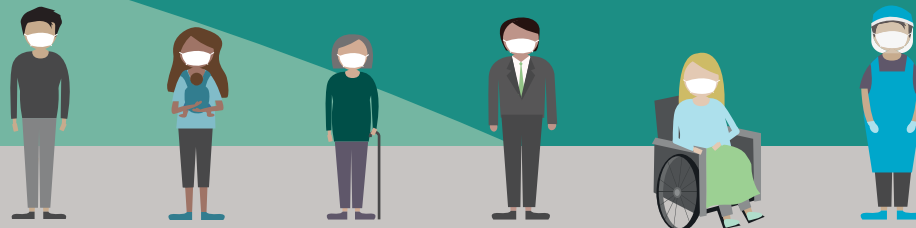


Healthcare Inspectorate Wales COVID-19 National Review

How healthcare services across Wales met the needs of people
and maintained their safety during the pandemic



Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales receive good quality healthcare.

Our values

We place patients at the heart of what we do.

We are:

- Independent
- Objective
- Caring
- Collaborative
- Authoritative

Our goal

To encourage improvement in healthcare by doing the right work at the right time in the right place; ensuring what we do is communicated well and makes a difference.

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

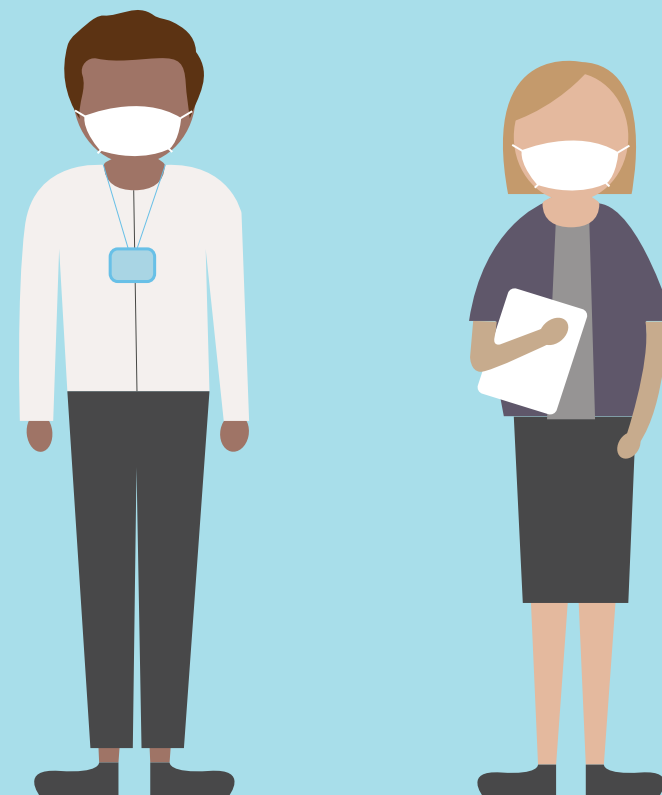
Influence policy and standards:

Use what we find to influence policy, standards and practice.



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Executive Summary

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 Health and Care Standards and regulations.

This report sets out the findings from our COVID-19 themed national review. The purpose of the review was to understand how healthcare services across Wales met the needs of people and maintained their safety during the pandemic. It considered how services supported the physical and mental well-being of staff. The review draws on all of our assurance activity since March 2020.

Our overall view is that the quality of care provided across Wales during the pandemic was of a good standard. We identified numerous examples demonstrating the outstanding efforts made by staff working in healthcare services, during a hugely challenging period. We commend the commitment, resilience and flexibility of staff across NHS Wales and independent healthcare services who have worked tirelessly to provide care to patients and to each other.

We have continued to discharge our role of checking that people receive good care, and as a consequence of our assurance activities we have identified important areas to support improvement as healthcare services continue through the recovery phase of the pandemic, and beyond.

A key area to have emerged from our work is the need for healthcare services to continue to strengthen their infection prevention and control arrangements in order to mitigate the risk of any future outbreaks of COVID-19. The pandemic has, at times, rapidly evolved, and whilst on the whole we believe that infection control has been managed appropriately, the number of hospital outbreaks that we saw during the second wave illustrates the need to ensure arrangements are effective, reducing the risk of transmission as much as possible.

It is clear that the pandemic has, and will continue to have, an impact on the well-being of staff who have worked tirelessly in highly pressured environments to maintain services for patients. As we continue along the path of recovery, the pressures and challenges facing healthcare services in addressing the backlog of patients awaiting treatment, means that services need to ensure arrangements are in place to support staff to deliver safe and effective care.



Executive Summary - Environments of care

How have the environments of care been adapted or improved, to support the delivery of safe and effective care?

Overall, we found that good arrangements had been introduced throughout healthcare services to adapt the environment of care and to enable services to continue operating during the pandemic. This included changes to the environment to support social distancing requirements, and the provision of remote appointments to maintain healthcare services as safely as possible. Services have implemented innovative approaches to support patients' physical and mental well-being during the pandemic.

It was positive to find that extensive efforts had been made across General Practices (GPs) and independent clinics to enable patients to continue to access services during the pandemic through virtual appointments. This also included arrangements whereby patients in mental health settings could still access advocacy and support services remotely.

As a result of visiting restrictions in hospitals, there were many examples where electronic devices had been provided to help patients to stay in contact with family and friends through video calls. However, providers should be mindful of how visiting restrictions limit the opportunity for family or carers to provide support, or to be involved in discussions or decisions regarding the care of patients. This is often an important part of the care and decision making process for patients. Therefore providers should explore solutions to enable this, such as video calls with family members where appropriate, when discussing or making decisions with plans of care.

We also found that significant efforts had been made to support patients' emotional and psychological needs. This was particularly evident within mental health settings, where additional activities and initiatives had been implemented to support this vulnerable group of patients.

In general, we found good arrangements were in place to provide safe care within field hospitals, and also within mass vaccination centres.

Whilst our findings in this area are positive, we identified some elements of service provision where improvement is required. These relate to the lack of follow up action taken by some health boards following the outcome of environmental risk assessments. This was a particular issue within NHS mental health settings in which we found examples where timely corrective action had not been taken to remove potential ligature risks¹.

Furthermore, where healthcare services have had to adapt and introduce new models of care during the pandemic, for instance the establishment of field hospitals and mass vaccination centres, it remains important that services ensure that an 'active offer' of Welsh language services is maintained alongside the introduction of these new models. Our work identified that, in some areas, more can be done to address this issue, as for many, accessing healthcare through their language of choice is often a matter of need.



¹ A ligature is an item or a series of items that can be used to cause compression of airways, resulting in asphyxiation and death. The ligatures could be attached to ligature points within an environment of care i.e. furniture, fixtures or fittings. A ligature (point) risk assessment identifies potential ligature points, and what actions should be undertaken by the healthcare provider to remove or manage these points for patient safety.

Executive Summary - Infection prevention and control arrangements

How have Infection prevention and control (IPC) arrangements been adapted or improved to support the delivery of safe and effective care?

Appropriate and effective IPC arrangements have been essential during the pandemic to help minimise the transmission of the COVID-19 virus. We found a number of positive arrangements in place to strengthen IPC across the NHS and independent healthcare services, which included a strong focus on hand hygiene, cleanliness and the correct provision and use of Personal Protective Equipment (PPE).

We found that, in general, processes had been implemented to help reduce the risk of nosocomial transmission and control the spread of the virus. This included the implementation of pre-screening for patients before scheduled appointments, to assess their risk of having COVID-19. In addition, we found arrangements were in place for testing patients and staff to identify people positive with COVID-19. Experience during the pandemic has shown that in areas with frequent testing regimes, the risk of hospital outbreaks can potentially be reduced.

Overall, arrangements were in place to limit the risk of COVID-19 transmission by segregating groups of patients in hospital. Hospitals made use of different zones, such as red for COVID positive patients and green for negative, as highlighted in the NHS Wales COVID-19 Operating Framework². Whilst most providers completed investigations following a COVID-19 outbreak, we identified some examples where the process could be strengthened.

We reviewed a number of key policies and procedures that were in place for the prevention and control of infections, including the management of COVID-19. It was positive to find that in the majority of settings, policies were up to date and had either been amended to reflect the management of COVID-19, or supplementary guidance was available to support staff to deliver safe and effective care. However, in some NHS and independent mental health settings, we identified instances where there had been a lack of follow up action where issues had been identified from IPC audits and risk assessments. We additionally found a number of concerns relating to IPC from our on-site dental inspections, which had been undertaken as a result of concerns being raised with HIW.



² NHS Wales Covid-19 Operating Framework

Executive Summary - Workforce governance arrangements

How have workforce governance arrangements been adapted or improved to support the delivery of safe and effective care?

