

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



[Cymraeg](#) / [English](#)

- [Arsylwi ar Ansawdd \(COVID-19\)](#)
- [Crynodeb o'r Gwaith a Wnaed](#)
- [COVID-19 o Safbwynt Gofal Iechyd](#)
- [Beth rydym wedi'i ddysgu?](#)
- [Ysbytai'r GIG](#)
- [Ysbytai Annibynnol](#)
- [Unedau Iechyd Meddwl](#)
- [Meddygfeydd](#)
- [Deintyddfeydd](#)
- [Adborth](#)
- [Quality Insight \(COVID-19\)](#)
- [Activity Summary](#)
- [COVID-19 Healthcare Perspective](#)
- [What have we learned?](#)
- [NHS Hospitals](#)
- [Independent Hospitals](#)
- [Mental Health Units](#)
- [General Practice \(GP\)](#)
- [Dental Surgeries](#)
- [Feedback](#)

Arsylwi ar Ansawdd (COVID-19)

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

Diben ein bwletin Arsylwi ar Ansawdd yw tynnu sylw at ganfyddiadau allweddol ein gwaith, gan gynnwys ymgysylltu â darparwyr gofal iechyd, a'r wybodaeth arall sydd gennym. Y nod yw helpu gwasanaethau gofal iechyd i wella drwy rannu ein canfyddiadau, gan ganolbwyntio ar arferion da a'r

gwersi a ddysgwyd, fel bod gwasanaethau yn gallu nodi hynny ac ymaddasu'n briodol, ar adeg mor heriol na gwelwyd mo'i thebyg o'r blaen.

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

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

Yn ôl i'r brig

Crynodeb o'r Gwaith a Wnaed

Gwnaethom gynnal 43 o Wiriadau Ansawdd rhwng mis Awst a mis Hydref 2020, yn cynnwys:

- **19 o Ysbytai'r GIG**
- **5 Ysbyty Annibynnol**
- **8 lleoliad Iechyd Meddwl o fewn y GIG**
- **9 lleoliad Iechyd Meddwl Annibynnol**
- **2 Feddygfa**



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

Yn ystod y cyfnod hwn, ac yn sgil pryderon dirifol y cafodd AGIC wybod amdanynt, gwnaethom gynnal arolygiadau ar dri safle, sef dau bractis deintyddol ac un lleoliad iechyd meddwl annibynnol. Gwnaethom hefyd arolygu ysbyty maes ar y safle ei hun er mwyn sicrhau bod y trefniadau ar gyfer gofalu am y cleifion yn briodol. Mae'r adroddiadau ar ein gwefan.

Yn ôl i'r brig

COVID-19 o Safbwynt Gofal Iechyd

Bu'n rhaid i wasanaethau iechyd a gofal ledled Cymru ateb heriau pandemig byd-eang COVID-19. Rhoddwyd pwysau unigryw, nas gwelwyd o'r blaen, ar y system a fydd yn parhau dros y gaeaf. Drwy ein gwaith a'r wybodaeth rydym wedi'i chael, gwelwyd sawl enghraifft o ymdrechion arwrol aelodau o staff wrth ddarparu gwasanaethau i'w cleifion a'r cyhoedd. Felly, hoffem dalu teyrnged i ymrwymiad a hyblygrwydd pob aelod o staff sy'n gweithio ym maes gofal iechyd, am eu gwaith diflino yn helpu i gadw eu cleifion a'u cydweithwyr yn ddiogel.

Mae'r staff wedi disgrifio dulliau gweithredu newydd, fel rhoi dyfeisiau electronig i'r cleifion fel eu bod yn gallu cadw mewn cysylltiad â theulu a ffrindiau, a dilyn mesurau llym i atal a rheoli heintiau fel bod llai o risg o drosglwyddo feirws COVID-19. Hefyd, mae rheolwyr adrannau, uwch-reolwyr a thimau gweithredol wedi canu clodydd eu timau drwy gydol y cyfnod hwn. Fodd bynnag, rhaid cydnabod pa mor flinderus a gofidus y bu hi i'r sawl sy'n gweithio o dan amodau mor anodd, ac effaith hyn ar wasanaethau gofal iechyd. Felly, rhaid sicrhau bod camau cadarn yn cael eu cymryd i gefnogi'r gweithlu fel bod modd i wasanaethau barhau wrth i'r pandemig barhau.

Yn ôl i'r brig

Beth rydym wedi'i ddysgu?

Ysbytai'r GIG



Yr Amgylchedd

Aed ati i ailgynllunio wardiau ysbyty ac amgylcheddau unedau er mwyn helpu i leihau'r risg o drosglwyddo COVID-19, a chadw'r staff a'r cleifion yn ddiogel. Fodd bynnag, ar adegau nodwyd na chymerwyd camau i fynd i'r afael â phroblemau a godwyd drwy archwiliadau ac asesiadau risg amgylcheddol arferol. Mae'n bwysig bod adrannau a byrddau iechyd yn ystyried hyn, er mwyn sicrhau bod camau prydlon yn cael eu cymryd i gadw eu staff a'u cleifion yn ddiogel ac iach. Tynnir sylw at hyn yn ddiweddarach, yn yr adran ar Atal a Rheoli Heintiau.

Gwelwyd mesurau arloesol ar waith, gyda rhai byrddau iechyd yn sicrhau bod eu cleifion yn cael dyfeisiau electronig personol er mwyn eu helpu i gadw mewn cysylltiad â theulu a ffrindiau yn yr ysbyty. Bu hyn yn hanfodol er mwyn helpu cleifion neu eu teuluoedd i deimlo llai o ofid ac unigrwydd. Dylai adrannau a byrddau iechyd barhau i ystyried effaith bosibl cyfyngu ar ymweliadau ar y cyfle i deulu neu ofalwyr ddarparu cefnogaeth, neu gymryd rhan mewn trafodaethau neu wneud penderfyniadau am ofal cleifion. Er mwyn sicrhau bod systemau cyfathrebu a chefnogaeth effeithiol ar waith o hyd o ran gofal cleifion, a lles cleifion a'u teuluoedd, mae'n bwysig parhau i gymryd camau priodol i hwyluso hyn. Yn yr un modd, dylai fod trefniadau clir i deulu a gofalwyr gadw mewn cysylltiad ag adrannau, yn enwedig lle na all cleifion gysylltu â theulu heb help a chefnogaeth ragweithiol.

