

Arsylwi ar Ansawdd (COVID-19) AGIC | HIW Quality Insight (COVID-19)



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Arsylwi ar Ansawdd (COVID-19)

Drwy gydol pandemig COVID-19, ein hymrwymiad parhaus yn Arolygiaeth Gofal Iechyd Cymru (AGIC) fu sicrhau bod pobl Cymru yn derbyn gofal o ansawdd da, a ddarperir yn ddiogel ac yn effeithiol, yn unol â'r Safonau Iechyd a Gofal a'r rheoliadau.

Dyma ein hail Fwletin Arsylwi ar Ansawdd, yn cwmpasu'r cyfnod rhwng mis Tachwedd a mis Ionawr. Cyhoeddwyd ein **Bwletin Arsylwi ar Ansawdd** cyntaf ar 18 Rhagfyr 2020, ac roedd yn cwmpasu'r cyfnod rhwng mis Awst a mis Hydref 2020.

Diben ein bwletin Arsylwi ar Ansawdd yw tynnu sylw at ganfyddiadau allweddol ein gwaith, gan gynnwys ymgysylltu â darparwyr gofal iechyd, a'r wybodaeth arall sydd gennym. Y nod yw helpu gwasanaethau gofal iechyd i wella drwy rannu ein canfyddiadau, gan ganolbwyntio ar arferion da a'r gwersi a ddysgwyd, fel bod gwasanaethau yn gallu nodi hynny ac ymaddasu'n briodol, ar adeg mor heriol nas gwelwyd mo'i thebyg o'r blaen.

Mae'r canfyddiadau hyn yn bennaf seiliedig ar ein proses bresennol o sicrhau ansawdd, drwy ein **Gwiriadau Ansawdd**, a nodi themâu cadarnhaol, arferion da a'r risgiau sy'n dod i'r amlwg. Caiff ein Gwiriadau Ansawdd eu cynnal oddi ar y safle yn gyfan gwbl ac maent yn canolbwyntio ar dri maes allweddol:

- Atal a rheoli heintiau
- Llywodraethu (yn benodol o ran staffio)
- Yr amgylchedd gofal.

Yn ôl i'r brig

Crynodeb o'r Gwaith a Wnaed

O ganlyniad i'r pwysau sylweddol a wynebwyd gan wasanaethau'r GIG yn ystod ail don pandemig COVID-19, gwnaethom oedi ein Gwiriadau Ansawdd a'n Harolygiadau rheolaidd yn y GIG rhwng 24 Rhagfyr a mis Chwefror 2021.

Gwnaethom gynnal 28 o Wiriadau Ansawdd rhwng mis Tachwedd a mis Ionawr, yn cynnwys:

- 3 o Ysbytai'r GIG
- 3 Ysbyty Annibynnol (yn cynnwys un hosbis)
- 5 o leoliadau Iechyd Meddwl y GIG (yn cynnwys un lleoliad Anableddau Dysgu)
- 6 lleoliad Iechyd Meddwl Annibynnol
- 5 Meddygfa
- 6 Chlinig Annibynnol.

Er i'n rhaglen arolygu arferol gael ei gohirio ar ddechrau pandemig COVID-19, rydym wedi parhau i gynnal rhai arolygiadau ar y safle mewn ymateb i bryderon neu wybodaeth yn awgrymu y gallai cleifion fod mewn perygl mawr. Fodd bynnag, dim ond lle na fu'n bosibl cael sicrwydd na thystiolaeth mewn unrhyw ffordd arall y gwnaed hyn, a chynhaliwyd asesiad risg llawn er mwyn cadw ein staff yn ddiogel.

Rhwng mis Tachwedd a mis Ionawr, ac yn sgil pryderon difrifol y cafodd AGIC wybod amdanynt, gwnaethom gynnal arolygiadau ar bedwar safle. Cynhaliwyd y rhain mewn tri lleoliad iechyd meddwl annibynnol ac un practis deintyddol. Gwnaethom hefyd gynnal un arolygiad o bell, fel rhan o'n rôl statudol yn monitro cydymffurfiaeth â Rheoliadau Ymbelydredd Ïoneiddio (Cysylltiad Meddygol) 2017. Pan gaiff yr adroddiadau eu cyhoeddi, maent i'w gweld ar ein gwefan.

Yn ôl i'r brig



COVID-19 o Safbwynt Gofal Iechyd

O fis Tachwedd i fis Ionawr, wynebodd gwasanaethau gofal iechyd ledled Cymru heriau nas gwelwyd eu tebyg o'r blaen, wrth ymateb i ail don pandemig COVID-19. O ganlyniad, bu'r gweithlu dan fwy o bwysau, yn darparu gofal iechyd dan amgylchiadau eithriadol o heriol. Felly, unwaith eto, hoffem gydnabod a chymeradwyo'r holl staff sydd wedi parhau i weithio'n ddiflino drwy gydol y cyfnod heriol hwn, i ddarparu gofal o ansawdd da i gleifion.

Mae'r staff wedi parhau i ddisgrifio'r ffyrdd newydd o weithio a roddwyd ar waith ers dechrau'r pandemig, a chlywsom am y modd rhagweithiol y mae gwasanaethau wedi cael eu haddasu er mwyn cadw cleifion a'r staff yn ddiogel. Ar y cyfan, mae ein canfyddiadau'n gadarnhaol iawn, ac maent yn dangos y natur benderfynol a'r ymroddiad a ddangoswyd gan ddarparwyr gofal iechyd yng Nghymru i barhau i ddarparu gofal diogel.

Roedd lansio'r rhaglen frechu genedlaethol ym mis Ionawr yn gam sylweddol tuag at adfer o bandemig COVID-19. Fodd bynnag, mae'n amlwg y bydd buddiannau'r rhaglen frechu yn cymryd sawl mis i gael eu cyflawni'n llawn. Bydd y staff yn parhau i weithio dan gryn bwysau am beth amser, gyda phosibilrwydd cryf y caiff hyn effaith ar eu hiechyd a'u llesiant. Felly, rydym yn annog byrddau iechyd, ymddiriedolaethau a darparwyr gwasanaethau i sicrhau bod trefniadau i gefnogi llesiant y staff yn cael eu blaenoriaethu a'u hyrwyddo'n eang.

Yn ôl i'r brig

Beth rydym wedi'i ddysgu?

Ysbytai'r GIG



Yr Amgylchedd

O ganlyniad i'r pandemig, gorfodwyd byrddau iechyd i gyflwyno nifer o welyau ychwanegol i ffwrdd o'u lleoliadau ysbyty arferol, gan addasu cyfleusterau nad ydynt yn rhai ar gyfer gofal iechyd fel ysbytai maes. Cafodd y rhain eu hadeiladu'n gyflym iawn, a arweiniodd at risgiau o ran yr amgylchedd a'u haddasrwydd ar gyfer gofal a diogelwch cleifion. Felly, datblygwyd dull arolygu yn

archwilio'r modd y caiff y risgiau i iechyd, diogelwch a llesiant cleifion eu rheoli, a gwnaethom gynnal dau arolygiad mewn dau safle ysbyty maes dros dro ym Mwrdd Iechyd Prifysgol Hywel Dda.

Nododd yr arolygiadau o'r ysbytai maes fod prosesau priodol ar waith ar y cyfan i ddarparu gofal diogel ac effeithiol i gleifion. Gwelsom dystiolaeth o waith cynllunio helaeth gan y bwrdd iechyd er mwyn paratoi ar gyfer darparu gofal diogel ac effeithiol i gleifion mewn amgylcheddau unigryw. Gwelsom dystiolaeth o arweinyddiaeth dda a staff a oedd yn frwdfrydig ac yn ymrwymedig i'r rolau.

