

Attachment B

Cwm Taf LHB

Improvement Plan

HIW Unannounced Environmental Cleanliness Inspection Wednesday 24th March 2010

The unannounced Environmental Cleanliness Inspection to Ward 6 Acute Medical Assessment Unit and Ward 19 Respiratory at the Royal Glamorgan Hospital.

The general environment of the hospital was considered to be of an acceptable standard of cleanliness. Public corridors and walkways were found to be free from clutter and inappropriate items.

AMU demonstrated a high compliance with commode cleaning and use of verna-care tape

Ward 19 staff generally had a good knowledge in relation to infection control, hand hygiene practices were observed as being acceptable and staff had a good knowledge of when they should clean their hands and when they should wear gloves.

Verbal feedback included that all staff interviewed were extremely polite, accommodating and helpful.

Ward 6 Acute Medical Unit

	Area for Improvement	Cwm Taf Action	Responsible Lead	Monitoring and Completion date
	<u>Environment</u>			
1.	<i>Storage containers found with visible dust and some stored on the floor.</i>	Clean storage containers. Rearrange stock and implement Transforming Care the "Well Organised Ward" for AMU. Redesign new ward cleaning schedules with named nurses responsible for key rooms on the ward. Review Cwm Taf LHB cleaning responsibilities protocol May 2010 (original protocol established February 2009).	Sister J Sister J/RT Sister J RH/Senior Nurses	25 th March 10 1 st June 10 1 st April 10 1 st May 10
2.	<i>Patient and visitors chairs were badly torn</i>	Audit of patient chairs, stools and visitors chairs completed for the Royal Glamorgan and Prince Charles Hospitals in December 2009. Trials of chairs completed during February and March 2010. Report completed April 2010. Replacement programme for the Royal Glamorgan Hospital and Prince Charles Hospital to be considered	Senior Nurses Senior Nurses and key stakeholders Senior Nurse	December 2009 Jan Feb 10 April 10

		at Endowment Committee – costings of £8,000 average per ward. Roll out standard for cleaning and checking patients/visitors chairs/stools from the Transforming Care programme.	Director of Nursing RT/ward sisters/charge nurses	1 st June 10 1 st June 10
3.	<i>Clean items were being stored in the dirty utility</i>	Remove clean items from dirty utility. Staff informed via team meetings re items that must not be stored in the dirty utility. Senior Nurses and ward sisters/charge nurses to complete spot checks. Cleaning schedules to include this issue.	Sister JSister J Senior Nurses Ward sisters/CNs	24 th March 10 25 th March 10 Ongoing 1 st May 10
4.	<i>Clinical hand washing sink obstructed by items such as urinal bottle holders.</i>	Remove items immediately and store appropriately by patients bedside	Sister J	24 th March 10
5.	<i>Domestic room had inappropriate items stored – food and personal belongings.</i>	Remove items immediately Audits to be completed in May and June of all housekeeping rooms to ensure compliance with storage of personal items	Sister J	24 th March 10
6.	<i>All commodes found to be clean and ready for use with the use of the green tape. The tape needs to be signed and dated.</i>	The Transforming Care “Commode Cleaning standard” is being rolled out across all medical and surgical wards. To remind staff to date and sign the green verna-care tape. Environmental audits include the assessment of commodes for standards of cleanliness.	BT Sisters/CNs RH/Senior Nurses	1 st June 10 1 st June 10 1 st May 10
7.	<i>No patient lockers for patients to store their belongings</i>	To purchase of storage boxes for patients belongings during their short stay on AMU. Evaluate and monitor effectiveness	Sister J AMU team	1st June 10 August 10
8.	<i>Mixed gender bays on AMU</i>	The bed managers and senior ward staff on AMU to continue to aim to maintain single sexed bays. To follow up with the HIW team to identify AMUs in the UK where they are attaining this standard. Plan visit and benchmark to make changes in practice and compliance with this best practice.	Bed Managers/AMU team CB CJ	Ongoing 1 st June 10 1 st July 10
9.	<i>Bed spacing in bays –</i>	Estates team to review the bed space on AMU and	Mr AH	5 th May 10