Atal a Rheoli Heintiau

Mae trefniadau atal a rheoli heintiau priodol ac effeithiol yn parhau i fod yn hollbwysig yn ystod y pandemig. Dros y misoedd diwethaf, gwelwyd achosion o COVID-19 mewn sawl ysbyty. Rhaid sicrhau bod achosion yn cael eu rheoli'n effeithiol, a bod camau yn cael eu cymryd i leihau'r risg o drosglwyddo COVID-19 ymhellach. Ar y cyfan, cymerwyd camau priodol yn dilyn achosion o COVID-19 mewn ysbytai, a rhannwyd y gwersi a ddysgwyd â'r staff a phob rhan o'r sefydliad dan sylw. Mae hyn yn hanfodol er mwyn helpu i atal lledaeniad COVID-19 mewn ysbytai (trosglwyddiad nosocomiaidd).

Roedd yn gadarnhaol nodi, yn unol â chanllawiau Iechyd y Cyhoedd, fod trefniadau lefel uwch wedi'u cyflwyno ledled Cymru, gyda'r nod o ostwng cyfraddau trosglwyddo nosocomiaidd. Fodd bynnag, mewn rhai ardaloedd, roedd archwiliadau atal a rheoli heintiau yn rhy hen, neu roeddent wedi cael eu cwblhau ond ni ddysgwyd fawr ddim gwersi. Mae hyn yn debyg i'r canfyddiad ar gyfer asesiadau risg amgylcheddol, ac mae'n atgyfnerthu'r neges y dylai pob adran sicrhau bod prosesau archwilio a rheoli risg yn gadarn drwyddi draw.

Mae trefniadau ar waith i sicrhau bod staff yn gallu cael gafael ar Gyfarpar Diogelu Personol (PPE) priodol, a darparwyd hyfforddiant ar sut i'w ddefnyddio'n gywir yn gyffredinol. Fodd bynnag, mae'n bryder bod rhai o'r staff sy'n gweithio mewn ardaloedd risg uwch sydd angen lefel uwch o PPE wedi profi niwed i'r croen, syndrom llygad sych a blinder. Gwyddom fod rhai byrddau iechyd yn darparu llwybrau carlam i wasanaethau dermatoleg ac offthalmoleg i'r rhai sydd angen y cymorth hwn, a dylai byrddau iechyd sicrhau bod hyn yn wir ledled Cymru.

Mae prosesau ar waith yn y rhan fwyaf o ardaloedd i asesu'r risg o adleoli staff sy'n glinigol fregus neu sy'n wynebu mwy o risg o COVID-19, sy'n cynnwys ystyried grwpiau Pobl Dduon, Asiaidd a Lleiafrifoedd Ethnig. Fodd bynnag, lle y bo'n gymwys, gwnaethom uwchgyfeirio pryderon, yn dilyn Gwiriadau Ansawdd, lle nodwyd nad oedd asesiadau risg wedi cael eu cwblhau. Os na chynhelir

asesiadau risg, gall beryglu iechyd a diogelwch staff, a rhaid sicrhau bod prosesau cadarn ar waith ym mhob adran i sicrhau bod staff risg uchel yn cael eu nodi'n brydlon.

Llywodraethu

Ffactor pwysig y mae angen ei ystyried yn ystod y pandemig yw llesiant staff. Mae'n amlwg bod staff wedi bod yn gweithio mewn amgylchedd heriol iawn dros y misoedd diwethaf. O ganlyniad, rydym yn poeni y gall staff gofal iechyd fod wedi blino'n lân, ac yn teimlo'n ofidus iawn. Ledled Cymru, rydym wedi gweld ymyriadau cadarnhaol ar waith i helpu i gefnogi llesiant ac iechyd meddwl staff. Rhaid i bob adran barhau i sicrhau ei bod yn gwneud popeth posibl i gefnogi ei gweithlu ar yr adeg heriol hon.



Roedd yn gadarnhaol nodi bod hyfforddiant penodol ar COVID-19 wedi'i roi i'r staff ym mhob lleoliad. Fodd bynnag, fel y gellir ei ddisgwyl, mae'r ffaith na fu cyfleoedd i gael hyfforddiant wyneb yn wyneb a phwysau gwaith cynyddol wedi cael effaith sylweddol ar gwblhau hyfforddiant gorfodol mewn rhai adrannau. Roedd hyn yn fwy cyffredin ar ddechrau'r pandemig, a ledled Cymru clywsom fod pwyslais wedi cael ei roi ar e-ddysgu er mwyn sicrhau cydymffurfiaeth. Wrth ddelio â'r llwyth gwaith cynyddol sy'n gysylltiedig ag ymateb i'r pandemig, mae angen cadw llygad gofalus ar gwblhau hyfforddiant gorfodol. Gallai methu â rhoi'r hyfforddiant diweddaraf i staff arwain at arferion anniogel, a rhoi'r cleifion mewn mwy o berygl, felly mae'n bwysig bod pob bwrdd iechyd yn anelu at sicrhau bod ei weithlu yn cael hyfforddiant amserol sy'n briodol i'r rolau a gyflawnir. Mae hyn hefyd yn wir am staff dros dro, nad ydynt yn gyfarwydd ag amgylchedd gofal penodol efallai. Dylai adrannau sicrhau bod prosesau cadarn ar waith fel bod staff dros dro yn gyfarwydd ag ardaloedd newydd, ac yn cael eu sefydlu, yn ogystal â chael hyfforddiant priodol lle y bo'n gymwys.