Tynnodd ein Gwiriadau Ansawdd rhwng mis Tachwedd a mis Ionawr sylw at y gwaith parhaus helaeth i ailgynllunio wardiau ysbytai ac amgylcheddau unedau, er mwyn lleihau'r risg o drosglwyddo COVID-19. Mae hyn yn cynnwys defnyddio parthau lliw i wahanu cleifion COVID-19 a chleifion nad oes ganddynt COVID-19, a helpu i reoli'r broses o dderbyn cleifion sydd â COVID-19 yn ddiogel. Fodd bynnag, mae'r cynnydd yn y gyfradd trosglwyddo COVID-19 yn ystod yr ail don yn tynnu sylw at yr angen am reolaethau amgylcheddol llym parhaus, fel sicrhau bod cleifion a'r staff yn cadw pellter cymdeithasol diogel lle y bo modd, a chynnal mesurau Atal a Rheoli Heintiau llym.

Fel y nodwyd yn y [Bwletin Arsylwi ar Ansawdd](#) cyntaf, mae cleifion wedi cael dyfeisiau electronig personol i helpu i gadw mewn cysylltiad â ffrindiau a theulu yn ystod eu cyfnod yn yr ysbyty, ac mae hyn wedi bod yn hanfodol i helpu i leihau'r gofod a'r unigrwydd y gall cleifion neu eu teuluoedd eu profi. Fodd bynnag, mae'n bwysig cydnabod bod hyn wedi ychwanegu at y llwyth gwaith sylweddol oedd gan y staff clinigol yn yr ysbytai eisoes. Dylai byrddau iechyd ystyried y ffordd fwyaf effeithlon o reoli'r trefniadau hyn er mwyn helpu i leihau'r baich ar y staff clinigol.

Atal a rheoli heintiau

Mae trefniadau atal a rheoli heintiau priodol ac effeithiol yn parhau i fod yn hollbwysig yn ystod y pandemig. Dros y misoedd diwethaf, gwelwyd achosion o COVID-19 yn effeithio ar fwy o ysbytai. Felly, mae'n hanfodol bod achosion yn cael eu rheoli'n effeithiol. Dylid nodi ffynonellau achosion lle y bo modd, a chymryd camau i leihau'r risg o drosglwyddo COVID-19 ymhellach.



Eto, rydym wedi gweld enghreifftiau o arferion gwaeth wrth gyflawni camau gweithredu yn deillio o asesiadau risg ac archwiliadau, yn cynnwys archwiliadau atal a rheoli heintiau. Roedd hyn yn cynnwys rhai meysydd sylfaenol, fel glendid a chyflwr rhai ardaloedd clinigol, a'r angen i'r staff gadw pellter cymdeithasol. Mae'n bwysig bod byrddau iechyd yn ystyried hyn, er mwyn sicrhau bod camau gwella prydol yn cael eu cymryd a sicrhau bod prosesau atal a rheoli heintiau yn gweithio'n effeithiol i gadw eu staff a'u cleifion yn ddiogel ac iach.

Llywodraethu

Fel y nodwyd yn y [Bwletin Arsylwi ar Ansawdd](#) cyntaf, mae'r effaith andwyol a gaiff pandemig COVID-19 ar y staff, yn sgil pryder a blinder cysylltiedig, yn gryn bryder. Yn ystod y cyfnod hwn, gwelsom ragor o achosion o hyn oherwydd cynnydd yn y pwysau a'r gofynion eithriadol ar y staff. Yn ogystal, gwnaed defnydd uchel o staff dros dro ym mhob bwrdd iechyd er mwyn sicrhau bod y nifer gofynnol o staff yn gweithio yno. Weithiau, mae hyn wedi arwain at gynnydd yn llwyth gwaith y staff parhaol, y gall fod angen iddynt gynorthwyo'r staff dros dro. Felly, mae'n hanfodol bod adrannau a byrddau iechyd yn sicrhau bod y staff yn cael eu cefnogi'n llawn drwy sesiynau goruchwylio rheolaidd, sgysiau llesiant, a gallu cymryd amser i ffwrdd pan fydd angen.

Mae cydymffurfiaeth â hyfforddiant gorfodol wedi parhau i fod yn her mewn rhai lleoliadau oherwydd anawsterau wrth roi hyfforddiant wyneb yn wyneb, a chynnydd mewn pwysau gwaith. Gwelsom hefyd mewn rhai lleoliadau, nad yw'r staff yn cael amser ar eu rota i gwblhau hyfforddiant, a bod disgwyl iddynt wneud hyn yn eu hamser eu hunain. Mae hyn yn rhoi rhagor o bwysau ar y gweithlu mewn cyfnod heriol iawn. Gallai methu â rhoi'r hyfforddiant diweddaraf i staff arwain at arferion anniogel, a rhoi'r cleifion mewn mwy o berygl, felly mae'n bwysig bod pob bwrdd iechyd yn anelu at sicrhau bod ei weithlu yn cael hyfforddiant amserol sy'n briodol i'r rolau a gyflawnir.

Roedd yn galonogol gweld enghreifftiau o'r arfer o geisio adborth gan gleifion yn cael ei adfer ar ôl oedi ar ddechrau pandemig COVID-19. Gwnaethom nodi un lleoliad lle cynhaliwyd arolwg peilot dros y ffôn o gleifion a oedd newydd gael eu rhyddhau o'r Uned Dibyniaeth Uchel. Roedd yr adborth a gafwyd yn gadarnhaol iawn a helpodd hyn i roi hwb i forâl y staff. Rydym yn cydnabod bod hyn yn enghraifft o arferion da, a byddem yn annog byrddau iechyd i ystyried sut y gallant gynyddu ymdrechion i gael adborth ynghylch profiad cleifion, fel modd o wella gwasanaethau a rhoi adborth i'r gweithlu.

Yn ôl i'r brig

Ysbytai Annibynnol



Yr Amgylchedd

Mae ysbytai annibynnol wedi parhau i ddarparu gwasanaethau i'r GIG fel amgylcheddau heb COVID-19, a ddefnyddir ar gyfer llawdriniaethau sensitif o ran amser a thriniaethau diagnostig. Rhwng mis Tachwedd a mis Ionawr, gwelsom dystiolaeth o'r cydberthnasau gweithio cadarnhaol sydd wedi datblygu yn ystod pandemig COVID-19 rhwng ysbytai annibynnol ac ysbytai'r GIG.

Mae hyn yn cynnwys enghreifftiau lle cafodd gweithdrefnau gweithredu safonol eu llunio ar y cyd â'r bwrdd iechyd lleol, i ddatblygu protocolau a gweithdrefnau mewn perthynas ag amgylcheddau diogel a gwisgo a dros Cyfarpar Diogelu Personol (PPE). Mae'r dull cydweithredol hwn wedi helpu i sicrhau capasiti ychwanegol er mwyn rhoi triniaeth amserol ar gyfer cyflyrau iechyd penodol mewn amgylchedd diogel.

Fel y nodwyd yn y [Bwletin Arsylwi ar Ansawdd](#) cyntaf, cyflwynwyd trefniadau cadarn mewn ysbytai annibynnol ar gyfer cynnal profion COVID-19, a gofynnwyd i gleifion hunanynysu cyn iddynt ddod i'r ysbyty. Roedd yn galonogol gweld bod y trefniadau hyn wedi parhau i weithio'n effeithiol, gan na welwyd unrhyw achosion o COVID-19 ymysg cleifion rhwng mis Tachwedd a mis Ionawr.

