

HIW Quality Insight (COVID-19)



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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.

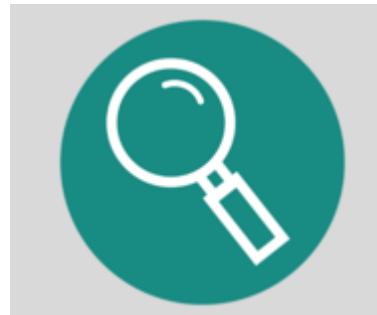
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Activity Summary

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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