Cymerwyd camau cadarnhaol i ddiwallu'r angen i gyfathrebu'n fwy yn ystod y pandemig, er mwyn sicrhau bod staff yn ymwybodol o'r canllawiau wrth iddynt newid. Mae hyn yn cynnwys defnyddio sgrymiau staff dyddiol, sydd wedi cymryd lle cyfarfodydd misol, fel ffordd hwylus o roi'r wybodaeth ddiweddaraf i'r staff. Rhaid parhau i gyfathrebu'n rheolaidd wrth i bandemig COVID-19 barhau, yn enwedig lle mae cryn ddibyniaeth ar staff dros dro, gan gynnwys lle darperir gofal mewn lleoliadau dros dro neu sydd wedi'u had-drefnu.

Yn ôl i'r brig

Ysbytai Annibynnol



Yr Amgylchedd

Drwy gydol y pandemig, defnyddiwyd ysbytai annibynnol fel amgylcheddau heb COVID-19 er mwyn darparu gofal brys wedi'i drefnu, fel llawdriniaeth ar ran y GIG. Bu'r gefnogaeth hon yn hanfodol a gwelwyd cryn ymdrech i gadw ysbytai annibynnol ar agor. Fel rhan o hyn cynhaliwyd asesiadau risg amgylcheddol cadarn, cynhaliwyd profion COVID-19 cyn derbyn cleifion, a gofynnwyd i gleifion hunanynysu cyn iddynt ddod i'r ysbyty. Mae prosesau profi a brysbennu newydd ar waith ym mhob ysbyty, sy'n anelu at nodi unrhyw gleifion â symptomau COVID-19 posibl.

Rydym yn ymwybodol o fentrau newydd a gyflwynwyd i helpu i gadw cleifion yn ddiogel yn ystod pandemig COVID-19. Mae hyn yn cynnwys un darparwr a gyflwynodd 'llwybrau cleifion' mewn lliw er mwyn helpu i dywys cleifion o amgylch yr ysbyty. O dan y model hwn, mae'r llwybr y bydd y claf yn ei ddilyn yn dibynnu ar y gofyniad i gael prawf COVID-19 a hunanynysu cyn yr apwyntiad, a'r rheswm dros yr ymweliad. Credwn fod hyn yn fenter gadarnhaol, gan ei bod yn diffinio taith gofal iechyd briodol i'r cleifion ac, yn enwedig, y rhai sy'n fregus yn glinigol er mwyn helpu i leihau'r risg o haint posibl.

Atal a Rheoli Heintiau

Mae trefniadau atal a rheoli heintiau priodol ac effeithiol yn parhau i fod yn flaenoriaeth, ac maent yn hanfodol yn ystod y pandemig. Wrth lunio'r bwletin Arsylwi ar Ansawdd hwn, nid ydym wedi cael gwybod am unrhyw achosion o gleifion yn dal COVID-19 mewn ysbyty annibynnol.

Roedd yn gadarnhaol nodi, yn unol â chanllawiau Iechyd y Cyhoedd, fod trefniadau lefel uwch wedi'u cyflwyno ledled Cymru, gyda'r nod o ostwng cyfraddau trosglwyddo nosocomiaidd. Fodd bynnag, roedd un ward lle na chafodd archwiliad atal a rheoli heintiau ei gwblhau am dri mis. Mae hwn yn bryder, ac mae'n bwysig bod darparwyr yn parhau i ganolbwyntio ar y maes hwn.

Mae trefniadau ar waith i sicrhau bod staff yn gallu cael gafael ar Gyfarpar Diogelu Personol (PPE) priodol, a darparwyd hyfforddiant ar sut i'w ddefnyddio'n gywir. Mae hyn yn cynnwys rhoi hyfforddiant diweddarau i staff sy'n dychwelyd i'r gwaith ar ôl bod ar ffyrlo. Rydym hefyd yn ymwybodol o fentrau newydd sydd wedi cael eu cyflwyno mewn ysbytai annibynnol er mwyn helpu i leihau'r risg o drosglwyddiad nosocomiaidd. Un fenter o'r fath oedd sicrhau bod 'sgrybs' ychwanegol ar gael i'r staff, sy'n golygu y gellir golchi dillad gwaith ar y safle yn hytrach na bod staff yn gorfod mynd â dillad adref i'w golchi.

Drwy ein proses digwyddiadau hysbysadwy, nodwyd un ysbyty annibynnol lle roedd nifer bach o'r staff wedi cael canlyniad prawf COVID-19 positif. Ers hyn, mae'r gwasanaeth wedi ein sicrhau ei fod wedi ymchwilio i'r digwyddiad ac wedi ymateb yn briodol, gan roi hyfforddiant ychwanegol i'r holl staff. Mae'n hanfodol bod pob aelod o'r staff yn cael ei atgoffa'n rheolaidd o sut i ddefnyddio PPE yn gywir, a bod angen cadw pellter cymdeithasol wrth ryngweithio â'i gilydd.



Llywodraethu

Rhaid ystyried llesiant staff yn ystod y pandemig. Mae'n amlwg bod staff wedi bod yn gweithio mewn amgylcheddau heriol iawn ers i'r pandemig ddechrau. Fel gyda phob aelod o staff rheng flaen, gall y rhai mewn lleoliadau gofal iechyd annibynnol deimlo blinder, gofid neu straen, a dylai cyflogwyr sicrhau bod eu staff yn cael eu hasesu a'u monitro'n briodol. Cymerwyd camau cadarnhaol i roi ymyriadau cefnogol ar waith, er mwyn helpu i gynnal llesiant ac iechyd meddwl staff. Dylid cadw llygad ar hyn er mwyn sicrhau bod staff yn cael eu cefnogi'n llawn yn ystod y cyfnod heriol hwn.