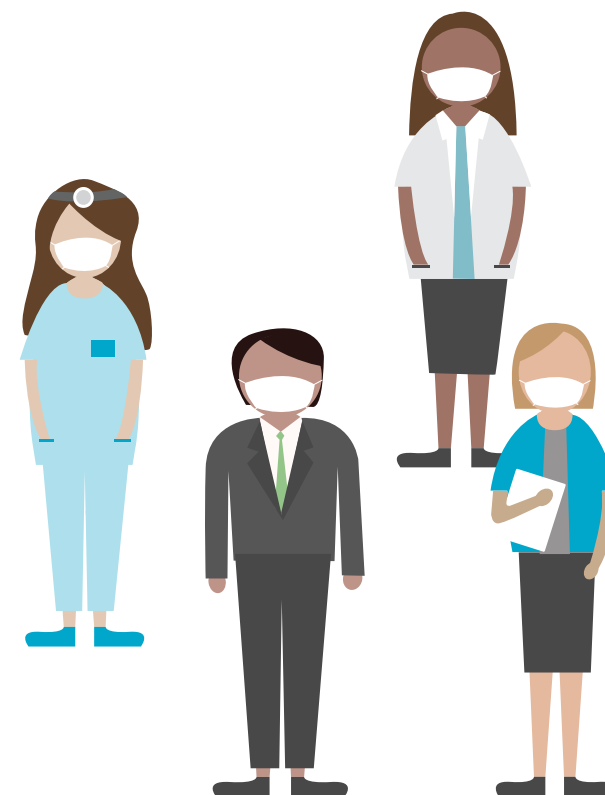
We found that managers were very proud of their staff and arrangements were in place to support staff well-being. However, despite this, there were significant concerns regarding the impact of the pandemic on staff who worked during the first and second waves. In particular, we found that staff working in hospitals may be suffering from stress and anxiety due to the unprecedented work pressures.

It was positive to find that additional training had been provided for some staff during the pandemic, including for teams working within field hospitals. Whilst the pandemic had a significant impact on the viability of face to face training, we found that services made positive efforts to source alternative methods of training particularly through e-learning. Nevertheless, we found there had been a reduction in the rates of compliance with mandatory training in some healthcare settings. Whilst it is understandable that the primary focus of staff during the pandemic has been on the delivery of care, maintaining competence is vital in ensuring that staff are equipped to provide safe and effective care.

We found that positive steps had been taken to increase the frequency of communication with staff to ensure staff were aware of up to date COVID-19 guidance. It was encouraging to find that within mental health settings there was also a very clear focus on the need for regular and effective communication with patients to help them understand the changing guidance, and restrictions placed upon them, including patient leave and local lockdowns.

It was positive to find that additional steps had been taken to support and protect staff during the pandemic, with employers in the vast majority of settings being proactive in implementing COVID-19 risk assessments. This included arrangements for deploying staff to alternative, lower risk, areas, should they be at high risk of developing complications if contracting the virus.

These key findings are all explored further in the following sections.



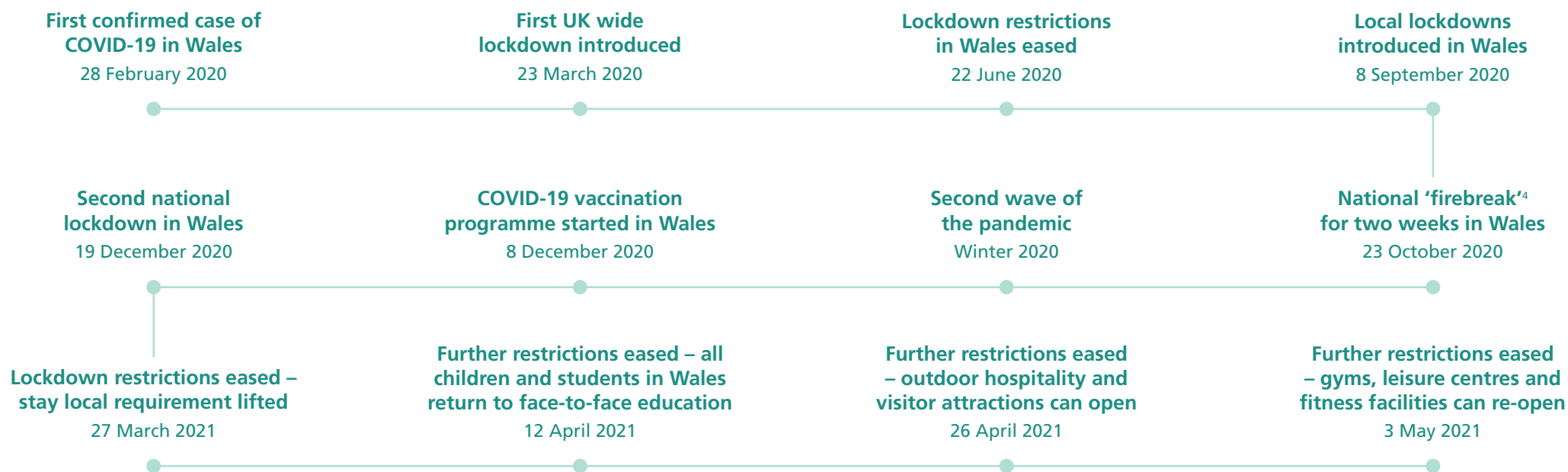
Context

Since March 2020 the COVID-19 pandemic has had a significant impact upon the delivery of healthcare across Wales. Healthcare services have had to adjust to respond to the challenges that the pandemic posed, whilst at the same time maintaining standards of care and safety for patients.

Coronaviruses are a group of viruses that are common across the world, and which can cause mild to severe respiratory illness. Coronavirus Disease 2019 (COVID-19)

was a novel and highly contagious coronavirus strain that was first identified in Wuhan City, China in December 2019. Due to the rapid increase in the number of cases affecting multiple countries, the World Health Organisation³ classified COVID-19 as a global pandemic on 11 March 2020.

Summary of key dates in relation to the pandemic in Wales:



³ <https://www.who.int/>

⁴ <https://gov.wales/written-statement-coronavirus-fire-break>

Context

In response to the pandemic, measures were implemented across the UK which aimed to slow down and reduce the spread of the virus. These measures were set out in the Coronavirus Act (2020)⁵ and included the closure of non-essential businesses, enforcing work at home rules, and restricting the free movement of the public during the pandemic.

To support NHS Wales in its response to the pandemic, Welsh Government implemented an NHS Wales COVID-19 Operating Framework. The framework aims to prioritise the pandemic response across NHS healthcare services, whilst continuing to deliver essential services.

Non-essential care was either reduced or stopped to help provide the beds required and utilise staff availability to care for patients with suspected or confirmed COVID-19. This had a significant impact on some areas of service delivery, which has resulted in severely extended waiting times to access a number of services⁶.

GP surgeries were also affected by national restrictions and the majority initially closed their doors to the public and operated a remote appointment system with rigorous triage processes utilised prior to the provision of care or treatment.

The Community Health Councils (CHC) in Wales have highlighted the difficulties faced by the people of Wales in accessing NHS healthcare services. Although it was necessary for the CHCs to reduce face to face activities in response to the pandemic, they made use of national surveys to enable people across Wales to share their views and experiences of NHS care. The Board of Community Health Councils published a report on behalf of the seven CHCs called 'Feeling Forgotten', which captured the views of patients whose care and treatment has been delayed because of the pandemic. The report can be found on their website⁷.

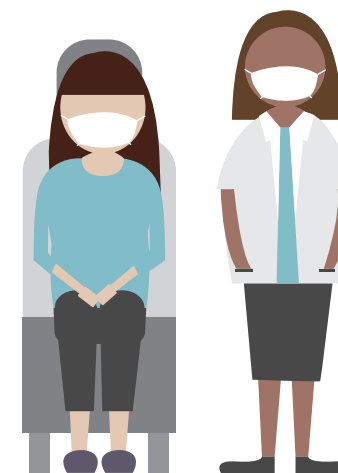
Throughout the pandemic, providers of independent healthcare have also experienced significant disruption to service delivery due to restrictions being placed on activity. These restrictions meant that there were periods when dentists had to cease all non-emergency treatment, and close contact services that provide treatments such as laser therapy, having to close for large periods of the past year.

During the pandemic, independent providers of hospital services in Wales have continued to operate (with restrictions), as COVID-19 free environments. They have played a key role in supporting NHS Wales, with contracts

in place to provide care and treatment for NHS patients, including provision of various surgical procedures such as urgent cancer operations. In addition, across Wales there are multiple independent mental health and learning disability settings that also continued to operate and provide care under strict restrictions.