	<i>did not comply with national recommendations</i>	general wards in RGH		
10.	<i>Curtains three-quarters in length providing little privacy and dignity to patients.</i>	Quotations for purchase of new curtains per ward. Meeting held 5 th May with curtain manufacturers to undertake correct measurement for the purchase of a number of sets of curtains. Delivery time frame is approximately 6 weeks.	RH	5 th May 10
11.	<i>Drug cupboards in the clinical rooms that were not locked</i>	Remind staff of their responsibility to ensure that all cupboards containing medicine or hazardous substances must be locked at all times. Monitored by the ward sister, out of hours team leaders and senior nurses Spot check audits to be undertaken May 2010	Sister J Sister J and out of hours team CE	1 st August 10 24 th March 10 Ongoing Before End May 10
	<u>Linen Waste and Sharps handling and disposal</u>			
1.	<i>Bins on the ward were found to be rusty and have damaged paint work.</i>	Develop replacement programme for bins across the Royal Glamorgan Hospital. Identify any rusty bins during audits, removed and replaced. Undertake repeat audit of all bins for RGH in May 2010	RH CM, LR, RK	From 1 st May 10 ongoing From 1 st May 10 ongoing Before end May 2010
2.	<i>Dirty linen trolley was placed next to the clean linen trolley.</i>	Ward sisters/charge nurse to remind staff of the standard to comply with for segregation of dirty linen from clean linen, and the disposal of dirty linen to the appropriate storage area. The dirty linen trolley should always be empty with a clean bag and ready for its next use.	Sisters/Charge Nurses	1 st May ongoing
3.	<i>Ward designated linen room – items being stored on the floor, and a number of inappropriate items stored in it.</i>	Remove inappropriate items from floor and store correctly Housekeeping services and ward sisters/charge nurses to work together to improve linen services with appropriate stock control and storage	LR, RK, CM Sisters/CNs, housekeeping team	25 th March Ongoing 1 st July 10

	<u>Equipment and storage</u>			
1.	<i>Equipment on the ward was generally found to be dusty An organisational wide documented cleaning system should be put in place making it clear the staff that are responsible for cleaning what and when.</i>	Clean items identified immediately. Ward sisters redesigned a new set of cleaning schedules to clearly identify roles and responsibilities for named staff. Allocated staff designated rooms and equipment. Move equipment from wards to designated equipment library for the Royal Glamorgan Hospital week of the 13 th May 2010. Prince Charles Hospital equipment library will be commissioned during July/August 2010. Equipment not required for daily usage will be stored in the central equipment libraries, cleaned, labelled and dated before transfer to the library.	Sister J Sister J Sisters/CNs Sisters/CNs Sisters/CNs	25 th March 10 27 th March 10 13 th May 10 1 st August 10 Ongoing
2.	<i>The medicine trolley was visibly dirty.</i>	Clean shelf of trolley immediately. Incorporate the cleaning of the medicines trolley into the ward cleaning schedule Ward cleaning schedules include assessment of cleanliness of medicines trolley.	Sister J Sister J Senior Nurses	24 th March 10 27 th March 10 Ongoing
3.	<i>Patient wash bowls were stored in the dirty utility</i>	All patient wash bowls to be kept by the patient bedside, cleaned in between use and between patients. If any surplus patient bowls on the ward, they will be stored in a clean room in a cupboard.	Sister J Sister J	24 th March 10 1 st April 10
4.	<i>A stained mattress was identified</i>	The mattress identified in the HIW report had been condemned by the staff and was awaiting removal from the ward. Mattress Audit was already planned for 29 th 30 th April as part of the Improving Medical and Surgical Ward care 1000 lives group. Develop mattress replacement programme following	Sister J KB SR Senior Nurses	25 th March 10 29 th April 10 30 th April 10 1 st June 10

		<p>mattress audit.</p> <p>External audit by HL healthcare to assess beds and equipment arranged for June 2010 for the Royal Glamorgan and Prince Charles Hospitals. Report to Divisions / Executive team</p>	<p>KB SR</p>	<p>1st August 10</p>
5.	<p><i>Not all staff had received infection control training within the last 12 months. This should be completed annually and include practical hand hygiene practices.</i></p>	<p>AMU team to receive ongoing ward based training from the Infection Control Team.</p> <p>Continue to utilise Infection Outbreak resource files.</p> <p>Pilot Mandatory/Statutory training update days and include Infection control training</p> <p>Directorate Infection Prevention and Control groups to monitor compliance with training and plans.</p> <p>Continue to support staff attendance at Infection Control study sessions (Level 2 ward staff – 1 hour update to be undertaken every 2 years; Level 3 training for ward sisters/charge nurses has been established, 2 hour session).</p> <p>Utilise the new nursing dashboard to monitor and report attendance and compliance with infection control training.</p>	<p>IPC team</p> <p>Sisters/CNs</p> <p>Sisters/CNs/Corporate team/Darren Gill</p> <p>Senior Nurses</p> <p>Sisters /CNs</p> <p>Senior Nurses, sisters/CNs</p>	<p>Ongoing</p> <p>Ongoing</p> <p>June 10</p> <p>Ongoing</p> <p>Ongoing</p> <p>1st July 10</p>
6.	<p><i>Hand hygiene practices were observed as being unacceptable as staff were not always decontaminating their hands after removing their gloves. All staff should be trained as to when it is appropriate to wash hands, when to use gel and when to wear gloves.</i></p>	<p>Feedback provided to staff member (bank nurse) following HIW visit</p> <p>Hand hygiene update training for all AMU staff with Infection Control planned for May 2010</p> <p>Report Hand hygiene audit results to Senior Nurse and to be part of nursing dash board of key performance indicators.</p>	<p>Sister J</p> <p>IPC team</p> <p>Sisters/CNs</p>	<p>26th March 10</p> <p>May 10</p> <p>1st July 10</p>
7.	<p><i>Hand hygiene audits were being carried out on the ward three times a week. Hand hygiene</i></p>	<p>The Cwm Taf Infection Prevention and Control Committee held on 22nd April 2010 supported the change from x3 weekly hand hygiene audits to weekly audits from 1st May 2010, with 10 observations.</p>	<p>IPPC</p>	<p>1st May 10</p>