Roedd yn gadarnhaol nodi bod hyfforddiant penodol ar COVID-19 wedi'i roi i'r staff ym mhob lleoliad. Mae cyfraddau cwblhau hyfforddiant gorfodol hefyd wedi parhau'n uchel drwy gydol y pandemig, gan gyflwyno e-ddysgu yn lle hyfforddiant ystafell ddosbarth wyneb yn wyneb traddodiadol. Hefyd, cedwir llygad ar lefelau cydymffurfio hyfforddiant, ynghyd â'r trefniadau ar gyfer hyfforddiant COVID-19.

Nid yw ysbytai annibynnol yng Nghymru yn darparu gofal brys ac mae'r llwybr yn seiliedig ar wasanaethau cleifion allanol a gofal wedi'i drefnu. O ganlyniad, gall darparwyr gofal iechyd gynllunio lefelau staffio yn haws cyn apwyntiadau neu dderbyn cleifion i'r ysbyty. Drwy hynny, nodwyd bod lefelau staffio cyffredinol wedi parhau'n sefydlog drwy gydol y pandemig. Dywedodd rheolwyr ysbytai wrthym eu bod wedi siarad â staff yn gynnar er mwyn gwneud iddynt deimlo'n hyderus am y gweithle; roedd hyn yn cynnwys siarad â staff y gallai fod angen iddynt warchod neu hunanynysu.

Bu rhoi'r wybodaeth ddiweddaraf i staff am ganllawiau newydd a gweithdrefnau yn her allweddol i ddarparwyr gofal iechyd yn ystod y pandemig. Mae rheolwyr ysbytai wedi cydnabod hyn a disgrifiwyd y trefniadau newydd sydd ar waith i roi'r wybodaeth ddiweddaraf i staff am ganllawiau a chyngor COVID-19 sy'n newid yn gyflym. Nodwyd bod angen cyfathrebu'n fwy rheolaidd, a gwnaed hyn drwy gyfarfodydd tîm rhithwir a galwadau fideo er mwyn ymgysylltu â'r staff yn aml. Roedd yn gadarnhaol bod y dull hwn o gyfathrebu yn cynnwys pawb sy'n gweithio ar y safle, gan gynnwys staff y GIG. Wrth i'r pandemig barhau, rhaid i ddarparwyr annibynnol barhau i gadw mewn cysylltiad â staff a rhoi canllawiau rheolaidd iddynt.

Yn ôl i'r brig

Unedau Iechyd Meddwl

Yr Amgylchedd

Ymdrechwyd i newid yr amgylchedd gofal mewn lleoliadau iechyd meddwl, er mwyn helpu i leihau'r risg o drosglwyddo COVID-19 a chadw cleifion yn ddiogel. Mewn achosion lle roedd wardiau unigol yn cael eu hystyried yn swigod, gwnaed newidiadau fel bod y cleifion yn cadw mwy o bellter cymdeithasol o fewn swigen y ward. Er enghraifft, roedd llawer o ysbytai wedi cyflwyno amseroedd bwyd ychwanegol, fel bod llai o bobl yn bwyta ar yr un pryd. Hefyd roedd amseroedd dechrau'r staff wedi cael eu gwasgaru, fel na fyddai niferoedd mawr o staff yn ymgynnull wrth y fynedfa.



Roedd cleifion wedi gallu cadw mewn cysylltiad â gweithwyr gofal iechyd proffesiynol mewn ffyrdd rhithwir, gan gynnwys cymryd rhan mewn sesiynau therapi a defnyddio gwasanaethau eirioli. Prynwyd dyfeisiau electronig ychwanegol er mwyn helpu'r cleifion i aros mewn cysylltiad â theulu a ffrindiau. Bu hyn yn hanfodol er mwyn helpu cleifion neu eu teuluoedd i deimlo llai o ofid ac unigrwydd. Dylai adrannau barhau i ystyried effaith bosibl cyfyngu ar ymweliadau ar y claf a'r cyfle i deulu neu ofalwyr ddarparu cefnogaeth, neu gymryd rhan mewn trafodaethau neu wneud penderfyniadau am ofal cleifion. Er mwyn sicrhau bod systemau cyfathrebu a chefnogaeth effeithiol ar waith o hyd o ran gofal cleifion, mae'n bwysig parhau i gymryd camau priodol i hwyluso hyn. Yn yr un modd, dylai fod trefniadau clir i deulu a gofalwyr gadw mewn cysylltiad ag adrannau, yn enwedig lle na all cleifion gysylltu â theulu heb help a chefnogaeth ragweithiol.

Yn anffodus, mae'r pandemig wedi codi ofn ar rai cleifion ac wedi gwneud iddynt deimlo ar eu pen eu hunain, oherwydd y cyfyngiadau ar gael ymwelwyr a gadael y lleoliad am y dydd, sydd wedyn wedi eu gwneud yn fwy pryderus, neu mae wedi effeithio ar eu cynnydd neu'r broses o wella. Cymerwyd camau cadarnhaol i fynd i'r afael â'r mater hwn, drwy gyflwyno mwy o weithgareddau a therapi i'r cleifion i'w cadw'n brysur, fel mwy o arddio a cherdded o amgylch yr ysbyty yn yr awyr agored. Mae hyn yn hanfodol yn ystod y pandemig fel na welir mwy o ymddygiad heriol, a'r potensial o hunan-niwed am fod rhywun yn teimlo'n ynysig, yn teimlo ofn neu wedi diflasu.

Bu'n siomedig gweld arferion anghyson o ran cynnal asesiadau risg pwyntiau clymu mewn rhai lleoliadau. Mae hyn yn cynnwys diffyg manylder camau adfer a lliniaru, a methu â chymryd camau llawn lle roedd angen. Hefyd, gwelsom asesiadau risg pwyntiau clymu a oedd wedi'u cynnal dros 12 mis yn ôl, heb eu hadolygu, sy'n bryder difrifol, yn enwedig o ran cleifion sy'n wynebu risg uwch o hunan-niwed. Rhaid rhoi prosesau cadarn ar waith, fel bod asesiadau risg pwyntiau clymu yn cael eu cwblhau'n amlach.