A national vaccination programme was launched in December 2020, and this has been a significant step forward in the recovery process from the pandemic. By 30 April 2021 over two and a half million doses of the COVID-19 vaccine have been given to adults across Wales.

Although these results are very encouraging, it is evident that the full effects of the pandemic will continue to be felt across the healthcare sector in Wales for many years to come.



⁵ <https://www.legislation.gov.uk/ukpga/2020/7/contents/enacted>

⁶ Covid: NHS Wales hospital waiting lists eight times pre-pandemic levels - BBC News

⁷ [Feeling Forgotten Report](#)

What we did

The provision of healthcare during the pandemic has been challenging and complex to both the NHS and independent healthcare services throughout Wales. As the independent inspectorate and regulator of healthcare in Wales, HIW has a responsibility to provide the public with independent and objective assurance on the quality, safety and effectiveness of healthcare services in Wales.

Focus of review

The purpose of our review was to understand how healthcare services across Wales met the needs of people and maintained their safety during the pandemic. It also considered how services supported the physical and mental well-being of staff. We considered all of our intelligence sources, and also explored the following main themes across the breadth of our assurance work, which included quality checks and on-site inspections of NHS or independent healthcare services:

- **Environment** - we considered how services designed and managed the environment of care to maintain safety for patients, staff and visitors.
- **Infection prevention and control** - we considered how services have responded to the challenges presented by the pandemic, which included how well they manage and control the risk of infection, to help keep patients, visitors and staff safe.
- **Workforce governance** - we explored whether management arrangements ensured sufficient numbers of appropriately trained staff were available to provide safe and effective care.

To establish whether healthcare services appropriately supported the delivery of safe and effective care, we considered the following key questions:

- How have the environments of care been adapted or improved?
- How have infection prevention and control (IPC) arrangements been adapted or improved?
- How have workforce governance arrangements been adapted or improved?



What we did

Assurance and inspection activity

During the pandemic we continued to check that people in Wales received good quality, safe and effective care. In doing so, it was vital to ensure our work was both proportionate, and took account of the unprecedented challenges and workforce pressures faced by healthcare services. We took the decision to temporarily pause our routine inspection and review activity⁸, to support healthcare providers to focus their resources on keeping people safe. As a result, we had to adapt our approach with our assurance and inspection work and fundamentally revise the focus of where, when and how we conducted our work. This included developing a new approach of gaining assurance remotely, rather than through more traditional on-site inspection visits.

On 19 June 2020, we published our position statement *'Checking People in Wales are Receiving Good Care during the COVID-19 Pandemic'*⁹. The statement set out the key principles that underpinned our approach during the pandemic.

Responsive onsite inspection activity

We maintained an ability to undertake onsite inspections in order to respond to intelligence that indicated any serious concerns or increased risks to patient safety. This was underpinned by risk assessments to consider the safety of our staff prior to undertaking onsite inspection activity. We ensured that staff were tested for COVID-19 prior to any onsite activity and were trained in the correct usage of their PPE.

Remote quality checks

We developed a new process for gaining assurance remotely which we called quality checks. This allowed us to seek assurance from services at a time when the risk threshold for conducting on-site inspection visits was particularly high. Our quality check process commenced in August 2020 and focused on the key areas of COVID-19 arrangements, environment, infection prevention and control, and governance.

Field hospital and mass vaccination centre methodology

As part of the pandemic response, health boards worked with local authorities to develop field hospitals, often re-purposing non-clinical premises to manage the overwhelming and unprecedented numbers of patient admission to hospital. Health boards also later developed non-clinical environments as mass vaccination centres, to support the national vaccination programme. To gain assurance that these services were providing safe and effective care, we developed new methodologies to inspect these environments.



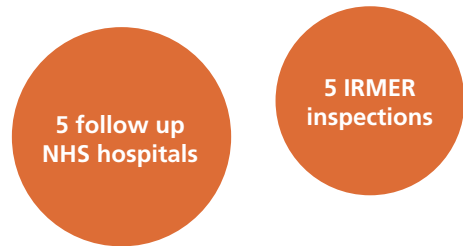
⁸ <https://hiw.org.uk/coronavirus-covid-19-statement-17-march>

⁹ <https://hiw.org.uk/checking-people-wales-are-receiving-good-care-during-covid-19-pandemic>

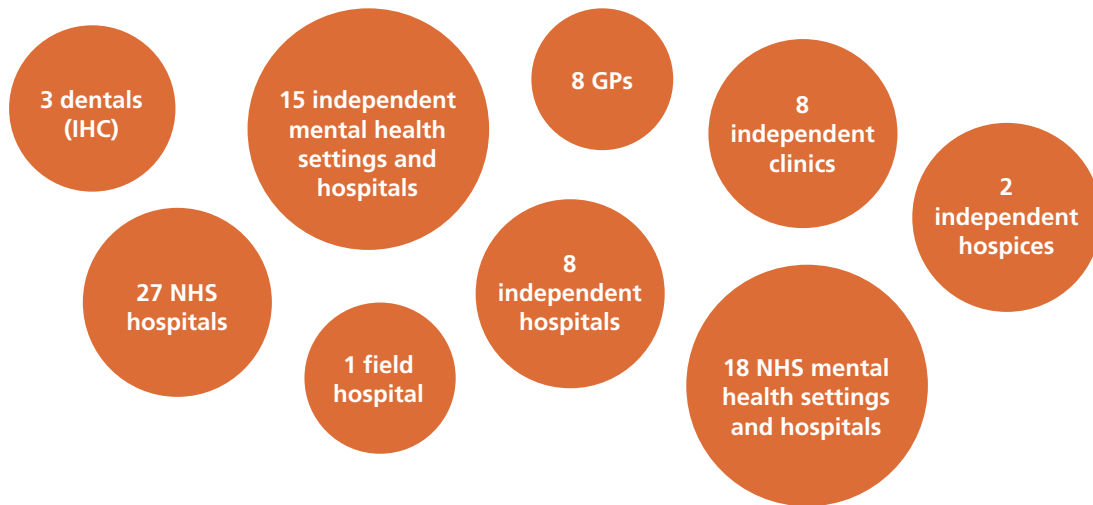
What we did

Assurance and inspection activity

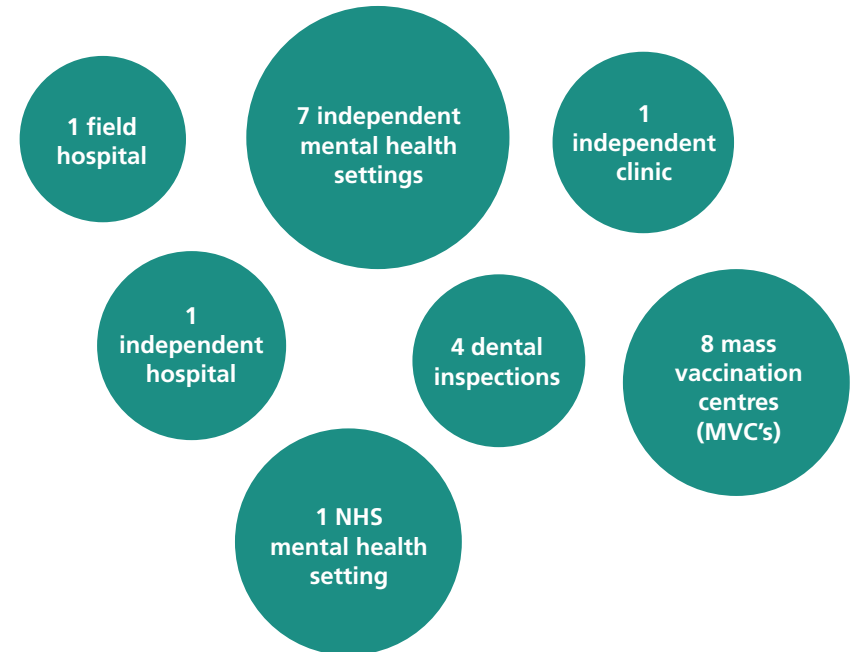
Remote Work



90 Quality Checks – consisting of:



On Site Inspections



What we did

Oversight of healthcare services

During the pandemic, we maintained an oversight of healthcare services through working with partners and our ongoing review of information and intelligence. This included Welsh Government COVID-19 reports and scenario modelling and Public Health Wales COVID-19 surveillance information. As part of this work we issued a joint statement with Care Inspectorate Wales on advance care planning in Wales¹⁰.

NHS Wales

We worked with partner organisations to share intelligence about healthcare services across Wales. This included sharing intelligence on each health board and Trust through our Healthcare Summits¹¹, which were focused on COVID-19. Following the Summits, and in line with our usual process, we provided an update on the key themes and issues to the Chief Executive of NHS Wales.