	<i>audits should be undertaken on a weekly basis; staff should be engaged in these and informed of the results so that any issues identified can be addressed in a timely manner.</i>	Hand hygiene audits to be presented on ward link corridor for all visitors and staff to observe	Senior Nurses/Sisters/CNs	1 st July 10
8.	<i>There was a lack of signage encouraging the use of alcohol gel around the ward. Greater awareness should be raised with staff, patients and visitors regarding hand hygiene and appropriate posters should be placed around the ward.</i>	The Hand alcohol gel signs designed as part of the Transforming Care programme to be rolled out across all acute medical and surgical wards Infection Control team to access new posters for hand hygiene and ensure these are displayed across the hospital sites.	RT Senior Nurses/Sisters/CNs IPPC team	1 st July 10 1 st July 10
9.	<i>A chlorine releasing agent used to clean up blood and body fluid spillages. Staff spoken to, were clear about the dilution of solution, however a solution was found decanted into a general container and a hand made label and not dated.</i>	Printed labels to be made available to wards to include the section for the date to identify when solution was diluted. (These were put into practice on AMU on 25 th March).	Sister J	25 th March 10

Ward 19 Respiratory Medicine

	Area for Improvement	Cwm Taf Action	Responsible Lead	Monitoring and Completion date
	<u>Environment</u>			
1.	<i>Many of the patient and visitor chairs on the ward were badly torn.</i>	<p>Audit of patient chairs and stools and visitors chairs completed for the Royal Glamorgan and Prince Charles Hospitals in December 2009.</p> <p>Trials of chairs have been completed during February and March 2010.</p> <p>Report completed April 2010.</p> <p>Progress replacement program for the Royal Glamorgan Hospital and Prince Charles Hospital.</p> <p>Roll out standard for cleaning and checking patients/visitors chairs/stools from the Transforming Care programme.</p>	<p>Senior Nurses</p> <p>Senior Nurses and key stakeholders Senior Nurse</p> <p>Director of Nursing RT/ward sisters/charge nurses</p>	<p>December 2009</p> <p>Jan Feb 10</p> <p>April 10</p> <p>1st June 10</p> <p>1st June 10</p>
2.	<i>The bath was being used to store inappropriate items such as air flow mattresses and a raised toilet seat.</i>	<p>To progress the plan that has been in place for this bathroom to be adapted into a store room.</p> <p>To transfer all air dynamic mattresses not in use and other equipment not in daily use to the equipment library on 13th May</p>	<p>Sister ZG/NW</p> <p>Sister ZG</p>	<p>1st July 10</p> <p>10th May 10</p>
3.	<i>The clinical room was being used for multiple purposes including a staff room, with inappropriate items such as a kettle and microwave.</i>	<p>Suitable arrangements to be made for staff to microwave food off ward areas, and to support coffee breaks off the ward.</p> <p>Remove all inappropriate items from room identified</p> <p>To provide lockers for staff in the North and South ends of the Royal Glamorgan to ensure each ward has an allocation for staff</p>	<p>RH</p> <p>Sister ZG</p> <p>Mr RH</p>	<p>1st June 10</p> <p>1st June 10</p> <p>1st July 10</p>

