

**BCUHB Action Plan following the HIW Unannounced Cleanliness:
14th & 15th December 2011**

HIW Ref	Findings	Actions	Leads	By	RAG	Comments / Update
Problem: Ward 9 Linen, Waste and Sharps handling						
Page 12	Clinical waste bins stored in unlocked room	Door to be locked by ward staff and Portering staff after use.	Ward Sister Portering Supervisor	Immediate	Green	Spot check 17.5.12 showed room to be locked
Page 12	Prior to disposal used linen is stored in public corridor which is unacceptable	Used linen to be stored in waste room prior to disposal	Ward Sister Portering Supervisor	Immediate	Green	
Page 12	One sharps bin overfilled. No evidence of sharps trays / boxes.	Information to remove sharps bins entered onto safety brief. Increase number of sharps trays.	Ward Sister	Immediate	Green	Five sharps trays now available.
	Linen waste – waste very full and condemned mattress in waste room.	All linen bags and condemned mattresses removed promptly from the ward.	Ward Sister	Immediate	Green	
	Hand hygiene and glove usage knowledge – variable. Not all beds have alcohol gel.	All beds have hand gel.	Ward Sister	Immediate	Green	Hand gel holders requested and in place for the 28 beds as gels were found to be on tables and lockers.
PROBLEM: Ward 9: Environment						
Page 10	Patient lockers were found to be damaged – require repair or replacement	Lockers require replacement. Monies requested from renal and diabetes charities.	Ward Sister	May 2012	Amber	28 lockers ordered and Sister waiting delivery
Page 11	Domestic room was found to be in a poor state of repair, dirty with inappropriate items in it.	Domestic room to be kept clean, tidy and free from inappropriate items at the end of each shift	Domestic Supervisor	Immediate	Green	Spot check 17.5.12 showed room was clean and tidy

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Page 11	Domestic room which stores hazardous substances was found to be unlocked	Domestic room be locked at the end of each shift by domestics Matron to check doors are locked on her daily rounds.	Domestic Supervisor Matron	Immediate April 2012	Green	Spot check 17.5.12 identified door was locked
Page 11	Insufficient clinical hand washing sinks	Additional clinical hand washing sinks required. This has been addressed as part of YGC ward redevelopment	YGC Redevelopment Board	Project completion	Amber	
Page 11	Drug Fridges and drug cupboards found to be unlocked.	Actioned immediately by ward staff. Staff to ensure these cupboards and fridges are locked when not in use To be audited by Matron during monthly clean ward audits.	Ward Sister	April 2012	Green	Fridges have found to be locked on each clean ward audit (1/5/12)
Page 11	No designated male / female signs on toilets and washrooms.	To be purchased and put in place.	Ward Sister	Immediate	Green	Spot check 17.5.12 appropriate signs on all toilets.
Page 9	High level dust. Dusty air vents. Some blood spillage on the floor. Kitchen damage to sink area.	Domestic issues addressed by domestic supervisor.	Domestic Supervisor	Immediate	Green	January clean hospital audit 100%
	Clexane syringes on dressing trolley.	All staff informed to put Clexane syringes away following drugs round.	Ward Sister	Immediate	Green	No Clexane left on dressing trolleys.
	Drug prep area has coffee cups, patient food supplements etc. unclear – use of area.	Dressing trolley identified & labelled solely for dressing changes; area to be cleaned and to be monitored.	Ward Sister	Immediate	Green	Treatment room monitored and remains tidy