We maintained ongoing engagement with the NHS through our health board and trust Relationship Managers, whose role it is to manage HIW's engagement with these organisations. This included attendance at health board meetings and regular engagement with executive teams to maintain an overview of any key issues. Our Relationship Managers played a key role in directing and informing any assurance activity identified using our intelligence sources.

Independent healthcare

We continued to support independent healthcare providers to deliver safe and effective care. As part of the pandemic response, independent hospitals were utilised to support NHS Wales, for example, by performing surgical procedures. We focussed on the practical implications of implementing this arrangement, and the need for guidance for providers on how to maintain regulatory compliance.

We worked with the National Collaborative Commissioning Unit¹² to ensure that enhanced arrangements were in place to monitor patient and staff safety within independent mental health hospitals. This included seeking assurance on business continuity arrangements and obtaining regular updates on key issues, for example, staffing levels, potential infections, and instances where patients needed to isolate from others to prevent transmission of COVID-19.

Engagement with private dentistry providers was important during the pandemic. This was to ensure that dental practices offering 'private only' dental treatment were aware of relevant public health advice and guidance. We ensured that guidance issued by the Chief Dental Officer was available to these providers and that the concerns of private dentists in relation to restrictions were represented in our discussions with the Chief Dental Officer.

Concerns and Notifications

During the pandemic, we have continued operate our first point of contact service in order to receive concerns from the public and healthcare staff in relation to the NHS and independent health care services. From the start of the pandemic in February 2020 until 31 March 2021, we received 121 concerns that specifically related to the pandemic. This included 87 concerns about NHS services, and 34 concerns about independent healthcare providers. These concerns were considered and responded to, and where appropriate, they informed decisions about where to direct our assurance activity.

Registered providers of independent healthcare in Wales are required to inform HIW of significant events¹³, and one of these relates to the outbreak of infectious diseases. Since the start of the pandemic until 31 March 2021, we received 111 notifications of cases of COVID-19 from independent healthcare providers. This included 15 out of 22 independent mental health settings where there was at least one case of COVID-19 during the pandemic.



¹⁰ <https://hiw.org.uk/joint-statement-advance-care-planning-wales>

¹¹ <https://hiw.org.uk/healthcare-summit>

¹² <https://nccu.nhs.wales/>

¹³ <https://hiw.org.uk/notify-us-event>

What we found

How have the environments of care been adapted or improved to support the delivery of safe and effective care?

New arrangements were introduced throughout healthcare services, to adapt the environment of care during the pandemic. This included changes to the environment to support social distancing requirements, the introduction of remote appointments and new innovative approaches to support patients' physical and mental well-being during periods of lockdown and visiting restrictions. Our findings are positive overall, but we have identified some concerns relating to the lack of follow-up action following environmental risk assessments, in particular for ligature risk assessments within NHS mental health settings.

Patient Access

Overall, we found new arrangements had been introduced across all healthcare settings to control patient access, to help minimise congestion and to avoid cross-infection. Examples of this included staggering appointment times, increasing the amount of time between appointments and the use of intercom systems where patients could announce their arrival.

New entrance and exit arrangements were introduced across some healthcare settings. For example, in some community hospitals, outpatient clinics were moved to a separate part of the building, away from the main ward. This allowed outpatients to have a separate entrance, and a one way system to move patients in and out of clinical rooms. We learnt of examples across many mental health settings and independent hospitals where separate entrances for staff and patients had been implemented.

Within GP surgeries, access to buildings was controlled through strict telephone appointment systems where patients were reviewed by a clinician prior to any face to face consultation. The staff we spoke with told us that patients were given very strict instructions on how to attend their appointment to help maintain safety to all. It was positive to learn that in some GP surgeries a video door bell and intercom had been installed to maintain some face to face contact with patients.

| Today's appointments | |
|----------------------|---|
| 10:00 | █ |
| 10:15 | ✗ |
| 10:30 | █ |
| 10:45 | ✗ |
| 11:00 | █ |
| 11:15 | ✗ |

What we found

Virtual appointments

Arrangements had been introduced across Wales to enable patients to maintain contact with healthcare professionals through virtual means. This included extensive efforts across GP surgeries (as highlighted above), outpatient services, independent clinics and mental health hospitals, to enable patients to continue to access services during the pandemic. Within GP surgeries, patients could send emails and photographs to negate the need for an 'in person' appointment and the associated risk of exposure to COVID-19. It was positive to find that where patients did require or request a face to face appointment, there were processes in place for COVID-19 risk assessments.

At the height of the pandemic, some GP clinics were paused, and alternative arrangements were made. For example respiratory clinics, where annual reviews were undertaken, were moved to telephone or video conferencing. Whilst there is a strong belief amongst staff that the changes had been well received by patients, we are concerned that some cohorts of patients may be digitally excluded and may be unable to conduct a video call. We therefore encourage GPs, and those operating outpatient clinics, to obtain feedback from patients on whether they felt as engaged and enabled to participate appropriately, as they may have previously. Patients will also be best placed to identify how their experience could have been improved.

Within independent clinics, we also found examples of remote appointments being utilised as part of their response to provide ongoing care. This has enabled patients to have consultations virtually, and maintain relevant discussions regarding their care and treatment. It was positive to find that these arrangements included secure processes to verify patient identification prior to consultations, and before prescribing any medication.

Within mental health settings it was positive to find that new virtual arrangements had also been implemented to ensure patients could still access advocacy and support services. This included arrangements for online mental health review tribunals¹⁴, where we found all mental health hospitals could demonstrate that patients' rights to have their detention reviewed by the Mental Health Review Tribunal for Wales were maintained during the pandemic. Similarly, we found good arrangements in place for patients to contact a representative of the statutory advocacy service, either by telephone or making an appointment to speak to a representative, which would be facilitated via video call.



¹⁴ <https://mentalhealthreviewtribunal.gov.wales/>

What we found

Social distancing arrangements

Overall, we found that healthcare settings across Wales had introduced changes to the environment to comply with national guidance for safe social distancing¹⁵. These changes helped to avoid close contact between patients and staff wherever possible, to help reduce the risk of exposure to COVID-19. However, this had an impact on how hospitals could accommodate patients as a result of a reduction in bed availability, and saw the implementation of additional bed capacity in non-clinical areas to accommodate patients, such as field hospitals.

Throughout our quality check process and inspection activity, we learnt about a number of positive steps taken by healthcare providers to promote social distancing. This included decluttering patient areas, guided floor markings and restricted seating in public areas, and clear signage on social distancing.

We heard that significant efforts had been made with the redesign of clinical areas, with the reduction of beds as highlighted earlier, to maximise space for safe social distancing. In addition, hospitals recommissioned closed wards to increase bed availability, to care for COVID-19 patients. Coloured zones were also used within hospitals, as described later in this report.

We noted an example of noteworthy practice in an independent hospital, where new colour coded 'patient pathways' were introduced to help guide patients through the hospital ahead of their appointment. This process helped to separate patients based on their level of risk, for example, any patients having surgery would be in the higher risk zone.

It was positive to find a number of examples of innovation within independent clinics, which included the implementation of new equipment that minimised the need for contact between staff and patients. Examples of this included Bluetooth weighing scales which linked to an app, reporting to staff devices, and an automatic blood pressure machine that allowed patients to take their own blood pressure measurements during the consultation.

Within mental health settings, we found individual wards were considered as household bubbles¹⁶ in line with national guidance, and changes had been implemented to increase social distancing between patients within the ward bubble. For example, many hospitals had introduced staggered meal times, so that less people were present at the same time.

We were also told that staggered shift start times had been introduced for staff in some hospitals, to avoid large numbers congregating in entrance areas and stairwells. This approach enabled services to continue with daily routines whilst reducing the risk to staff and patient safety. In addition, this helped reduce anxiety within patient groups where social restrictions were enforced such as reduced leave during periods of lockdown.



¹⁵ <https://gov.wales/coronavirus-social-distancing-guidance>

¹⁶ 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, and 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.

What we found

Environmental Risk Assessments

As part of our quality check process, we checked whether environmental risk assessments had been undertaken within healthcare settings to identify whether providers had appropriately considered the risks of virus transmission. In addition, within mental health settings we checked the arrangements for ligature point risk assessments¹⁷.

It was positive to learn that specific COVID-19 environmental risk assessments had been undertaken across healthcare services in Wales. This resulted in changes to facilitate more effective cleaning. For example, replacing carpeted floors and fabric seats with wipe clean materials.

We did, however, find a number of instances in NHS hospitals where action had not been taken to rectify issues of concern identified by an environmental risk assessment. This was largely attributed to delays with Estates Teams completing the required work due to a high workload and staff availability. Whilst we understand the workforce challenges, these issues included the repair of water leaks and taps that were not working, therefore reducing the number of handwashing points and potentially increasing the risk of virus transmission.