4.	<i>There were a number of urinal bottle holders hanging from a sharps container.</i>	To remove items immediately and store appropriately by patients bedside	Sister ZG	25 th May 10
5.	<i>On examination commodes were found not to be cleaned to an acceptable standard. The tape was used to indicate it is clean and ready for use, but this was not consistently being used.</i>	The Transforming Care “Commode Cleaning standard” is being rolled out across all medical and surgical wards. To remind staff to date and sign the green verna-care tape. Ward environmental audits include the assessment of commodes for standards of cleanliness.	BT Sisters/CNs RH/Senior Nurses	1 st June 10 1 st June 10 1 st May 10
6.	<i>Communal wash items were found on the ward, these should be removed as there is a potential, if used by a number of patients, for them to become contaminated.</i>	Remove items immediately and remind staff to ask patients to take wash items home or to dispose of all wash items left by patients following their discharge. To ensure individual patient hygiene packs are available on the ward	Sister ZG Sister ZG	25 th March 10 1 st May 10
7.	<i>There were drug cupboards in clinical rooms not locked. Staff should ensure that all cupboards containing medicines or hazardous substances are locked at all times.</i>	Remind staff of their responsibility to ensure that all cupboards containing medicine or hazardous substances must be locked at all times. Monitored by the ward sister, out of hour’s team leaders and senior nurses Spot check audits to be undertaken May 2010	Sister ZG Sister G and out of hours team CE	24 th March 10 Ongoing Before end May 10
	<u>Linen Waste and Sharps handling and disposal</u>			

1.	<i>The dirty linen trolley was placed next to the clean linen trolley. Dirty linen should be segregated appropriately</i>	Ward sisters/charge nurse to remind staff of the standard to comply with for segregation of dirty linen from clean linen, and the disposal of dirty linen to the appropriate storage area. The dirty linen trolley should always be empty with a clean bag and ready for its next use.	Sisters/Charge Nurses	1 st May ongoing
2.	<i>A number of bins on the ward were found to be rusty and to have damaged paint work.</i>	Develop replacement program for bins across the Royal Glamorgan Hospital. Identify any rusty bins during audits, removed and replaced. Undertake repeat audit of all bins for RGH in May 2010	RH CM, LR, RK	From 1 st May 10 ongoing From 1 st May 10 ongoing Before end of May 10
3.	<i>A bin for domestic waste was lined with a clinical waste bag. All bins should be clearly labelled as to what waste should be put in them.</i>	Arrange for the immediate replenishment of new sack holders appropriate to the holding areas. To roll out new colour coded bins as part of bin replacement programme	LR RH	1 st May 10 May 2010 and ongoing
<u>Equipment and storage</u>				
1.	<i>The floor of the bathroom was badly stained. Items should be removed in order for the room to be cleaned effectively.</i>	The purchase of new oxygen cylinder holders (that do not rust) for the ward Remove items for cleaning bathroom floors	Sister ZG Sister ZG	1 st July 10 Ongoing
2.	<i>Equipment on the ward was found to be generally dusty. An organisational wide documented cleaning</i>	Clean items identified immediately. Ward sister redesign a new set of cleaning schedules to clearly identify roles and responsibilities for named staff. Allocate staff designated rooms and equipment. Move equipment from wards to designated equipment	Sister G Sister G Sisters/CNs	25 th March 10 27 th March 10 13 th May 10

	<i>system should be put in place making it clear the staff that are responsible for cleaning what and when.</i>	library for the Royal Glamorgan Hospital week of the 13 th May 2010. Prince Charles Hospital equipment library will be commissioned during July/August 2010. Equipment not required for daily usage will be stored in the central equipment libraries, cleaned, labelled and dated before transfer to the library.	Sisters/CNs Sisters/CNs	1 st August 10 Ongoing
	<u>Staff knowledge and practice</u>			
1.	<i>Not all staff had received infection control training within the last 12 months. All staff should undertake infection control training/updates annually, such training should cover practical hand hygiene practices.</i>	Ward 19 team to receive ongoing ward based training from the Infection Control Team during out breaks. Continue to utilise Infection Outbreak resource files. Pilot Mandatory/Statutory training update days and include Infection control training Directorate Infection Prevention and Control groups to monitor compliance with training and plans. Continue to support staff attendance at Infection Control study sessions (Level 2 ward staff – 1 hour update to be undertaken every 2 years; Level 3 training for ward sisters/charge nurses has been established, 2 hour session). Utilise the new nursing dashboard to monitor and report attendance and compliance with infection control training.	IPC team Sisters/CNs Sisters/CNs/Corporate team/DG Senior Nurses Sisters /CNs Senior Nurses, sisters/CNs	Ongoing Ongoing June 10 Ongoing Ongoing 1 st July 10
2.	<i>Hand hygiene audits are not carried out on a regular basis. The last documented audit was December 2009. Hand hygiene audits should be carried out on a weekly basis. Staff should be engaged in these and informed of the results so that any issues identified can be</i>	The Cwm Taf Infection Prevention and Control Committee held on 22 nd April 2010 supported the change from x3 weekly hand hygiene audits to weekly audits from 1 st May 2010 – 10 observations each. Hand hygiene audits to be presented on ward link corridor for all visitors and staff to observe.	IPPC Senior Nurses/Sisters/CNs	1 st May 10 1 st July 10

	<i>addressed in a timely manner.</i>			
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