Atal a Rheoli Heintiau

Ar y cyfan, gwnaethom barhau i weld bod trefniadau da ar waith mewn ysbytai annibynnol i atal a rheoli heintiau'n briodol, a helpu i leihau'r risg o drosglwyddo COVID-19. Mae hyn yn cynnwys trefniadau ar gyfer profion COVID-19 rheolaidd, asesiadau risg, archwiliadau atal a rheoli heintiau, gweithdrefnau glanhau gwell a sicrhau bod PPE priodol ar gael i'r staff.

Fel y nodwyd yn y [Bwletin Arsylwi ar Ansawdd](#) cyntaf, gwnaethom nodi drwy ein proses digwyddiadau hysbysadwy bod nifer bach o'r staff wedi cael canlyniad prawf positif ar gyfer COVID-19 mewn un ysbyty annibynnol. Ers hyn, mae'r gwasanaeth wedi ein sicrhau ei fod wedi ymchwilio i'r digwyddiad ac wedi ymateb yn briodol, gan roi hyfforddiant ychwanegol i'r holl staff. Mae'n hanfodol bod pob aelod o'r staff yn cael ei atgoffa'n rheolaidd o sut i ddefnyddio PPE yn gywir, a bod angen cadw pellter cymdeithasol wrth ryngweithio â'i gilydd.



Llywodraethu

Mae'r effaith andwyl a gaiff pandemig COVID-19 ar y staff, yn sgil pryder a blinder cysylltiedig, yn gryn bryder. Rhwng mis Tachwedd a mis Ionawr, gwelsom gynnydd yn yr achosion hyn yn sgil y pwysau parhaus a roddir ar y staff. Gwelsom fod ymyriadau cadarnhaol ar waith yn barhaus, er mwyn helpu i gynnal llesiant ac iechyd meddwl y staff. Mae hyn yn cynnwys defnyddio ymarfer myfyriol a [Rowndiau Schwarts](#), lle mae staff o bob disgyblaeth yn cwrdd i fyfyrir ar agweddau emosiynol eu gwaith. Teimlwyd bod y dull hwn yn helpu'r staff i deimlo eu bod yn cael cefnogaeth yn ystod y pandemig; felly, rydym yn annog rheolwyr ysbytai i archwilio hyn neu ddulliau tebyg, fel adnodd i helpu i gefnogi'r staff.

Roedd yn gadarnhaol nodi bod hyfforddiant penodol ar COVID-19 wedi'i roi i'r staff. Fodd bynnag, fel y gellir ei ddisgwyl, mae'r ffaith na fu cyfleoedd i gael hyfforddiant wyneb yn wyneb a phwysau gwaith cynyddol wedi effeithio ar y gallu i gwblhau hyfforddiant gorfodol mewn rhai ysbytai. Dywedwyd wrthym fod e-ddysgu wedi cael ei annog i helpu â chydymffurfiaeth. Ynghyd â delio â'r llwyth gwaith cynyddol sy'n gysylltiedig ag ymateb i'r pandemig, mae angen cadw llygad gofalus ar gwblhau

hyfforddiant gorfodol. Gallai methu â rhoi'r hyfforddiant diweddaraf i staff arwain at arferion annïogel, a rhoi'r cleifion mewn mwy o berygl, felly mae'n bwysig bod pob bwrdd iechyd yn anelu at sicrhau bod ei weithlu yn cael hyfforddiant amserol sy'n briodol i'r rolau a gyflawnir.

Yn ôl i'r brig

Unedau Iechyd Meddwl

Yr Amgylchedd

Fel y nodwyd yn y [Bwletin Arsylwi ar Ansawdd](#) cyntaf, mae cleifion mewn rhai unedau iechyd meddwl, neu wardiau unigol, wedi cael eu dosbarthu fel un aelwyd at ddibenion rheoliadau'r coronafeirws. Roedd angen gwneud hyn am mai'r ward yw cartref y cleifion i bob pwrpas; byddai disgwyl i bobl sydd eisoes wedi'u cadw i orfod aros yn eu hystafelloedd gwely yn rhy gyfyngol ac yn anodd iawn i'w reoli, a gallai effeithio ar eu hadferiad. Mae'r dull hwn hefyd wedi galluogi gwasanaethau i barhau â'u harferion dyddiol, sydd wedi helpu i leihau gorbryder o fewn grwpiau cleifion a achoswyd gan y cyfyngiadau ehangach a roddwyd arnynt, fel llai o ryddid i adael.



Roedd yn galonogol iawn gweld bod ymdrechion parhaus yn mynd rhagddynt i ddatblygu mentrau a gweithgareddau ychwanegol i helpu i gefnogi cleifion sy'n teimlo'n ofnus, yn bryderus ac yn unig. Mae'r rhain wedi cynnwys gweithgareddau grŵp, ac mewn un lleoliad, sefydlwyd siop ar y safle lle gallai'r cleifion brynu eu heitemau hanfodol eu hunain er mwyn helpu i roi rhywfaint o annibyniaeth iddynt. Gwelsom hefyd fod camau cadarnhaol wedi cael eu cymryd i gefnogi llesiant meddyliol a chorfforol y cleifion, drwy gynnal mwy o weithgareddau ar y safle fel ioga a gweithgareddau campfa yn yr awyr agored. Mae'r rhain yn hollbwysig er mwyn helpu i gefnogi iechyd cleifion mewn modd holistaidd, ac fel na welir mwy o ymddygiad heriol, a'r potensial o hunan-niwed am fod rhywun yn teimlo'n ofnus neu am ei fod wedi diflasu.

Fel y nodwyd yn y [Bwletin Arsylwi ar Ansawdd](#) cyntaf, rydym unwaith eto yn siomedig ac yn bryderus ynghylch y ffaith ein bod yn dal i nodi arferion anghyson mewn perthynas ag asesiad risg pwyntiau clymu mewn rhai lleoliadau. Mae hwn yn bryder sylweddol, yn arbennig mewn perthynas â chleifion sydd mewn mwy o berygl o hunan-niwedio. Rhaid rhoi prosesau cadarn ar waith, fel bod asesiadau risg pwyntiau clymu yn cael eu cwblhau'n amlach ym mhob lleoliad iechyd meddwl.

Atal a Rheoli Heintiau

Roedd yn gadarnhaol nodi, yn unol â chanllawiau iechyd y Cyhoedd, fod trefniadau lefel uwch wedi'u cyflwyno ledled Cymru, gyda'r nod o ostwng cyfraddau trosglwyddo COVID-19. Fodd bynnag, gwnaethom nodi enghreifftiau lle nad oedd hyfforddiant ychwanegol wedi'i ddarparu ar gyfer y staff i'w helpu i ddeall eu cyfrifoldebau mewn perthynas â COVID-19. Mae hyn yn cynnwys hyfforddiant ar wisgo a diosg PPE yn ddiogel. Mae'n hanfodol bod pob aelod o staff yn cael yr hyfforddiant hwn er mwyn sicrhau bod ganddynt y ddealltwriaeth a'r cymhwysedd angenrheidiol mewn perthynas â defnydd diogel o PPE, er mwyn cadw'r staff a'r cleifion yn ddiogel.



Ar y cyfan, gwelwyd bod mwy o weithdrefnau glanhau ar waith ym mhob lleoliad er mwyn cynnal diogelwch y cleifion a'r staff. Fodd bynnag, mewn un lleoliad, gwelsom fod prinder staff yn y tîm glanhau domestig wedi golygu y bu'n rhaid i'r tîm nyrsio ymgymryd â dyletswyddau glanhau, ar ben eu

rôl er mwyn sicrhau bod y ward yn cael ei glanhau'n ddigonol. Mae hyn yn rhoi mwy o bwysau ar staff nyrsio ac yn eu tynnu oddi wrth eu prif rôl o roi gofal a thriniaeth i gleifion. Dylai darparwyr sicrhau bod ganddynt gynlluniau wrth gefn ar gyfer sicrhau staff glanhau ychwanegol, fel sydd ganddynt ar gyfer staff nyrsio a gweithwyr cymorth.