We were concerned to find inconsistent practice in relation to the timely and appropriate completion of ligature risk assessments in six of the 12 quality checks we completed in NHS mental health settings. We found examples where action had not been taken to reduce or remove identified ligature point risks, and risk assessments that were over 12 months old. These issues were particularly concerning

during the pandemic due to the vulnerable group of patients in mental health settings, who have a higher risk of self-harm. As a consequence of our findings we wrote to the Chief Executive of NHS Wales in March 2021, to raise our concerns, and to ask that action be taken in this area. As a result, all health boards were asked to provide written assurance that there are up to date anti-ligature risk assessments in place for all mental health services, and to confirm that programmes of work are progressing in response to any issues identified by the risk assessments.

Visiting restrictions and personal electronic devices

To help reduce the transmission of COVID-19, national guidance was issued to temporarily suspend the normal visiting arrangements to hospitals. It was encouraging to find many examples in hospital wards where electronic devices had been provided to patients to help them stay in contact with family and friends, such as using tablet computers for video calls. Where necessary, this included additional support from nurses and in some cases the Patient Advice and Liaison Service¹⁸ to help patients use the devices. These arrangements have been essential to help minimise the distress and isolation that inpatients may experience during the pandemic.

It was positive to find, within our field hospital inspections and quality checks, that a number of innovative approaches had been taken by health boards to support patients to maintain communication with their friends and family. This included virtual visiting and the use of a Family Liaison Officer to support communication with patients and their relatives.

When regular visiting was suspended, it was positive to find that in exceptional circumstances, for example during periods of end of life care, efforts were made to support visiting arrangements in person. This included patients in NHS hospitals, mental health hospitals and field hospitals. We found that this was generally well managed, and the necessary risk assessments were in place to ensure the safety of patients, visitors and staff was maintained.

Within our Quality Insight bulletins, we highlighted the need for settings to consider how the visiting restrictions limited the opportunity for family members or carers to provide support, or to be involved in discussions or decisions regarding the care of patients. This is an important consideration in maintaining effective support and communication with families and carers.



¹⁷ A ligature is an item or a series of items that can be used to cause compression of airways, resulting in asphyxiation and death. The ligatures could be attached to ligature points within an environment of care i.e. furniture, fixtures or fittings. A Ligature (Point) Risk Assessment identifies potential ligature points and what actions should be undertaken by the healthcare provider to remove or manage these points for patient safety.

¹⁸ <https://www.nhs.uk/nhs-services/hospitals/what-is-pals-patient-advice-and-liaison-service/>

What we found

Emotional and psychological support

The pandemic has had an impact on the emotional well-being of patients, with many potentially feeling worried and isolated either whilst an inpatient, or at home. This was of particular concern for patients within mental health hospitals, due to the restrictions on visitation and day leave, which meant patients could not leave the premises. It was therefore positive to find that significant efforts were made to develop additional activities and new initiatives to help support the physical and mental health for this cohort of vulnerable patients, particularly for those who had to self-isolate in their rooms.

These arrangements were essential during the pandemic to help avoid an increase in challenging behaviour and the potential for self-harm as a result of patients feeling isolated, fearful or bored. Some of the examples we found included; more gardening activities, use of the hospital grounds for walking, yoga and outside gym activities, indoor exercise equipment, indoor golf, and a shop created on site where patients could purchase their own essential items to help maintain some independence when day leave was not possible.

Similarly within NHS acute hospitals and field hospitals, we found additional efforts had been made to provide mental well-being support for patients. This included a number of innovative approaches where charities and volunteers attended the field hospital site to provide activities designed to support patients, for example art therapy, music therapy and talking therapies, once risk assessed and safe to do so.

Field hospitals

As a result of the anticipated pressures on acute hospital sites, a number of field hospitals were developed across Wales. This involved repurposing non-healthcare facilities into temporary hospitals to provide additional bed capacity to care for patients, such as the Dragon's Heart Hospital situated within the Principality Stadium in Cardiff.

The speed at which these were developed introduced some potential 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 were being managed whilst these facilities were used. We also worked with Welsh Government to provide support in relation to health and care standards in these facilities, acting as an independent voice to support standards of quality and safety.

In November 2020, we conducted two onsite inspections of field hospitals in Hywel Dda University Health Board. We found that the hospitals had effective processes in place to maintain patient safety, privacy and dignity. In February 2021, we also conducted a quality check at Ysbyty Enfys, within Betsi Cadwaladr University Health Board where we identified a number of positive findings. However, we also identified some significant issues requiring improvement, which included patient record keeping. Copies of the inspection reports are available on our website¹⁹.

Across our wider work, monitoring the quality of care in field hospitals, we found good arrangements were in place to provide appropriate care for patients. This

included robust criteria for admissions to ensure that appropriate patients were admitted to the field hospital sites. However, health boards told us that it had been challenging to provide clinical care for patients in non-clinical environments. Examples of the challenges included water leaks, inadequate toilet facilities and inadequate availability of patient isolation areas.

Despite these challenges, the majority of health boards told us they could see a future for field hospitals, which may involve opening sites on a temporary basis when there is extreme pressure on services.



¹⁹ <https://hiw.org.uk/hywel-dda-university-health-board>
<https://hiw.org.uk/betsi-cadwaladr-university-health-board>

What we found

Mass vaccination centres

The UK was the first country in the world to authorise²⁰ a vaccine for COVID-19, and was the first to have three vaccines available. Welsh Government published its national Vaccination Strategy for Wales in January 2021²¹. The strategy was updated in March and June 2021, with the latest revision referencing updated guidance for pregnant women, those breastfeeding and women of childbearing age, on making an informed choice about taking up the vaccine, in accordance with JCVI guidance on recommended vaccines. The national Vaccination Strategy sets out the plans for the COVID-19 vaccination roll out across Wales within priority groups as categorised by the Joint Committee on Vaccination and Immunisation. Health boards undertook an extraordinary amount of work in planning and preparing for vaccine delivery across their regions.

By February 2021, around 45 mass vaccination centres were either operational or ready to open. Theatres, leisure centres and even bowling centres were repurposed into mass vaccination centres, delivering a healthcare service in highly unusual surroundings and circumstances. As a consequence, it was important for us to understand how patients' health, safety and well-being were being managed in these newly-established, temporary settings.

Throughout March 2021 we undertook a programme of focused inspections at mass vaccination centre. We reviewed the arrangements in place to manage the safety and well-being of the public and staff, and health board governance processes to maintain this. Our methodology allowed us to limit onsite activity, to minimise the burden of our work on staff delivering this important work.

Through review of our intelligence, we selected eight mass vaccination centres within four health boards as part of our inspection programme. Inspections were undertaken in Cardiff and Vale, Cwm Taf Morgannwg, Hywel Dda and Betsi Cadwaladr University Health Boards.

The views of the public and staff are important to all our assurance work. Both the general public and staff across Wales who accessed the vaccination centres were invited to provide their feedback about their experiences. This feedback was not limited to the centres we inspected. We received over 500 responses from people who had received their vaccination, and 89 responses from staff working within the centres. This has been fundamental in supporting this programme of work.

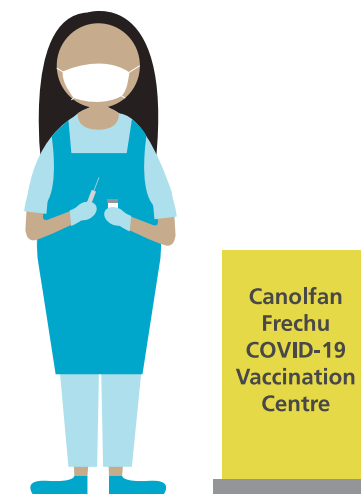
Overall, we found that appropriate arrangements had been put in place by health boards to oversee the safe implementation of their vaccination programmes, despite the unique environments and the speed at which they have been mobilised and staffed. We saw positive examples of the safe management of COVID-19 vaccines, good infection prevention and control measures and safe care being provided to patients by dedicated and hard-working staff.

However, we did require some improvements to be made during our visits in order to maintain patient safety, including increased audit activity, better compliance with fire safety and evacuation procedures and more regular checking of resuscitation equipment. Where we found these issues, without exception, the health boards were prompt and effective at resolving the risks we identified.

Following completion of the inspection programme, we published our findings for each health board on our website, along with a Quality Insight bulletin for mass vaccination centres²².