Atal a Rheoli Heintiau

Mae trefniadau atal a rheoli heintiau priodol ac effeithiol yn parhau i fod yn hollbwysig yn ystod y pandemig. Yn ystod ton gyntaf y pandemig, roedd yn gadarnhaol nodi mai prin oedd nifer yr achosion o COVID-19 mewn ysbytai iechyd meddwl ac anableddau dysgu annibynnol. Lle cawsom wybod am achosion, roeddent yn rhai ynysig, a chafodd llawer o'r bobl â symptomau COVID-19 ganlyniad prawf negatiff wedyn. Fodd bynnag, yn ystod yr ail don, bu cynnydd sylweddol yn nifer yr achosion o COVID-19 mewn ysbytai iechyd meddwl ac anableddau dysgu annibynnol.

Un ffactor a allai fod wedi cyfrannu at hyn yw'r ffaith na chynhelir profion rheolaidd ar staff na chleifion, er mwyn darganfod y feirws ar gam cynnar mewn pobl asymptomatig. Yn hytrach, dim ond pan fydd nifer o achosion mewn ysbyty annibynnol, ac y caiff trefniadau rheoli digwyddiad gwasanaethau preswyl eu rhoi ar waith, y bydd staff a chleifion yn cael prawf. Ymhlith y trefniadau mae cynnal profion wythnosol ar staff a chleifion hyd nes na cheir canlyniadau positif mwyach, ac ni cheir unrhyw achos

am 28 diwrnod. Felly, rhaid bod COVID-19 yno cyn dechrau cynnal profion. Lle rhoddwyd trefniadau rheoli digwyddiad ar waith, mae'r profion wedi nodi bod gan nifer sylweddol o staff asymptomatig COVID-19, a heb iddynt gael prawf, byddent wedi parhau i weithio yn yr ysbyty gan beri'r risg o drosglwyddo'r feirws i'r cleifion ac aelodau eraill o staff. Dylai Llywodraeth Cymru ystyried cyflwyno profion rheolaidd yn yr ysbytai hyn fel ffordd o ddiogelu'r staff a'r cleifion yno.

Llywodraethu

Rhaid ystyried llesiant staff yn ystod y pandemig. Mae'n amlwg bod staff wedi bod yn gweithio mewn amgylcheddau heriol iawn ers i'r pandemig ddechrau. Fel gyda phob aelod o staff rheng flaen, gall y rhai mewn lleoliadau gofal iechyd annibynnol deimlo blinder, gofid neu straen, a dylai cyflogwyr sicrhau bod eu staff yn cael eu hasesu a'u monitro'n briodol. Cymerwyd camau cadarnhaol i roi ymyriadau cefnogol ar waith, er mwyn helpu i gynnal llesiant ac iechyd meddwl staff. Dylid cadw llygad ar hyn er mwyn sicrhau bod staff yn cael eu cefnogi'n llawn yn ystod y cyfnod heriol hwn.



Drwy ein gwiriadau ansawdd, gwelsom fod cyfarfodydd tîm amlddisgyblaethol rheolaidd wedi parhau drwy gydol y pandemig. Mae'r rhain yn hanfodol er mwyn sicrhau bod cleifion yn derbyn gofal a'u bod yn cael eu rheoli mewn ffordd briodol ac effeithiol. Hefyd, bu modd cael apwyntiadau brys gyda gweithwyr iechyd meddwl allweddol proffesiynol eraill fel bod y gofal priodol yn cael ei ddarparu.

Roedd yn gadarnhaol nodi bod hyfforddiant penodol ar COVID-19 wedi'i roi i'r staff ym mhob lleoliad. Fodd bynnag, mae'r ffaith na fu modd cael hyfforddiant wyneb yn wyneb a phwysau gwaith cynyddol wedi cael effaith sylweddol ar y gallu i gael hyfforddiant gorfodol mewn rhai adrannau. Roedd hyn yn fwy cyffredin ar ddechrau'r pandemig, ac aed i'r afael â'r mater drwy hyrwyddo hyfforddiant ar-lein. Fodd bynnag, mae'n bryder nad oes modd i rai meysydd allweddol o hyfforddiant gorfodol, fel ymyrryd ac atal yn gorfforol, y mae angen ei wneud weithiau er mwyn rheoli ymddygiad heriol, gael eu cynnal yn effeithiol ar-lein. Mae hwn yn faes pwysig i ddarparwyr ei ystyried, ynghyd ag asesiadau risg cadarn, yn enwedig mewn amgylcheddau lle ceir cryn dipyn o ymddygiad heriol.

Mae gan gleifion hawl i ofyn i Dribiwnlys Adolygu Iechyd Meddwl Cymru adolygu'r penderfyniad i'w cadw. Gallai pob ysbyty ddangos bod yr hawl hon wedi'i chynnal, gyda'r rhan fwyaf o gyfarfodydd tribiwnlys yn cael eu cynnal ar amser, mewn ffordd rithwir. Er bod cyfarfodydd rithwir wedi golygu y bu modd cynnal y math hwn o gyfarfod, byddem yn annog rheolwyr ysbytai i gael adborth gan gleifion er mwyn gweld a oeddent yn teimlo'n cymaint o ran ag yr oeddent cyn y pandemig efallai. Hefyd, cleifion fydd yn gwybod sut i wella eu profiad orau.

Bu rhoi'r wybodaeth ddiweddaraf i staff am ganllawiau newydd a gweithdrefnau yn her allweddol i ddarparwyr gofal iechyd yn ystod y pandemig. Bu hefyd yn hanfodol cyfathrebu â chleifion yn effeithiol, er mwyn eu helpu i ddeall y cyfyngiadau newidiol arnynt, o ganlyniad i COVID-19. Roedd rheolwyr ysbytai wedi mynd ati i wneud hyn mewn sawl ffordd, ond y ffactor pwysicaf oedd mwy o gyfathrebu beunyddiol, drwy roi'r wybodaeth ddiweddaraf mewn sesiynau briffio cleifion a chyfarfodydd staff dyddiol. Rhaid parhau i gyfathrebu â chleifion a staff yn rheolaidd wrth i bandemig COVID-19 barhau.