Rydym wedi parhau i weld achosion o COVID-19 yn codi mewn ysbytai iechyd meddwl ac anableddau dysgu annibynnol. Gall hyn fod yn sgil y lefelau cynyddol o drosglwyddiad cymunedol a welwyd rhwng mis Tachwedd a mis Rhagfyr. Mae'n galonogol nodi na chafwyd unrhyw farwolaethau yn y lleoliadau hyn o ganlyniad i staff neu gleifion yn dal COVID-19, gyda'r mwyafrif o brofion cadarnhaol ymysg y staff yn hytrach na'r cleifion. Er hyn, mae'n hanfodol cynnal gwyliadwriaeth a sicrhau bod y trefniadau atal a rheoli heintiau yn ddigonol er mwyn cyfyngu ar y tebygolrwydd o achosion pellach.

Mae Llywodraeth Cymru wedi ymateb yn gadarnhaol i'r argymhellion yn y [bwletin Arsylwi ar Ansawdd](#) cyntaf i roi system profion rheolaidd ar waith ar gyfer ysbytai annibynnol. Mae [Strategaeth Brofi COVID-19 i Gymru](#), a gyhoeddwyd ddiwedd mis Ionawr 2021, yn ymrwmo i gynnal Profion Llif Unffordd ddwywaith yr wythnos ar bob gweithiwr iechyd a gofal cymdeithasol. Ar gyfer ysbytai annibynnol, mae hyn yn golygu y byddant yn gallu profi pob aelod o staff a phob claf ddwywaith yr wythnos ar y safle a chael canlyniadau o fewn 30 munud. Caiff hyn ei roi ar waith erbyn diwedd mis Chwefror 2020 a bydd yn helpu i ganfod staff sydd wedi cael canlyniad cadarnhaol ar gyfer COVID-19 asymptomatig ar unwaith.

Llywodraethu

Fel y nodwyd yn y [Bwletin Arsylwi ar Ansawdd](#), mae'r effaith andwyol a gaiff pandemig COVID-19 ar y staff, yn sgil pryder a blinder cysylltiedig, yn gryn bryder. Rhwng mis Tachwedd a mis Ionawr, gwelsom gynnydd yn yr achosion hyn yn sgil y pwysau cynyddol ar y staff a'u llwyth gwaith. Felly, mae'n hanfodol bod ymyriadau cefnogol, er mwyn helpu i gynnal llesiant ac iechyd meddwl staff yn cael eu hyrwyddo, a bod y rheini sy'n manteisio ar y gefnogaeth hon yn cael eu monitro'n ofalus.

Mae cydymffurfiaeth â hyfforddiant gorfodol yn dal i fod yn broblem i rai lleoliadau oherwydd y diffyg hyfforddiant wyneb yn wyneb. Gwnaed ymdrechion cadarnhaol i fynd i'r afael â hyn, sy'n cynnwys nodi opsiynau hyfforddiant ar-lein, a gwelwyd enghreifftiau o gynnal asesiad risg ar unrhyw hyfforddiant sydd heb ei gynnal a'i flaenoriaethu. Fodd bynnag, mae hyfforddiant gorfodol yn parhau i fod yn faes blaenoriaeth uchel i ddarparwyr ei ystyried, yn enwedig mewn amgylcheddau lle ceir llawer o achosion o ymddygiadau heriol. Gallai methu â rhoi'r hyfforddiant diweddaraf i staff arwain at arferion anniogel, a rhoi'r cleifion mewn mwy o berygl, felly mae'n bwysig bod pob bwrdd iechyd yn anelu at sicrhau bod ei weithlu yn cael hyfforddiant amserol sy'n briodol i'r rolau a gyflawnir.

Roedd yn galonogol gweld bod amrywiaeth o ddulliau newydd wedi cael eu cyflwyno i roi'r wybodaeth ddiweddaraf i gleifion am newidiadau i ganllawiau a gweithdrefnau. Mae hyn yn cynnwys argaeledd cyfarfodydd rheolaidd a chanllawiau hawdd eu darllen i gleifion, ac, mewn un lleoliad, cafodd y cleifion gefnogaeth drwy'r dull [straeon cymdeithasol](#). Teimlwyd bod y dull hwn yn helpu pryder a dealltwriaeth y cleifion, ac felly rydym yn annog darparwyr i archwilio hyn fel adnodd i helpu i roi cefnogaeth i gleifion.

Yn ôl i'r brig

Meddygfeydd

Yr Amgylchedd



Treuliwyd llawer o amser a gwnaed llawer o ymdrech er mwyn galluogi cleifion i barhau i gael cymorth gan eu meddygfa yn ystod y pandemig. Mae hyn yn cynnwys cyflwyno apwyntiadau o bell, lle gall y cleifion hefyd anfon negeseuon e-bost a ffotograffau er mwyn osgoi'r angen i fynd i'r feddygfa yn ystod pandemig COVID-19. Roedd yn galonogol gweld lle roedd angen i gleifion gael apwyntiad wyneb yn wyneb, neu lle y gwnaethant ofyn am apwyntiad o'r fath, fod prosesau asesu risg cadarn ar waith i alluogi hyn. Mae'r dull newydd hwn wedi bod yn newid sylfaenol yn y

modd y mae meddygon teulu'n gweithredu, ac mae wedi bod yn hanfodol yn ystod pandemig COVID-19. Fodd bynnag, er inni weld cred gadarn bod y cleifion wedi croesawu'r newidiadau, rydym yn pryderu y caiff rhai carfanau o gleifion eu heithrio'n ddigidol, ac efallai na fyddant yn gallu cynnal galwad fideo. Felly, mae'n hanfodol bod y cleifion yn dal i allu siarad ag aelod o'r staff dros y ffôn, yn ogystal â'r dull ar-lein newydd.

Cwblhawyd asesiadau risg amgylcheddol penodol ar gyfer COVID-19 er mwyn nodi unrhyw newidiadau y mae angen eu gwneud i'r amgylchedd er mwyn gwella trefniadau atal a rheoli heintiau. Gwelsom mewn rhai achosion fod hyn wedi arwain at newidiadau a oedd yn cynnwys gosod lloriau caled yn lle carpedi, a chael cadeiriau y gellir eu sychu'n lân yn lle seddi ffabrig er mwyn sicrhau gweithdrefnau glanhau effeithiol. Mae'n bwysig bod meddygfeydd yn ystyried hyn nawr ac yn y dyfodol, er mwyn cadw eu staff a'u cleifion yn ddiogel ac yn iach.

Mae meddygon teulu wedi parhau i gynnal ymweliadau cartref, ac mae trefniadau ar waith i roi pecynnau parod i glinigwyr er mwyn sicrhau bod cyfarpar addas a PPE wrth law yn rhwydd. Fodd bynnag, gwelsom enghreifftiau o achosion lle na chafodd asesiad risg COVID-19 ei gynnal cyn i'r staff gwblhau ymweliad cartref. Felly, rydym yn argymhell y dylai meddygon teulu gynnal asesiad risg COVID-19 priodol cyn ymweliadau cartref, er mwyn help i leihau'r risg o drosglwyddo COVID-19.