Language choice

Our work has identified a need to ensure that services ensure that an 'active offer'²³ of Welsh language services is maintained alongside the introduction of any new models of care, such as field hospitals and mass vaccination centres. For instance, our programme of mass vaccination inspections identified that around 65% of respondents to our survey were not asked what language they preferred to communicate in. It is important that this is addressed as for many people, accessing healthcare through their language of choice is often a matter of need.



²⁰ COVID-19 vaccines authorised by the Medicines and Healthcare products Regulatory Agency

²¹ https://gov.wales/sites/default/files/publications/2021-01/vaccination-strategy-for-wales_3.pdf

²² <https://hiw.org.uk/quality-insight-bulletin-covid-19>

²³ An 'Active Offer' means providing a service in Welsh without someone having to ask for it. The Welsh language should be as visible as the English language.

What we found

How have infection prevention and control (IPC) arrangements been improved to support the delivery of safe and effective care?

Appropriate and effective IPC arrangements were essential during the pandemic to help minimise the transmission of COVID-19. Overall, we found a range of positive arrangements in place to strengthen IPC across healthcare services, which included a strong focus on hand hygiene, cleanliness and PPE. However, despite the arrangements to screen, test and isolate patients, there were a number of outbreaks in hospitals during the second wave of the pandemic.

COVID-19 testing

We found that the admission criteria for unplanned admissions to hospital, included arrangements to immediately complete COVID-19 tests. Patients were allocated a ward depending on their status, such as COVID-19 positive, negative or suspected as positive. Care was provided to patients in designated areas until their COVID-19 status was confirmed. This process was similar in mental health settings, where patients were tested on admission, and were required to self-isolate in dedicated rooms until a negative test was obtained. Although the arrangements for testing patients in hospitals was generally good, experience during the pandemic has shown that in areas with frequent testing, the risk of hospital outbreaks can potentially be reduced through testing regimes.

We considered hospital discharge arrangements and found processes in place to maintain the health and safety of others. This included consideration where appropriate, for COVID-19 testing on patients prior to discharge. We also found positive examples where 'Discharge Teams' were assigned to field hospital sites to focus on safe discharge arrangements, from an early stage in the patient's journey through the hospital.

Within acute independent hospitals, it was positive to find that arrangements for testing patients and staff were particularly robust, and included pre-admission tests for COVID-19. We also found examples where providers re-tested patients who had been admitted for longer than three days, along with their chaperones where required.

In our first Quality Insight bulletin we highlighted an issue with irregular COVID-19 testing of asymptomatic staff and patients in some independent mental health and learning disability settings. For example, in some settings, staff and patients were only tested after a number of positive cases had been identified, which suggests an outbreak must occur before testing was carried out. Conversely, we identified instances where routine testing of all staff and patients had revealed that a significant number of staff were COVID-19 positive but asymptomatic in presentation. This illustrates the advantages of routine testing and how it can reduce the risk of virus transmission.

Welsh Government responded positively to the recommendation in our Quality Insight bulletin to implement a system of regular testing within independent hospitals. The COVID-19 Testing Strategy for Wales was updated and published at the end of January 2021, and committed to providing twice weekly lateral flow tests²⁴ (LFTs) for all health and social care workers, for early detection of the virus. The process for LFT was rolled out for all independent hospitals in March 2021.



²⁴ Lateral flow antigen testing detects the presence of the Covid-19 viral antigen from a swab sample. LFDs are handheld devices, which produce results within 30 minutes.

What we found

Pre-screening patients before appointments

The processes for pre-screening patients prior to appointments, or planned admission to hospital, included the completion of online COVID-19 questionnaires, telephone screening calls, and patient questionnaires. It was positive to find that to support this process, new policies had been implemented for COVID-19 admission screening. Where patients were identified as being high risk of having the virus, they were asked not to attend, and their appointments were rearranged. This was vital to help minimise the spread of the virus.

We found, during our GP quality checks, that in most instances arrangements were in place to carry out risk assessments prior to appointments, and before undertaking home or care home visits. This was essential to identify suspected cases of COVID-19 and minimise transmission.

We also found appropriate arrangements were in place for the majority of dental practices, where on arrival patients waited in their cars, or outside the building, until staff instructed them to enter. On entry to the premises, temperature checks were taken and a new face mask and hand sanitisers were provided.

Segregating patients based on COVID-19 status

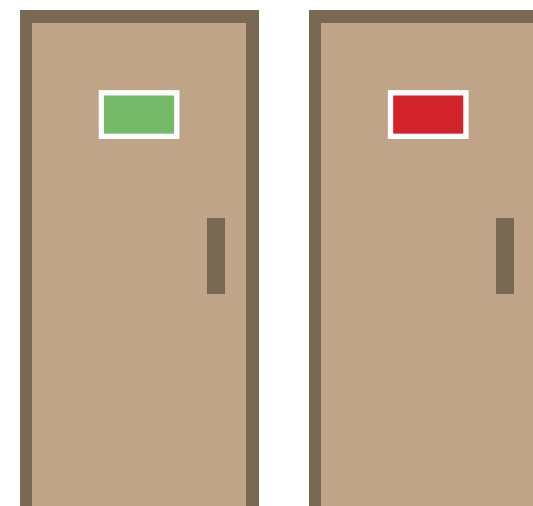
As previously highlighted, in the case of hospital wards, patients were admitted to specific areas based on their COVID-19 status. These arrangements followed national guidance to help limit the risk of virus transmission. Hospitals implemented coloured zones to help manage

the risks of transmission, with green (COVID negative) and red (COVID positive) zones. The staff we spoke with told us these arrangements helped reduce the risk of transmission, by minimising mixing between wards. Arrangements were in place to safely move patients between green and red zones where applicable.

We were also given examples of where COVID-19 positive patients were isolated and treated in 'side rooms' on green zone wards. Whilst we acknowledge the need to appropriately isolate patients, this did raise concerns about increased risks for viral transmission to other patients or staff working within a green zone.

During one of our onsite inspections, we were disappointed to find staff socialising without practicing social distancing in both the ward and breakout areas. This posed a significant risk of cross infection and nosocomial transmission, particularly where some people may be asymptomatic in their presentation.

We also identified risks of potential re-infection across some hospital sites. Patients were placed in COVID-19 free zones between 10 and 14 days after a COVID-19 diagnosis. This posed a risk of transmission, since evidence has shown that patients can still transmit the virus during this period.



What we found

Management of COVID-19 outbreaks in hospitals

Despite the arrangements to screen, test and segregate patients with COVID-19, many NHS hospitals experienced outbreaks of the virus. This was particularly evident during the pandemic's second wave, where rates of community transmission increased, resulting in increased admissions to hospital and more cases of nosocomial transmission. Data published by Public Health Wales highlights that by 31 March 2021, around 7,000 cases of COVID-19 infections were classed as either definite or probable hospital acquired²⁵ in Wales.

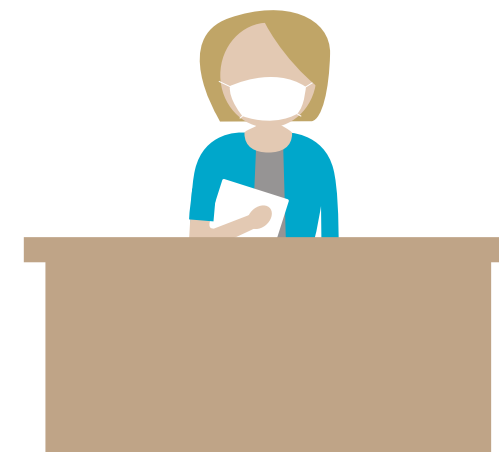
The effective management of nosocomial transmission and any outbreak of the virus is essential. Any incidences of an outbreak required urgent action to prevent further spread, and a Root Cause Analysis (RCA) is pivotal in gaining the appropriate understanding and learning on how to prevent or minimise the risk of recurrences.

Overall, our assurance work found that incidences or outbreaks of COVID-19 were investigated and responded to appropriately. This included multidisciplinary meetings and RCAs resulting in actions, which included additional training provided to staff. However, we did identify some issues within NHS hospitals which highlighted scope for improvement in the investigation process. Ward staff, for example, were not always aware of how the process for investigations worked, and the findings and lessons learnt were not always shared with staff affected by an outbreak.

During the first wave of the pandemic there were very few incidents of COVID-19 reported to us by independent mental health and learning disability hospitals. Where we were informed of positive cases, these were single isolated cases. However, in contrast, during the second wave there was a significant increase in the number of positive cases in these environments, with the majority of positive tests relating to staff rather than patients.

A large proportion of independent mental health and learning disability hospitals are located within the geographical area served by Aneurin Bevan University Health Board (ABUHB). During the second wave of the pandemic the Incident Management Teams (IMTs) that operated within the ABUHB area took responsibility for managing outbreaks in independent hospital settings in order to help control the spread. This was a positive arrangement and enabled the hospitals to access prompt expert advice and whole site testing.