Yn ôl i'r brig

Meddygfeydd

Er mai dim ond dau wiriad ansawdd o feddygfeydd a gynhaliwyd gennym, mae angen tynnu sylw at bryderon ynghylch y defnydd o ymgynghoriadau o bell, a'r risg nad yw rhai cleifion efallai yn gallu cael gafael ar wasanaethau oherwydd heriau technegol neu logistaidd.

Er bod ymgynghoriadau o bell o fudd mewn sawl ffordd, mae risg amlwg y gall rhai cleifion gael eu gadael allan yn ddigidol, a bod methu â chynnal galwad fideo. Felly mae'n bwysig bod grwpiau cleifion



perthnasol yn dal i allu cael apwyntiadau yn y cnawd.

[Yn ôl i'r brig](#)

Deintyddfeydd

Ar adeg llunio'r bwletin Arsylwi ar Ansawdd hwn, rydym wedi cynnal dau arolygiad ar y safle yn ystod pandemig COVID-19. Arolygiadau seiliedig ar risg oedd y rhain oherwydd pryderon nad oedd gweithdrefnau safonol yn cael eu dilyn yn unol â chanllawiau lechyd y Cyhoedd. Ar y cyfan mae ein harolygiadau wedi cadarnhau'r pryderon hyn. Mae'r canfyddiadau allweddol fel a ganlyn:



- Roedd deintyddfa yn anniben ac roedd eitemau ynndi nad oedd modd eu glanhau'n effeithiol
- Nid oedd PPE yn cael ei newid ar ôl Gweithdrefn sy'n Cynhyrchu Aerosol, a chyn dechrau glanhau
- Tystiolaeth annigonol o gydymffurfio â'r cyfnod segur rhwng gweithdrefnau, a heb gofnodi'r amser lle gorffennodd y rhan o'r driniaeth a oedd yn cynhyrchu aerosol
- Ni chadarnhawyd nifer y cyfnewidiadau aer yr awr gan arbenigwr
- Nid oedd cryfder y glanedydd a ddefnyddiwyd yn unol â'r argymhellion
- Defnyddiwyd teclynnau puro at ddiben domestig yn hytrach na diben masnachol, heb unrhyw dystiolaeth bod y rhain yn helpu i leihau'r risg o COVID-19.

Mae'r pwynt olaf hwn yn peri pryder mawr, oherwydd gwyddom fod llawer o bractisau yn defnyddio teclynnau puro aer os nad oes system awyru fecanyddol ar gael. Byddem yn annog pob practis i ddarllen canllawiau a chyfarwyddiadau'r gwneuthurwr, a/neu gysylltu â'r gwneuthurwr i gadarnhau bod y ddyfais yn addas i'w defnyddio mewn deintyddfa.

[Yn ôl i'r brig](#)

Adborth



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

[Yn ôl i'r brig](#)

Quality Insight (COVID-19)

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

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.**

[Back to top](#)

Activity Summary

We carried out 43 Quality Checks from August to October 2020, which included:

- **19 NHS Hospitals**
- **5 Independent Hospitals**
- **8 NHS Mental Health settings**
- **9 Independent Mental Health settings, and**
- **2 GP Practices**



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.

During this period, and as a result of serious concerns reported to HIW, we conducted three onsite inspections. These took place at two dental practices and one independent mental health setting. We also completed an onsite inspection of a field hospital to check the arrangements for patient care. The reports can be [found on our website](#).

[Back to top](#)

COVID-19 Healthcare Perspective

Health and care services across Wales have had to rise to meet the challenges of a global pandemic, COVID-19. The pandemic has introduced unique and unprecedented pressures on the system that will continue through the winter months. Through our work and intelligence, we have found many examples that highlight the outstanding efforts of staff whilst providing services to patients and the public. As such we would particularly like to commend the commitment and flexibility of all staff working within healthcare services, who have worked tirelessly to help keep patients and their colleagues safe.

Staff have described how new approaches have been implemented, such as the provision of electronic devices for patients to stay in touch with family and friends, and enhanced arrangements to strengthen infection prevention and control to minimise the risk of transmission of the COVID-19 virus. In addition, department managers, senior managers and executive teams have told us throughout, of

their appreciation and pride for their teams. We cannot, however, underestimate the levels of fatigue, stress or anxiety of those working in such difficult times, and the impact this has on healthcare services. Therefore robust arrangements to support the workforce are critical to the viability of services as the pandemic continues.

[Back to top](#)

What have we learned?

NHS Hospitals



Environment

A significant amount of time and effort has been spent on redesigning hospital wards and unit environments to help reduce the transmission of COVID-19 and to keep staff and patients safe. However, we found at times that action had not been taken following issues identified via routine environmental risk assessments and audits. This is an important issue for

departments and health boards to consider, to ensure that actions are completed in a timely manner to maintain the health and safety of staff and patients. This is highlighted later with other examples, within the Infection Prevention and Control section.

Innovation has been demonstrated, with some health boards ensuring that patients are provided with personal electronic devices to help maintain contact with friends and family during their time in hospital. This has been essential to help minimise the distress and isolation that patients or their families may experience. Departments and health boards should continue to evaluate how restrictions on visiting may impact on the opportunity for family members or carers to provide support, or to be involved in discussions or decisions regarding the care of patients. To maintain effective support and communication in relation to patient care and both their and their family's well-being, it is important that appropriate mechanisms remain in place to facilitate this. Similarly, there should be clear arrangements for families and carers to keep in touch with departments, particularly where patients are unable to have any contact with family members, without proactive help and support.