Roedd nifer cyfyngedig o wasanaethau meddygon teulu wedi'u hatal dros dro yn ystod ton gyntaf y pandemig, fel clinigau fitamin B12 a chlinigau anadlol. Roedd yn galonogol gweld lle roedd clinigau wedi aildechrau, fod trefniadau wedi cael eu cyflwyno i reoli llif y cleifion er mwyn lleihau nifer y bobl a chyswllt corfforol â'r staff yn y practisau a'r meddygfeydd. Fodd bynnag, mae'n hanfodol sicrhau bod cleifion â chyflyrau cronig yn cael y wybodaeth ddiweddaraf am y rhesymeg dros unrhyw newidiadau i arferion meddyginiaeth, fel bod meddyginiaeth drwy'r geg yn cael ei rhoi yn lle pigladau B12, er mwyn helpu i leihau unrhyw bryder ymysg grŵp cleifion sydd eisoes yn agored i niwed.

Atal a Rheoli Heintiau

Mae trefniadau atal a rheoli heintiau priodol ac effeithiol yn parhau i fod yn hollbwysig yn ystod y pandemig. Roedd yn galonogol gweld bod nifer o newidiadau wedi cael eu rhoi ar waith yn sgil COVID-19, er mwyn sicrhau bod safonau atal a rheoli heintiau yn cael eu cynnal. Mae hyn yn cynnwys defnyddio asesiadau risg COVID-19, gweithdrefnau a hyfforddiant wedi'u diweddarau ar gyfer atal a rheoli heintiau, a chanllawiau ychwanegol i gynorthwyo staff i roi gofal diogel ac effeithiol i gleifion yn ystod y pandemig.

Roedd yn galonogol gweld bod trefniadau da ar waith i sicrhau bod staff yn gallu cael gafael ar Gyfarpar Diogelu Personol (PPE) priodol, ac y darparwyd hyfforddiant ar sut i'w ddefnyddio'n gywir yn gyffredinol. Mae hyfforddiant a gwybodaeth i staff ar atal a rheoli heintiau a PPE yn hanfodol er mwyn sicrhau bod y staff yn ymwybodol o'r gweithdrefnau cywir o ran gwisgo a diosg PPE, a'u bod yn dilyn y prosesau perthnasol ar atal a rheoli heintiau er mwyn sicrhau bod y cleifion a'r staff yn cael eu cadw'n ddiogel.

Llywodraethu

Un ystyriaeth bwysig y mae angen ei ystyried yn ystod y pandemig yw llesiant staff. Mae'n amlwg bod staff wedi bod yn gweithio mewn amgylcheddau heriol iawn dros y misoedd diwethaf. O ganlyniad, rydym yn poeni y gall staff gofal iechyd fod wedi blino'n lân, ac yn teimlo'n ofidus iawn. Bydd hyn hefyd yn cynnwys y gofynion ychwanegol newydd ar gyfer gwasanaethau a ddarperir yn y practis i gyflwyno'r rhaglen frechu. Mae'n hanfodol bod pob meddyg teulu'n sicrhau ei fod yn gwneud popeth o fewn ei allu i gefnogi ei hun a'i weithlu drwy'r cyfnodau heriol hyn, sy'n cynnwys ymyriadau cadarnhaol er mwyn helpu i gefnogi llesiant ac iechyd meddwl pob aelod o staff.

Cynhaliwyd asesiadau risg er mwyn sicrhau bod y staff yn ddiogel i weithio yn y practis, ac mae systemau ar waith ar gyfer staff yr ystyrir eu bod yn wynebu risg. Roedd hyn yn cynnwys dull mwy hyblyg o weithio, sy'n galluogi staff i gydbwyso cyfrifoldebau teuluol a gofynion ynysu yn well gyda'u gwaith. Roedd yn galonogol gweld bod y staff wedi bod yn gweithio gartref pan oeddent yn gallu, er mwyn helpu i leihau nifer y bobl yn y practis.

Mae trefniadau clwstwr meddygon teulu wedi bod yn gweithio'n dda yn ystod y pandemig. Mewn rhai clystyrau, datblygwyd gwasanaeth asesu ar y cyd ar gyfer COVID-19, a ddarperir ar sail rota rhwng partneriaid meddygon teulu pob practis er mwyn cynnal gofal staff a chleifion. Gwelsom enghraifft gadarnhaol lle roedd un clwstwr wedi bod yn rhagweithiol wrth ddatblygu menter newydd a oedd yn edrych ar batrymau atgyfeirio o gymharu â'r un cyfnod y llynedd, er mwyn sicrhau bod lefelau gweithgarwch yn cael eu cynnal, yn enwedig mewn perthynas ag atgyfeirio cleifion canser. Rydym yn ystyried bod hyn yn enghraifft o arferion da, ac mae'n rhywbeth y dylai practisau eraill ei ystyried er mwyn helpu i sicrhau bod grwpiau o gleifion sy'n agored i niwed yn cael gofal amserol, ac er mwyn lleihau'r niwed ehangach posibl yn sgil COVID-19.

Yn ôl i'r brig

Clinigau Annibynnol

Yr Amgylchedd

Drwy gydol y pandemig, mae clinigau annibynnol ledled Cymru wedi bod yn rhagweithiol yn eu hymateb, ac maent wedi addasu'n gyflym i ddarparu gofal diogel ac effeithiol i gleifion. Mewn rhai achosion, roedd hyn yn cynnwys cyflwyno apwyntiadau o bell er mwyn galluogi cleifion i gael ymgynghoriadau rhithwir, a thrafodaethau ynghylch triniaethau posibl. Roedd yn galonogol gweld bod y trefniadau hyn yn cynnwys prosesau diogel i gynnal prawf adnabod ar gleifion cyn ymgynghoriadau a chyn rhagnodi meddyginiaethau.



Gwnaed amrywiaeth o newidiadau amgylcheddol i sicrhau y gellir cadw pellter cymdeithasol diogel a helpu i liniaru achosion o groesheintio pan fydd staff a chleifion yn ymweld â'r clinig. Mae hyn yn cynnwys gostwng nifer y cleifion sy'n cael bod yn y clinig ar yr un pryd, a rhoi mwy o amser rhwng apwyntiadau. Gwelsom enghraifft dda o arloesedd lle y gwnaed addasiadau er mwyn galluogi clinigwyr i sicrhau y gellir mesur pwysau cleifion yn ddiogel, drwy brynu cloriannau Bluetooth. Mae hyn wedi galluogi'r rheolwr cofrestredig i gofnodi'r pwysau drwy ap wrth gadw pellter cymdeithasol oddi wrth y cleifion.

Atal a Rheoli Heintiau

Yn unol â chanllawiau lechyd y Cyhoedd, cyflwynwyd trefniadau lefel uwch mewn clinigau annibynnol, gyda'r nod o ostwng cyfraddau trosglwyddo COVID-19. Roedd hyn yn cynnwys trefniadau i sicrhau bod staff yn gallu cael gafael ar Gyfarpar Diogelu Personol (PPE) priodol, a darparwyd hyfforddiant ar

sut i'w ddefnyddio'n gywir. Diweddarwyd polisïau atal a rheoli heintiau hefyd yn sgil COVID-19, a rhoddwyd hyfforddiant ychwanegol i staff ar atal a rheoli heintiau. Mae hyfforddiant a gwybodaeth i staff ar atal a rheoli heintiau a PPE yn hanfodol er mwyn sicrhau bod y staff yn ymwybodol o'r gweithdrefnau cywir o ran gwisgo a diosg PPE, a'u bod yn dilyn y prosesau perthnasol ar atal a rheoli heintiau er mwyn sicrhau bod y cleifion a'r staff yn cael eu cadw'n ddiogel.

Roedd yn galonogol gweld, mewn un lleoliad, fod arolwg COVID-19 wedi'i ddatblygu ar gyfer cleifion, ac roedd y canlyniadau'n dangos bod pob claf a gwblhaodd yr arolwg yn gadarnhaol iawn ac yn teimlo'n ddiogel ac yn hyderus ar ôl ei ymweliad â'r lleoliad. Mae hyn yn rhywbeth y dylai lleoliadau eraill ei ystyried, er mwyn cael adborth gan gleifion ynghylch eu gofal yn ystod y cyfnod heriol hwn.