We raised this issue with Welsh Government's Nosocomial Transmission Group, and work was commissioned to implement guidance for the management of communicable disease outbreaks when they occur in independent hospitals; essentially formalising the approach taken by the ABUHB IMTs, to ensure consistency across Wales.



²⁵ <https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/RapidCOVID-19virology-Public/Headlinesummary>

What we found

Personal Protective Equipment

The adequate provision and use of PPE has been essential during the pandemic, to protect staff and patients from exposure to the virus, and to reduce the risk of spreading the virus. This included the use of masks, gloves, aprons and eye protection, and enhanced levels of protection in high risk areas, such as where aerosol generating procedures²⁶ take place.

There were good arrangements in place across all healthcare settings, to ensure staff had appropriate access to the required levels of PPE. However, in the first wave of the pandemic, we received concerns from some healthcare staff that departments experienced issues with sourcing all required levels of PPE. However, our findings highlight that this issue was more in relation to subjective opinions of what PPE should be worn, as opposed to what national guidance suggested. This was exacerbated by the need for national guidance on PPE requirements to be updated on an ongoing basis as more was learned about how the virus transmits.

It was reassuring to find that during most of our onsite activity, we observed the correct use of PPE, and we found audits were in place to ensure staff compliance with PPE requirements. Some staff working in higher risk areas who require a higher level of PPE, have experienced skin damage, dry eye syndrome and fatigue. However, it was positive to find that some health boards provide fast track services to dermatology and ophthalmology teams where appropriate for affected staff.

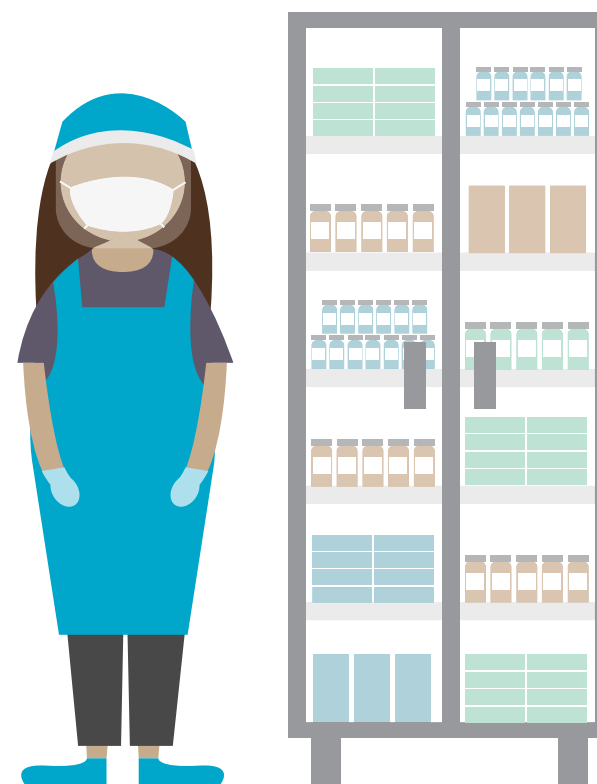
Cleanliness and hand hygiene

There was a strong focus on effective hand hygiene and environmental cleanliness within all healthcare settings. This included the widespread availability of hand sanitiser stations throughout all settings, and increased cleaning programmes. Additional hand hygiene audits were taking place and the scores were generally high, indicating that staff were sanitising their hands appropriately.

Extensive efforts had been made during the pandemic, to enhance cleaning arrangements. We reviewed evidence, such as cleaning schedules and external cleaning contracts which highlighted frequent cleaning of higher traffic areas, including door handles, handrails and chairs.

We found that longer time periods were introduced between patient appointments to allow for more thorough cleaning of furniture and equipment. In addition, within dental surgeries, we found additional guidance was provided and measures were in place for longer 'down-time' following Aerosol Generating Procedures (AGPs).

It was positive to find in some mental health settings that staff had educated patients to help them understand the enhanced IPC arrangements in place. Individual care management plans had also been developed for patients, along with individualised risk assessments relating to COVID-19 arrangements. This helped patients to understand the importance of good hand hygiene, use of masks, and how to protect themselves and others.



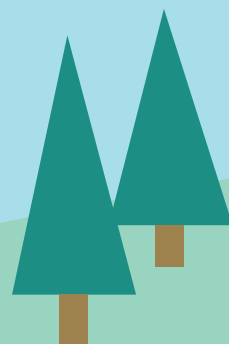
²⁶ An aerosol generating procedure (AGP) is a medical procedure that can result in the release of airborne particles (aerosols) from the respiratory tract when treating someone who is suspected or known to be suffering from an infectious agent transmitted wholly or partly by the airborne or droplet route.

What we found

Policies, audits and risk assessments for IPC

During our assurance and inspection activity, we reviewed IPC policies and procedures, along with audit data, risk assessments and local COVID-19 guidance. In most settings policies were up to date and had been amended to reflect the response to the pandemic in order to support staff to deliver safe and effective care. This included a range of supporting IPC documentation, such as guidance on the appropriate use of PPE, segregating patients and hand hygiene protocols. It was positive to note that in most settings this information was widely available to staff through team meetings, safety briefings and staff newsletters.

Overall, we found that comprehensive IPC audits and risk assessments were in place. However, in some NHS hospitals and mental health settings, we found instances of poor action planning and lack of follow-up where issues had been identified. For example, in some cases we found minimal action or follow-up undertaken with the cleanliness or condition of clinical areas, and the need for staff to maintain social distancing. This is similar to our findings when reviewing environmental risk assessments, which is concerning given the response required to manage departments during the pandemic. It is therefore essential that arrangements are in place for regular IPC audits and risk assessments, with robust processes for action planning and follow up of actions to help ensure IPC standards are met.



What we found

IPC concerns in dental practices

During the pandemic we received concerns regarding 13 dental practices. The main themes from these concerns related to providers operating outside of COVID-19 restrictions, and non-compliance with guidelines issued by the Chief Dental Officer. This included concerns around the inappropriate use of aerosol generating procedures during the pandemic. This resulted in a number of onsite dental inspections taking place.

We did, however, find examples in some of our on-site dental inspections, where dentists had undertaken an AGP during the Red Alert period. These included treatments for temporary crown restoration, permanent fillings and root canal treatment. Whilst the dental practitioners were able to verbally justify their non-compliance with the Red Alert guidance, this was not appropriately documented in the patient dental records. We could not therefore be assured that the safety of patients and the practice staff had been appropriately considered.

We also identified the following issues where Standard Operating Procedures for Dental Management of Non-COVID patients²⁷ had been incorrectly applied:

- A dental surgery had not been de-cluttered and contained items that could not be cleaned effectively
- PPE not being changed following AGPs and before cleaning commences
- Insufficient evidence of fallow time²⁸ compliance between procedures, with no record of the time at which the AGP element of the treatment had finished
- No expert verification of air changes per hour²⁹ (where air changes were unknown)
- The strength of the detergent being used was not in accordance with recommendations.

Given the airborne nature of transmission of COVID-19, these findings were particularly concerning, and posed a significant risk to the safety of patients and the wider dental team. Therefore, our inspections resulted in a number of immediate assurance letters where the settings needed to undertake immediate improvements to maintain patient safety.



²⁷ <https://gov.wales/dental-management-non-covid-19-patients>

²⁸ Downtime in the surgery following an aerosol generating procedure taking place

²⁹ Air changes per hour is amount of times all of the air in a room is replaced with completely new air, in one hour, to make the space free from any viral or bacterial pathogen

What we found

How have workforce governance arrangements been adapted or improved to support the delivery of safe and effective care?

Throughout the pandemic, the determination, commitment and resilience demonstrated by healthcare providers and staff in Wales has been commendable. We found positive arrangements in place to support staff well-being and mental health. In addition, new and improved processes for communicating with staff have been implemented. However, we are concerned about the cumulative impact the pandemic has had on those working during the first and second waves, in particular with hospital staff suffering with stress and fatigue due to the unprecedented work pressures.

Workforce pressures and staff well-being

Healthcare staff across Wales have worked under significant pressure in response to the pandemic. Across Wales we found many instances of staff being temporarily deployed to other roles, and to different areas, in response to demand.

It was evident through our conversations with healthcare leadership teams that they were very proud and complimentary of their staff and the significant work that had been accomplished. A willingness has

been demonstrated by staff to go ‘the extra mile’ for both patients and their colleagues, and an ongoing commitment to patient care in the face of such challenging circumstances. However, as a consequence, there were significant concerns highlighted to us regarding the levels of stress, anxiety and fatigue across staff teams. This was particularly evident through the work we completed during the second wave of the pandemic, with an increase in admissions of COVID-19 positive patients exacerbating the ‘normal’ winter pressures faced by hospitals and increased admissions to hospitals.