Infection Prevention and Control (IPC)

Appropriate and effective IPC arrangements continue to be of paramount importance during the pandemic. Over the past months several hospital sites have been impacted by outbreaks of COVID-19. It is essential that outbreaks are managed effectively when they occur, and actions are taken to mitigate the risk of further transmissions or outbreaks. We have noted that appropriate action has generally been taken following COVID-19 outbreaks in hospitals, and lessons learnt have been shared with staff and across organisations. This is essential to help prevent the spread of COVID-19 in hospital settings (nosocomial transmission).

It was positive to find that in line with Public Health guidelines, enhanced arrangements have been introduced across Wales, aimed at reducing nosocomial transmission. However, in some areas, IPC audits were out of date or had been completed but with minimal learning from the results. This is similar to the finding for environmental risk assessments, and reinforces the message that all departments should ensure that risk management and audit processes are robust at all times.

Arrangements are in place to ensure staff can access appropriate Personal Protective Equipment (PPE), and training has been widely provided on its correct use. However, we are concerned that some staff working in higher risk areas who require a higher level of PPE, have experienced skin damage, dry eye syndrome and fatigue. We are aware that some health boards provide fast track

services to dermatology and ophthalmology for those who require this support, and health boards should ensure this is consistent across Wales.

Processes are in place in most areas to assess the risk of deploying staff who are clinically more vulnerable or at a higher risk from COVID-19, which includes consideration to Black, Asian and Minority Ethnic groups. However, we escalated concerns where applicable, following Quality Checks in which we identified risk assessments had not been completed. The absence of risk assessments can compromise the health and safety of staff, and it is essential that robust processes are in place in all departments, to ensure all high risk staff are identified promptly.

Governance

An important factor requiring consideration during the pandemic relates to staff well-being. It is clear that staff have been working in a hugely challenging environment these past months. Consequently we are concerned that staff working in healthcare may be suffering significant anxiety and fatigue at this time. Across Wales, we have noted the implementation of positive interventions to help support the well-being and mental health of staff. It is vital that all departments continue to ensure they do all they can to support their workforce through these very challenging times.



It was positive to find that specific training on COVID-19 has been provided for staff in all settings. However, as might be expected, the lack of opportunities for face to face training and increased work pressures has significantly impacted on the completion of mandatory training in some departments. This was more prevalent during the early stages of the pandemic, and throughout Wales we were told that the emphasis on 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 health boards strive to ensure their workforce receives timely training appropriate to their roles. This also relates to the use of temporary staff, who may be unfamiliar with a particular environment of care. Departments should ensure robust processes are in place for familiarisation and induction of temporary staff in new areas, and to provide appropriate training where applicable.

Positive steps have been taken to meet the need for more frequent communication during the pandemic, to ensure staff are aware of changing guidance. This includes the use of daily staff huddles, which have replaced monthly meetings, as an agile approach to keep staff up to date with accurate advice and guidance. The need for ongoing frequent communication is essential as the COVID-19 pandemic evolves, particularly where there is a heavy reliance on temporary staffing arrangements, including where care is being managed in reconfigured or temporary settings.

[Back to top](#)

Independent Hospitals



Environment

Throughout the pandemic, independent hospitals have been utilised as COVID-19 free environments as a means of providing urgent scheduled care, such as surgery on behalf of the NHS. This support has been essential and we found clear and focused efforts have been made to enable independent hospitals to remain open. These arrangements include robust environmental risk

assessments, pre-admission COVID-19 testing and the requirement for patients to self-isolate at home

prior to admission. On arrival to the hospitals, new front of house triage and testing processes are in place, which aim to detect any patients with potential COVID-19 symptoms.

We are aware of new initiatives that have been introduced to help keep patients safe during the COVID-19 pandemic. This includes one provider implementing new colour coded 'patient pathways' to help guide patients through the hospital. Under this model, the pathway the patient takes is dependent on any requirements for COVID-19 testing and self-isolation before the appointment, and the reason for the visit. We consider this a positive initiative, as it defines an appropriate healthcare journey for patients and in particular those who are clinically vulnerable to help reduce the risk of potential infection.

Infection Prevention and Control (IPC)

Appropriate and effective IPC arrangements remain a priority and are essential during the pandemic. At the time of writing this Quality Insight bulletin we have not received reports of any incidents relating to patients contracting COVID-19 while in an independent hospital setting.

It was positive to find that in line with Public Health guidelines, enhanced arrangements have been introduced across Wales, aimed at reducing nosocomial transmission. However, we did find one ward where an IPC audit had not been completed for three months. This is a concern, and it important that providers maintain focus in this area.

Arrangements are in place to ensure staff can access appropriate Personal Protective Equipment (PPE) and training has been provided on its correct use. This includes refresher training for staff who return to work after being furloughed. We are also aware of new initiatives which have been introduced in independent hospitals to help reduce the risk of nosocomial transmission. One such initiative was making additional scrubs available for staff, which enables uniforms to be washed on site instead of staff taking them home to clean.

Through our notifiable events process, we identified one independent hospital where a small number of staff had tested positive for COVID-19. We have since received assurance from the service that the incident has been investigated and responded to appropriately, with additional training being 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 consideration of staff well-being during the pandemic is essential. It is clear that staff have been working in hugely challenging environments since the start of the pandemic. As with all frontline staff, those within independent healthcare settings can present with fatigue, anxiety or stress, and employers should ensure their staff are appropriately assessed and monitored. We have noted the positive implementation of supportive interventions, to help maintain the well-being and mental health of staff. The take up of these interventions should be closely monitored, to ensure staff are fully supported through these challenging times.

It was positive to find that specific training on COVID-19 has been provided to staff in all settings. Completion of mandatory training has also remained high throughout the pandemic, with e-learning replacing the traditional face to face and classroom based training. In addition, training compliance is being closely monitored, along with training for COVID-19 arrangements.