Llywodraethu

Rhaid ystyried llesiant staff yn ystod y pandemig. Mewn rhai clinigau annibynnol, mae'r timau staff yn fach iawn, ac mae trefniadau anffurfiol parhaus ar waith i drafod risgiau gweithio yn ystod pandemig COVID-19, a chynnal llesiant y staff. Fodd bynnag, mae'n naturiol y bydd gan y staff lefelau cynyddol o bryder a straen o bosibl, felly rydym yn annog cyflogwyr i sicrhau bod ymyriadau cefnogol ar waith er mwyn helpu i gynnal llesiant ac iechyd meddwl y staff.

Mae'r lefelau cydymffurfio â hyfforddiant gorfodol yn dda ar y cyfan. Fodd bynnag, fel y gellid disgwyl, mae mynediad i hyfforddiant wyneb yn wyneb yn ystod y pandemig wedi bod yn heriol. Felly, rydym yn annog cyflogwyr i archwilio opsiynau ar-lein ar gyfer hyfforddiant ac e-ddysgu. Gallai methu â rhoi'r hyfforddiant diweddaraf i staff arwain at arferion annïogel, a rhoi'r cleifion mewn mwy o berygl, felly dylai pob cyflogwr anelu at sicrhau bod ei weithlu yn cael hyfforddiant amserol sy'n briodol i'r rolau a gyflawnir.

Cymerwyd camau cadarnhaol i nodi staff y dosbarthwyd eu bod yn wynebu risg uchel ar gyfer COVID-19, ac mae systemau ar waith i gyflawni hyn. Mae hyn yn cynnwys enghreifftiau lle prynwyd gliniaduron a pheccynau meddalwedd diogel ar gyfer staff sy'n wynebu lefelau risg uchel, neu sy'n cael eu gwarchod, i'w galluogi i weithio'n ddiogel o gartref. Mae hyn yn hanfodol i ddiogelu iechyd a llesiant staff yn ystod pandemig COVID-19.

Yn ôl i'r brig

Adborth



Rydym yn croesawu adborth, felly [cysylltwch](#) os oes gennych unrhyw sylwadau am ein gwaith.

Yn ôl i'r brig

Quality Insight (COVID-19)

Throughout the COVID-19 pandemic, it has been our ongoing commitment at Healthcare Inspectorate Wales (HIW) to check that people in Wales are receiving good quality care, which is provided safely and effectively, in line with the Health and Care Standards and regulations.

This is our second Quality Insight Bulletin, covering the period from November to January. Our first [Quality Insight Bulletin](#) was published on 18 December 2020, and covered the period August to

October 2020.

The purpose of our Quality Insight Bulletin is to highlight the key findings from the work we have undertaken, including engagement with healthcare providers and other intelligence that we hold. The aim is to support improvement within healthcare services by sharing our findings, with a focus on good practice and learning, so that services can take note and adapt accordingly through this unprecedented and challenging time.

These findings are primarily based on our adapted approach to assurance, through our [HIW Quality Checks](#), and capture positive themes, good practice and emerging risks. Our Quality Checks are conducted entirely offsite and focus on three key areas:

- Infection prevention and control
- Governance (specifically around staffing)
- Environment of care.

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Activity Summary

As a consequence of the significant pressures facing NHS services during the second wave of the COVID-19 pandemic, we paused our routine Quality Checks and Inspections in the NHS from 24 December until February 2021.

We carried out 28 Quality Checks from November to January, which included:

- 3 NHS Hospitals
- 3 Independent Hospitals (including one hospice)
- 5 NHS Mental Health settings (including one Learning Disability setting)
- 6 Independent Mental Health settings
- 5 GP Practices
- 6 Independent Clinics.



Although our routine programme of inspections was paused at the onset of the COVID-19 pandemic, we have continued to conduct some onsite inspections in response to concerns or intelligence indicating that there may be a high risk to patient safety. However, this has only happened when other means of gaining assurance and evidence have been exhausted, and where we have conducted a full risk assessment to ensure the safety of our staff.

Between November and January, and as a result of serious concerns reported to HIW, four onsite inspections were conducted. These took place at three independent mental health settings and one dental practice. We also completed one remote inspection, as part of our statutory role in monitoring compliance with the Ionising Radiation (Medical Exposure) Regulations 2017. The reports when published can be [found on our website](#).

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COVID-19 Healthcare Perspective

From November to January healthcare services across Wales faced unprecedented challenges, in responding to the second wave of the COVID-19 pandemic. As a consequence there has been increased pressure on the workforce, in delivering healthcare under extremely challenging circumstances. Therefore, once again, we would like to recognise and commend all staff who have continued to work tirelessly throughout these challenging times, to provide good quality care to patients.

Staff have continued to describe to us the new ways of working that have been implemented since the start of the pandemic, and have told us how services have been adapted in a proactive manner to keep patients and staff safe. Overall, our findings are very positive, and show the determination and commitment demonstrated by healthcare providers in Wales to continue to provide safe care.

The launch of the national vaccination programme in January has been a significant step forward towards recovery from the COVID-19 pandemic. However, it is clear that the benefits from the vaccination programme will take many months to be fully realised. Staff will continue to work under significant pressure for some time, with a strong possibility that this will have an impact on their health and well-being. We therefore urge health boards, trusts and service providers to ensure arrangements to support staff wellbeing are prioritised and promoted widely.

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What have we learned?

NHS Hospitals



Environment

As a result of the pandemic, health boards were forced to develop additional bed capacity away from their usual hospital locations, repurposing non-healthcare facilities as field hospitals. The speed at which these were constructed, introduced risks around the environment and their suitability for patient care and safety. We therefore developed an inspection methodology examining how the

risks to patients' health, safety and well-being are managed, and completed inspections at two temporary field hospital sites in Hywel Dda University Health Board.

The field hospital inspections identified that overall, appropriate processes were in place to provide safe and effective care to patients. We found evidence of extensive planning by the health board in preparation for the safe and effective care to patients within unique environments. We saw evidence of good leadership, and staff who were engaged and passionate in their roles.

Our Quality Checks between November and January highlighted the significant ongoing work to redesign hospital wards and unit environments, in order to reduce the transmission of COVID-19. This includes the use of coloured zones to separate COVID and non-COVID patients, and help safely manage the influx of patients with COVID-19. However, the increased rate of Covid-19 transmission during the second wave highlights the need for ongoing stringent environmental controls, such as ensuring safe social distancing between patients and staff where possible, and maintaining strict Infection Prevention and Control (IPC) measures.

As highlighted in the first [Quality Insight Bulletin](#), patients have been provided with personal electronic devices to help maintain contact with friends and family during their time in hospital, and this has been vital to help minimise the distress and isolation that patients or their families may experience.

However, it is important to recognise that this has added to the already significant workload on existing clinical staff in hospitals. Health boards should consider the most efficient way of managing these arrangements to help reduce the burden on clinical staff.

Infection Prevention and Control (IPC)

Appropriate and effective IPC arrangements continue to be of paramount importance during the pandemic. Over the past months, more hospital sites have been impacted by outbreaks of COVID-19. Therefore, it is critical that outbreaks are managed effectively when they occur. Sources of outbreaks should be identified where possible, and actions taken to mitigate the risk of further transmissions.

We have again found examples of poor follow up of actions from risk assessments and audits, which included IPC audits. This included some fundamental areas, such as the cleanliness and condition of some clinical areas, and the need for staff to maintain social distancing. This is an important issue for health boards to consider, to ensure that improvement actions are completed in a timely manner and ensuring that IPC processes are working effectively to maintain the health and safety of staff and patients.