We found a range of positive interventions being promoted across all sectors, to help support the well-being and mental health of staff during the pandemic. For example, access to occupational health and counselling services and psychological support. A common theme across our work was the value of peer support, in helping staff feel supported during the pandemic. This included staff from different teams meeting to reflect on the emotional aspects of their work. It was also positive to find that other new initiatives were introduced widely to support staff well-being, such as mindfulness and meditation sessions.

We also explored the impact of the pandemic upon staffing levels and found that overall, staffing levels had been effectively managed. However, the combination of testing, self-isolation and staff sickness due to COVID-19, resulted in a high reliance on the use of temporary agency staff across many health boards. Staff also told us that this had sometimes resulted in an increased workload for the substantive staff, who may for example, need to provide support to temporary staff on local ways of working and local procedures.



What we found

Staffing in field hospitals

A key challenge faced by health boards in relation to field hospitals was deployment of an appropriate workforce. When considering the staffing model for a given field hospital, each health board took account of the model of care being delivered. For example, in a field hospital operating as a step down rehabilitation facility, we found that a community hospital based staffing model would be used. However, a field hospital with more acutely unwell patients would make use of a different model of staffing.

We found the following positive themes across health boards in relation to staffing field hospitals:

- Excellent team working which allowed the delivery of good standards of care
- Robust risk assessment undertaken to ensure the right staff were in place to manage the care
- Clinical and support staff, along with cleaning, catering and estates teams were deployed to support the delivery of care
- Temporary staffing models implemented to support the temporary deployment of substantive staff to other areas
- Evidence of good working practices in field hospitals and their integration with acute settings
- Some health boards trained mental health nurses to work in field hospitals, to support patients with cognitive impairment.



What we found

Staff training

Our NHS hospital quality checks found that staff in some departments were unable to complete training due to workforce pressures, and were expected to undertake this in their own time. This was concerning as it was placing further pressure on the workforce during a very challenging period. Notwithstanding the pressures in delivering care during the pandemic, failure to complete training can result in unsafe practice and/or an increased risk to patient safety. It is therefore important for healthcare services to consider how staff can complete mandatory training within their contracted hours.

We found that good training arrangements were in place for staff working within field hospitals. This had been instrumental in enabling field hospitals to function appropriately and effectively in such short periods of time. It was also positive to find that good working relationships had developed across the new staff teams.

Across Wales, the pandemic has affected the opportunities for face to face training for staff. In addition, the pandemic increased work pressures widely, which also led to a reduction in compliance with mandatory training in some healthcare settings. This was more prevalent during the early stages of the pandemic. Across Wales, we were told that the emphasis on e-learning has been promoted to help with compliance.

The pressures within independent hospitals were different to the NHS, and whilst the workload had increased across these hospitals, our quality checks demonstrated that overall, robust arrangements were in place to provide training for staff and ensure compliance with mandatory training.

Within dental practices, we found some examples of innovation for staff training, which included the development of training videos for teams to correctly demonstrate enhanced cleaning procedures following aerosol generating procedures.

Within both NHS and independent healthcare settings, we found an increased challenge around how staff from mental health units access essential training. This is a concern, particularly in relation to training for the management of patients with challenging behaviour and safe de-escalation techniques. Lack of training or updates on these issues can pose a significant risk to staff and patients.



What we found

Staff Risk Assessments

In May 2020 Welsh Government published guidance³⁰ for employers and employees on working safely during the pandemic. This included the requirement for employers to carry out a COVID-19 risk assessment for their staff to identify those being high risk to the virus effects, such as individuals with underlying health conditions.

Overall, we found the majority of settings had undertaken COVID-19 risk assessments on staff and processes were in place to accommodate their needs where applicable. This included NHS settings where the All Wales COVID-19 Risk Assessment Tool³¹ is used for staff. Only in a minority of cases, during our NHS quality checks, did we find that risk assessments had not been completed.

We found the arrangements to support and protect staff included new ways of working to enable staff to work more flexibly to meet work and family commitments during the pandemic. This included staff being provided with laptops to work from home where possible. In addition, where clinical staff worked in patient facing roles and it was not possible to work from home, high risk staff were given the option to be temporarily deployed to work in alternative areas where the risk of contracting COVID-19 was lower.

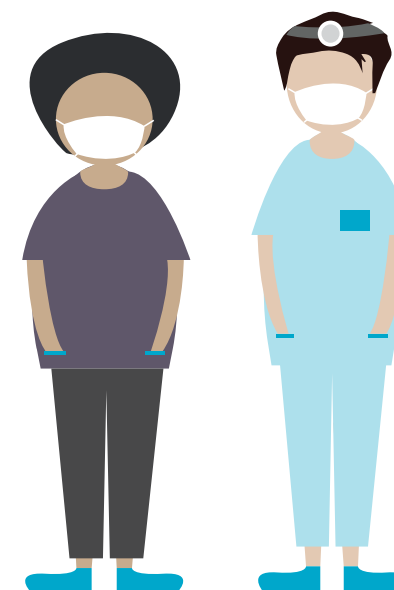
Staff communication and engagement

We found that positive steps had been taken to deliver more frequent staff communication during the pandemic. In particular, communication on key updates to local and national guidance, although some staff told us that ensuring they were up to date had been challenging at times, due to the changes in guidance and some operating procedures.

A common theme across all sectors was the introduction of daily team briefings and staff huddles. These replaced department monthly meetings, with an agile approach adopted to keep staff updated with advice and guidance relating to the pandemic. It was positive that most staff told us that regular engagement helped them to feel supported, and improved morale. We also found various mechanisms had been implemented to improve engagement with staff. This ranged from weekly webinars and question and answer sessions with executive teams, to regular informal meetings between smaller teams.

Within mental health settings we found a very clear focus on the need for regular and effective communication with patients. This was vital to help patients understand the changing guidance and the restrictions placed upon them; including local lockdowns and changes to patient

leave arrangements. We found that hospital managers approached this in a variety of ways, which included the introduction of daily patient briefings in some settings along with one to one meetings where required. It was also positive to find that a range of new approaches had been introduced to keep patients updated, such as supporting patients through the social stories approach³². It was felt that this approach helped relieve patients' anxiety and their understanding of the pandemic's issues, and therefore we encourage providers to explore this as a tool to help support all relevant patients.



³⁰ <https://gov.wales/keep-wales-safe-work-html>

³¹ The All Wales COVID-19 Workforce Risk Assessment Tool is a two-stage risk assessment, which is suitable for use for all staff who are vulnerable or at risk of contracting coronavirus, including people from BAME backgrounds. It has been designed to be a sensitive and supportive process

³² <https://carolgraysocialstories.com/social-stories/>

What we found

Patient Feedback

In general, we found that the usual arrangements for collecting and analysing patient feedback were paused to support the pandemic response. However, it was encouraging to find a number of instances where processes to gather patient feedback had been restarted, with positive patient feedback on care during the pandemic. This included an example of a pilot telephone survey for patients, where the feedback was shared with relevant staff to help boost morale by recognising the positive impact they had had on the patients.

We found within some field hospitals, that health boards had used innovative ways to collect patient feedback. This included third sector volunteers conducting surveys with patients to ensure their views were captured. We heard examples of positive patient feedback including an example of a health board where the survey results showed 100% of patients felt safe whilst in their care.



Conclusion

Healthcare services have faced unprecedented challenges in responding to the pandemic since March 2020. It has been positive to note that overall, the quality of care being provided across Wales has been good, delivered by hugely committed and dedicated groups of staff. However, there are some clear areas of learning associated with the experiences that the healthcare system has encountered over the last year. In particular, a continued focus on infection prevention and control management processes, to prevent further outbreaks of COVID-19. In addition, the arrangements for supporting and maintaining the physical and mental well-being of staff will require attention and focus as we continue through the recovery phase of the pandemic.

What next?

The response to the unprecedented challenges of the COVID-19 pandemic will have undoubtedly resulted in many lessons to be learnt. We hope the findings from our review will help support improvement across healthcare services in Wales as they continue to respond to the pandemic and the challenges ahead.

Looking ahead, as services begin to recover from the pandemic, it is imperative that HIW maintains its key function of checking that people receive good care. There will be different pressures and levels of burden placed on healthcare services seeking to address the backlogs of patients awaiting treatment, whilst maintaining all other services. As such, we will develop a programme of inspection and review that takes into consideration the risks and challenges facing healthcare services as they continue their response and recovery from the pandemic.



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In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

Phone: **0300 062 8163**

Email: **hiw@gov.wales**

Website: **www.hiw.org.uk**

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