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	Kitchen – damage to sink area.	Sink to be repaired – reported to estates	Estates Operational Manager	May 2012	Amber	ADNS contacted Estates Operational Manager 18.5.12 to action asap
PROBLEM: Ward 5, 6 & 8: Cleanliness; Environment; Linen Waste & Sharps handling						
Page 3	Hand washing sink in the dirty utility on ward 5 doesn't conform to Heath Technical Memo (HTM) 64 –dedicated clinical hand washing sink should be provided	Additional clinical hand washing sinks required. This has been addressed as part of YGC ward redevelopment	YGC Redevelopment Board	Project completion	Amber	In the interim sink has been designated as hand washing only with designated equipment sink.
Page 3	Damaged worktop and radiator in the dirty utility on ward 5	Reported to estates for action. Damaged areas are reported monthly via the internal clean hospital audits.	Estates Operational Manager Ward Sisters	May 2012	Amber	ADNS contacted Estates Operational Manager 18.5.12 to action asap
Page 3	Domestic room shared between ward 5 and 6 found to be dirty with inappropriate items stored in it. Room was also unlocked	Domestic supervisors to address. Matron to check doors are locked on her daily rounds.	Domestic Supervisor Matron	Immediate	Green	Spot check 17.5.12 showed these items had been addressed
Page 8	Domestic room for ward 8 found to be in a poor state of repair with badly damaged wall. Room was also unlocked	Reported to estates for action. Damaged areas are reported monthly via the internal clean hospital audits.	Estates Operational Manager Ward Sisters	May 2012	Amber	ADNS contacted Estates Operational Manager 18.5.12 to action asap
Page 3, 6	Insufficient clinical hand washing sinks on ward 5; 6	Additional clinical hand washing sinks required. This has been addressed as part of YGC ward redevelopment	YGC Redevelopment Board	Project completion	Amber	
Page 3, 6	Drug fridge and drug cupboards in clinical room unlocked on ward 5; 6	Immediately addressed. Sister to ensure all staff aware of requirements re medication security.	Ward Sisters	Immediate	Green	Spot check on 17.5.12 identified cupboards were locked.

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Page 4, 9	Used linen found on corridors awaiting removal.	Skip bags are kept on ward corridors whilst awaiting removal. Ward sisters, senior nurses and House Keepers to check these areas regularly and alert portering staff and laundry if excessive skips awaiting removal.	Ward Sisters House keepers	May 2012	Green	Spot check 17.5.12 identified further review of waste management processes by porters/ward staff to improve ward environment
Page 4	Waste disposal rooms found to be unlocked	Portering and ward staff to check doors locked after use.	Ward Sisters Portering Supervisor	Immediate	Green	Spot check on 17.5.12 found doors to be locked
Page 4, 6, 9	Documented cleaning schedules not in place on the ward	Domestic services cleaning schedule in place for ward areas. Organisational wide cleaning schedule to cover all responsibilities developed with reference to National Standards	Assistant Director of Patient Services Infection Control Lead	June 2012	Amber	Organisational wide cleaning schedule in final stage of approval by Infection Control
Page 4	Waste disposal room for ward 5 and 6 found to be storing a large amount of waste.	Regular waste collections by portering staff	Portering Services Manager	Immediate	Green	Spot check on 17.5.12 showed this issue to have been addressed
Page 5, 6	Hand Hygiene compliance and education.	Compliance audited through monthly audits. Results to be entered on to the nursing metrics. Ward staff to be engaged with the audits and ward sister to ensure that feedback is given to staff in a timely manner.	Ward Sisters	May 2012	Amber	On-going Majority of ward areas trained in how to enter data on the metrics

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Page 6	Sharps boxes overfilled and not labelled correctly on ward 6	Ward Sister's to monitor and raise awareness with ward teams. House keepers to monitor compliance weekly. To be audited by Matron on monthly clean ward audits with immediate feedback to staff groups.	Ward Sisters House Keepers Matron	May 2012	Green	Spot check on 17.5.12 – sharps bins not overfilled, and were labelled.
Page 5, 6, 10	Inconsistencies around staff knowledge in relation to hand hygiene	Hand hygiene poster developed & displayed on wards	Infection Control team	Jan 2012	Green	Spot check 17.5.12 posters visible. ICT will continue to monitor
	Not all staff had received Infection Control training.	Update on mandatory training needs requested from ward sisters. IC training to be discussed with the infection control team to seek innovative ways of training our ward based staff.	Ward Sisters Matron and Ward sisters	June 2012	Amber	