Governance

As highlighted in the first [Quality Insight Bulletin](#), the detrimental impact that the COVID-19 pandemic is having on staff, due to associated anxiety and fatigue is a significant concern. During this period, we found further incidences of this due to the increased pressures and extraordinary demands on staff. In addition, there has been a high use of temporary staff across all health boards to ensure staffing establishments are met. This has sometimes resulted in an increased workload for the substantive staff, who may need to provide support for the temporary staff. It is therefore critical that departments and health boards ensure that staff are fully supported through regular supervision, wellbeing conversations, and being able to take time off when required.



Compliance with mandatory training has continued to be a challenge in some settings due to difficulties in delivering face to face training, and increased work pressures. We also found that in some settings, staff are not provided with time in their rota to complete training, and are expected to undertake this in their own time. This is placing further pressure on the workforce during very challenging times. Failure to ensure that staff training is up to date may potentially result in unsafe practice and increased risk to patients, so it is important that all health boards strive to ensure their workforce receives timely training appropriate to their roles.

It was positive to find examples where patient feedback had been reinstated following a pause at the onset of the COVID-19 pandemic. We identified one setting where a pilot telephone survey of patients recently discharged from the High Dependency Unit had been undertaken. The feedback received was very positive and this helped to boost staff morale. We recognise this as an example of good practice, and would encourage health boards to consider how they can increase efforts to obtain patient experience feedback, as a means to both improve services and provide feedback for the workforce.

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Independent Hospitals

Environment



Independent hospitals have continued to provide services for the NHS as COVID-19 free environments, used for time-sensitive surgery and diagnostic procedures. Between November and January, we found evidence of the positive working relationships that have developed during the course of the COVID-19 pandemic between independent and NHS hospitals. This includes examples where standard operating procedures have been co-produced with the local health board, to develop protocols and procedures in relation to safe environment and donning and doffing of Personal

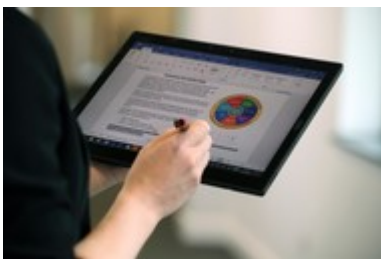
Protective Equipment (PPE). This collaborative approach has helped maintain extra capacity to provide timely treatment for specific health conditions in a safe environment.

As highlighted in the first [Quality Insight Bulletin](#), robust arrangements have been introduced in independent hospitals for COVID-19 testing and the requirement for patients to self-isolate at home prior to admission. It was positive to find these arrangements have continued to work effectively, as there were no outbreaks of COVID-19 involving patients between November and January.

Infection Prevention and Control (IPC)

Overall, we continued to find good arrangements in place within independent hospitals to maintain appropriate IPC, and help reduce the risk of Covid-19 transmission. This includes arrangements for regular COVID-19 testing, risk assessments, IPC audits, enhanced cleaning and ensuring staff can access appropriate PPE.

As highlighted in the first [Quality Insight Bulletin](#), we identified through our notifiable events process that a small number of staff had tested positive for COVID-19 in one independent hospital. We have since received assurance from the service that the incident has been investigated and responded to appropriately, with additional training provided to all staff. It is essential that all staff are frequently reminded about the correct use of PPE, and the need to comply with social distancing guidance when interacting with each other socially.



Governance

The detrimental impact of the COVID-19 pandemic on staff, due to associated anxiety and fatigue is a significant concern. Between November and January we found increased incidences of this due to the ongoing pressures staff are faced with. We found a continuation of positive interventions to help support the wellbeing

and mental health of staff. This includes the use of reflective practice and [Schwartz Rounds](#), where staff from all disciplines meet to reflect on the emotional aspects of their work. It was felt that this approach was helping staff feel supported during the pandemic; we therefore encourage hospital managers to explore this or similar approaches, as a tool to help support staff.

It was positive to find that specific training on COVID-19 has been provided for staff. However, as might be expected, the lack of opportunities for face to face training and increased work pressures have impacted on the completion of mandatory training in some hospitals. We were told that e-learning has been promoted to help with compliance. Whilst dealing with the heightened workload associated with responding to the pandemic, completion of mandatory training requires close monitoring. Failure to ensure that staff training is up to date may potentially result in unsafe practice and increased risk to patients, so it is important that all hospital managers strive to ensure their workforce receives timely training appropriate to their roles.

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Mental Health Units

Environment

As highlighted in the first [Quality Insight Bulletin](#), patients in some mental health units, or individual wards, have been classed as one household for the purposes of the coronavirus regulations. This approach has been necessary as the ward is effectively the patients' home; expecting people that are already detained to be confined only to their bedrooms would be overly restrictive and very difficult to manage, and could affect their recovery. This approach has also enabled services to continue with daily routines, which has helped reduce anxiety within patient groups that has been caused by the wider restrictions placed on them, such as reduced leave.



It was very encouraging to find that ongoing efforts are being made to develop additional initiatives and activities to help support patients who are feeling scared, anxious and isolated. These have included group activities, and in one setting a shop was created on site where patients could purchase their own essential items to help provide some independence. We also found positive steps have been taken to support patients' mental and physical well-being, through more on site activities such as yoga and outside gym activities. These are vitally important to help support patients health in a holistic manner, and to avoid an increase in challenging behaviour and the potential for self-harm, as a result of feeling fearful or bored.

As highlighted in the first [Quality Insight Bulletin](#), we are again disappointed and concerned that we continued to identify inconsistent practice in relation to ligature risk assessment in some settings. This is a significant concern particularly in relation to patients at a higher risk of self-harm. It is essential that robust processes are in place, to ensure ligature risk assessments are completed more frequently across all mental health settings.

Infection Prevention and Control (IPC)

It was positive to find that in line with Public Health guidelines, enhanced arrangements have been introduced across Wales, aimed at reducing Covid-19 transmission. However, we identified examples where additional training had not been provided for staff to help them understand their responsibilities in relation to COVID-19. This includes training on how to safely don and doff PPE. It is vital that all staff receive this training to ensure they have the necessary understanding and competency in relation to the safe use of PPE, in order to keep both staff and patients safe.

Overall, increased cleaning regimes were in place in all settings to maintain patient and staff safety. However, in one setting we found that staff shortages in the domestic cleaning team had resulted in the nursing team needing to undertake cleaning duties, in addition to their role to ensure adequate cleaning of the ward was maintained. This is potentially putting nursing staff under increased pressure and taking them away from their main role of providing care and treatment for patients. Providers should ensure that they have contingency plans for securing additional cleaning staff, in the same way they have for nursing staff and support workers.

We have continued to see outbreaks of COVID-19 occurring in the independent mental health and learning disability hospitals. This is potentially due to the increased levels in community transmission seen during November and December. It is positive to note that no deaths have been reported within these settings as a result of staff or patients contracting COVID-19, with the majority of positive tests

relating to staff rather than patients. Nevertheless, it is critical to maintain vigilance and ensure IPC arrangements are adequate to limit the likelihood of further outbreaks.

Welsh Government has responded positively to the recommendation in the first [Quality Insight Bulletin](#) to implement a system of regular testing for independent hospitals. The updated [Covid-19 Testing Strategy for Wales](#), published at the end of January 2021, commits to providing twice weekly Lateral Flow Testing for all health and social care workers. For independent hospitals, this means they will be able to test all staff and patients twice weekly at the premises and obtain results within 30 minutes. This will be implemented by the end of February 2020 and will help detect asymptomatic COVID-19 positive staff promptly.

