance achieved on checks and audits since March 2012
The hand wash sink in the Clinical Room is not acceptable as its does not conform to HTM 64 requirements	As per action page 1	-	-	-

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<b>Cleanliness</b> Dusty air vents	Outside of air vents to be cleaned and to be cleaned in accordance with specifications	Ward W Sister & Head of Facilities	31 <sup>st</sup> January 2012	Actioned – ward sisters checking status monthly & escalating accordingly
<ul style="list-style-type: none"> <li>Stained shower chair</li> <li>Clinical waste rooms dirty and stained.</li> </ul>	<ul style="list-style-type: none"> <li>Deficits to be immediately rectified</li> <li>All areas to be monitored daily by the Ward Manager / Deputy and action any findings.</li> </ul>	Ward W Ward Sister & Site Estates Manager	With immediate effect	Actioned, however, Clinical waste rooms require painting – due to be done by end August 2012
Resus trolley dusty	Highlight to Ward staff when daily checks are performed, to ensure cleanliness of the trolley. It is the responsibility of the daily individual who checks the arrest trolley to ensure that the arrest trolley is clean and dust free. This is one of the basic standards.	Ward W Ward Sister	With immediate effect	Actioned and ongoing monitoring since March has shown that standards have been maintained.
Domestic room cluttered and dusty	Reported to Supervisors on 28 <sup>th</sup> October. There are 3 storage areas for waste and linen.	Head of Facilities	With immediate effect	Actioned – ward sisters checking status monthly
<b>Staff Knowledge / Practices</b> Hand hygiene audits being done but results not fed back to staff	Know how your doing board to be erected and audit results displayed	Ward W Ward Sister & Senior Clinical Nurse	10 <sup>th</sup> November 2011	Actioned – KHWD board erected 10/11/2012 & information displayed
Staff are overusing gloves	Ward Sisters to escalate and educate staff on the appropriate use of disposable gloves.	Ward W Ward Sisters	With Immediate Effect	Achieved- Ongoing monitoring in place- standards maintained