Governance

As highlighted in the first [Quality Insight Bulletin](#), the detrimental impact of the COVID-19 pandemic on staff, due to associated anxiety and fatigue is a significant concern. During November to January we found increased incidences of this due to the increased pressures on staff and their workload. It is therefore vital that supportive interventions, to help maintain the well-being and mental health of staff are promoted, and take up of this support is closely monitored.



Compliance with mandatory training is still an issue for some settings due to the lack of access to face to face training. Positive efforts have been made to address this, which includes the identification of online training options, and examples where any outstanding training had been risk assessed and prioritised. However, mandatory training continues to be a high priority area for providers to consider, particularly in environments with high incidences of challenging behaviours. Failure to ensure that staff training is up to date may potentially result in unsafe practice and increased risk to patients, so it is important that all providers strive to ensure their workforce receives timely training appropriate to their roles.

It was positive to find a range of new approaches had been introduced to keep patients up to date with changing guidance and procedures. This includes the availability of regular meetings and easy read guides for patients, and in one setting patients have been supported through the [social stories](#) approach. It was felt that this approach was helping patients' anxiety and understanding, and we therefore encourage providers to explore this as a tool to help support patients.

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General Practice (GP)



Environment

A significant amount of time and effort has been spent to enable patients to continue to access their GP surgery during the pandemic. This includes the introduction of remote appointments, where patients can also send emails and photographs to negate the need and risk of entering the practice during the COVID-19 pandemic. It was positive to find that where patients did require or

request a face to face appointment there were robust risk assessment processes in place to allow this. This new approach has been a fundamental change in the way GPs operate, and has been vital during the COVID-19 pandemic. However, although we found a strong belief that the changes had

been well received by patients, we are concerned that some cohorts of patients will be digitally excluded, perhaps unable to conduct a video call. It is therefore essential that patients still have access to speak with a member of staff via the telephone, in addition to the new online approach.

Specific COVID-19 environmental risk assessments have been completed to identify any changes that need to be made to the environment to improve IPC arrangements. We found in some instances this had resulted in changes that included replacing carpeted floors with hard floors, and replacing fabric seats with wipe clean chairs to facilitate effective cleaning. This is an important issue for all GP surgeries to consider both now and moving forward, to maintain the health and safety of both staff and patients.

GPs have continued to undertake home visits, and arrangements are in place to provide clinicians with grab bags to ensure suitable equipment and PPE is readily available. However, we found some examples of absent COVID-19 risk assessments prior to staff completing a home visit. Therefore, we recommend that GPs conduct an appropriate COVID-19 risk assessment prior to any home visits, to help mitigate the risk of Covid-19 transmission.

A limited number of GP services had been stopped temporarily during the first wave of the pandemic, such as vitamin B12 and respiratory clinics. It was positive to find that where clinics have restarted, arrangements had been introduced to control the patient flow to minimise footfall and physical contact with staff at the practices and surgeries. However, it is vital to ensure that patients with chronic conditions are kept informed on the rationale for any changes to medication regimes, such as vitamin B12 injections being replaced with oral medication, to help minimise any anxiety, in what is already a vulnerable patient group.

Infection Prevention and Control (IPC)

Appropriate and effective IPC arrangements continue to be paramount during the pandemic. It was positive to find that a range of changes had been implemented in light of COVID-19, to ensure IPC standards are maintained. This includes the use of COVID-19 risk assessments, updated procedures and training for IPC, and additional guidance to support staff in delivering safe and effective care to patients during the pandemic.

It was positive to find that good arrangements are in place to ensure staff can access appropriate Personal Protective Equipment (PPE), and training has been widely provided on its correct use. Staff training and knowledge on IPC and PPE are both vital to ensure staff are aware of the correct donning and doffing procedures for PPE, and follow the relevant IPC processes to ensure patients and staff are kept safe.

Governance

An important consideration during the pandemic is staff well-being. It is clear that staff have been working in a hugely challenging environments these past months. Consequently we are concerned that staff working in healthcare may be suffering significant anxiety and fatigue at this time. This will also include the new additional demands for services provided at the practice to deliver the vaccination programme. It is vital that all GPs continue to ensure they do all they can to support themselves and their workforce through these very challenging times, which include positive interventions to help support the well-being and mental health of all staff.

Risk assessments have been undertaken to ensure that staff are safe to work in the practice, and systems are in place to accommodate staff who are considered at risk. This has included a more flexible approach to work, which allows staff to better balance family responsibilities and isolation requirements with work. It was positive to find that staff have worked from home where they are able, to help minimise the number of people in the practice.

GP cluster arrangements during the pandemic have been working well. In some clusters a joint assessment service for COVID-19 had been developed, which is provided on a rota basis between GP partners of each practice to maintain staff and patient care. We found a positive example where one cluster had been proactive in developing a new initiative that looked at referral patterns, compared with the same period last year, to ensure that the levels of activity were maintained, particularly in relation to cancer referrals. We consider this to be an example of good practice, and is something other practices should consider to help ensure vulnerable patients groups receive timely care, and to minimise the potential wider harm from COVID-19.

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Independent Clinics

Environment

Throughout the pandemic, independent clinics across Wales have been proactive in their response, and have quickly adapted to provide safe and effective care to patients. In some instances, this has included the introduction of remote appointments to enable patients to have virtual consultations, and discussions regarding potential treatments. It was positive to find that these arrangements included secure processes to verify patient identification prior to consultations and before prescribing medication.



A range of environmental changes have been made to allow for safe social distancing, to help mitigate cross-infection when staff and patients attend the clinic. This includes reducing the number of patients who are allowed into the clinic at a time, and creating more space between appointments. We found a good example of innovation where adaptations had been made to allow clinicians to ensure weight measurements can be taken safely, via the purchase of Bluetooth weighing scales. This allowed the registered manager to record the weight via an app while maintaining social distance from the patients.

Infection Prevention and Control (IPC)

In line with Public Health guidelines, enhanced arrangements have been introduced in independent clinics, aimed at reducing Covid-19 transmission. This has included arrangements to ensure staff can access appropriate Personal Protective Equipment (PPE) and training has been provided on its correct use. IPC policies had also been updated to reflect COVID-19, and additional training has been provided for staff on IPC. Staff training and knowledge on IPC and PPE are both vital to ensure staff are aware of the correct donning and doffing procedures for PPE, and follow the relevant IPC processes to ensure patients and staff are kept safe.

It was positive to find that in one setting a new COVID-19 patient survey had been developed, and the results showed that all patients who completed the survey were very positive and felt safe and confident following their visit to the setting. This is something other settings should consider, to gain feedback from patients about their care during these challenging times.

Governance

The consideration of staff well-being during the pandemic is essential. In some independent clinics there are very small staff teams, and ongoing informal arrangements are in place to discuss the risks of working during the COVID-19 pandemic, and to maintain staff well-being. However, staff will

naturally be feeling increased levels of anxiety and possibly stress, therefore we encourage employers to ensure supportive interventions are in place to help maintain the well-being and mental health of staff.

Compliance with mandatory training is generally good. However, as might be expected, access to face to face training during the pandemic has been challenging. We therefore encourage employers to explore online options for training and e-learning. Failure to ensure staff training is up to date may potentially result in unsafe practice and increased risk to patient safety, therefore, all employers should strive to ensure their workforce receives timely training appropriate to their roles.

Positive steps have been taken to identify staff who are classed as high risk for COVID-19, and systems are in place to accommodate this. This includes examples where laptops and secure software packages have been purchased for staff who are high risk, or are shielding to allow them to securely work from home. This is vital to safeguard the health and wellbeing of staff during the COVID-19 pandemic.

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Feedback



We welcome feedback, so please [get in touch](#) if you have any comments on our work.

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