Independent hospitals in Wales do not provide emergency care and the pathway is based on outpatient services and scheduled care. As a result, healthcare providers are more able to plan staffing levels in advance of hospital appointments or admissions. Consequently we found that overall staffing levels have remained stable throughout the pandemic. Hospital managers told us how they

held early conversations with staff to support them to feel confident in the workplace; these included discussions with staff who may need to shield or self-isolate.

Keeping staff up to date with changing guidance and operating procedures has been a key challenge for all healthcare providers during the pandemic. Hospital managers have recognised this and described the new arrangements in place to keep staff updated on the rapidly changing guidance and advice for COVID-19. They highlighted to us that more frequent communication was essential, and this had been addressed through virtual team meetings and video calls to maintain frequent engagement with staff. It was positive to find that such communication has also been extended to all staff working on the site, including those from the NHS. As the pandemic progresses, it is essential that independent providers maintain frequent communication and guidance to all staff.

[Back to top](#)

Mental Health Units

Environment

Every effort has been made to make changes to the care environment in mental health settings, to help minimise the transmission of COVID-19 and keep patients safe. In instances where individual wards were being considered as household bubbles, changes had been implemented to increase social distancing between patients within the ward bubble. For example, many hospitals had introduced additional meal times, so that less people were present dining meal times. We were also told that staggered start times had been introduced for staff, to avoid large numbers of staff congregating in the entrance areas.



Patients have been able to maintain contact with healthcare professionals through virtual means, including participation in therapy sessions and to access advocacy services. Additional electronic devices have been purchased to help patients stay in contact with family and friends. This has been essential to help minimise the distress and isolation that patients or their families may experience. Departments should continue to evaluate how the restrictions on visiting may impact on the patient and on the opportunity for family members or carers to provide support, or to be involved in discussions or decisions regarding the care of patients. To maintain effective support and communication in relation to patient care, it is important that appropriate mechanisms remain in place to facilitate this. Similarly, there should be clear arrangements for families and carers to keep in touch with departments, particularly where patients are unable to have any contact with family members, without proactive help and support.

The pandemic has unfortunately resulted in some patients feeling scared and isolated due to the restrictions on visitation and day leave, thus increasing their anxiety levels or affecting their progress or recovery. We found that positive action has been taken to address this issue, through the introduction of additional activities and therapy for patients to keep them occupied, such as more gardening activities and using the hospital grounds for walking. We consider these initiatives to be essential during the pandemic to avoid an increase in challenging behaviour and the potential for self-harm as a result of feeling isolated, fearful or bored.

We are disappointed to have identified inconsistent practice in relation to ligature risk assessment in some settings. This includes poor levels of detail in remedial and mitigating actions, and incomplete action where this was necessary. In addition, we were presented with ligature risk assessments that were over 12 months old, without review, which 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.

Infection Prevention and Control (IPC)

Appropriate and effective IPC arrangements continue to be of paramount importance during the pandemic. During the first wave of the pandemic it was positive to note that very few COVID-19 incidents were identified in independent mental health and learning disability hospitals. Where we were informed of positive cases, these were single isolated cases, and many individuals with symptoms consistent with COVID-19, were subsequently confirmed to have tested negative for the virus. However, during the second wave, there has been a significant increase in the number of positive COVID-19 cases in independent mental health and learning disability hospitals.

A potential contributing factor for the increased incidence during the second phase, is the absence of a regular testing regime for staff and patients, for early detection in asymptomatic people. Instead, staff and patients are only tested after a number of cases occur in an independent hospital, and the residential services incident management arrangements is invoked. The arrangements include weekly testing of staff and patients until such time that no positive test results are returned, and no further positive cases are identified for 28 days. This means that an outbreak must occur before testing is provided. Where incident management arrangements have been activated, the testing has identified significant numbers of asymptomatic members of staff as COVID-19 positive, who without testing, would have continued to work in the hospital with the potential to transmit the virus throughout the patient and staff groups. Welsh Government should consider implementing a regular testing regime in these hospitals as a protective measure for all staff and patients.

Governance

The consideration of staff well-being during the pandemic is essential. It is clear that staff have been working in hugely challenging environments since the start of the pandemic. As with all frontline staff, those within independent healthcare settings can present with fatigue, anxiety or stress, and employers should ensure their staff are appropriately assessed and monitored. We have noted the positive implementation of supportive interventions, to help maintain the well-being and mental health of staff. The take up of these interventions should be closely monitored, to ensure staff are fully supported through these challenging times.



Through our quality checks we were able to confirm that regular multidisciplinary team meetings have continued throughout the pandemic. These are essential to ensure patients are cared for and managed appropriately and effectively. In addition, emergency appointments with other key mental health professionals have been available to maintain appropriate care.

It was positive to find that specific training on COVID-19 has been provided to staff in all settings. However, the inability to attend face to face training, and increased work pressures has significantly impacted on mandatory training compliance in some areas. This was more prevalent during the early stages of the pandemic, and has been addressed by the promotion of online training options. However, we are concerned that some key areas of mandatory training, such as physical intervention and restraint, which is required at times to de-escalate challenging behaviour cannot be effectively delivered online. This is an important area for providers to consider, along with robust risk assessments, particularly in environments with high incidences of challenging behaviours.

Patients have a right to have their detention reviewed by the Mental Health Review Tribunal for Wales. All hospitals were able to demonstrate that this right had been maintained, with the majority of tribunal meetings taking place on time, through virtual means. Whilst virtual meetings have enabled this type of meeting to take place, we would encourage hospital managers 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.

Keeping staff up to date with changing guidance and operating procedures has been a key challenge for all healthcare providers during the pandemic. It has also been essential to ensure patients are communicated with effectively, to help them understand the changing restrictions placed upon them, as a result of COVID-19. We found that hospital managers had approached this in a variety of ways, but the most important factor was an increase in the frequency of direct communication, through updates provided at daily staff meetings and patient briefings. The need for ongoing frequent communication with patients and staff is essential as the COVID-19 pandemic evolves.

[Back to top](#)

General Practice (GP)



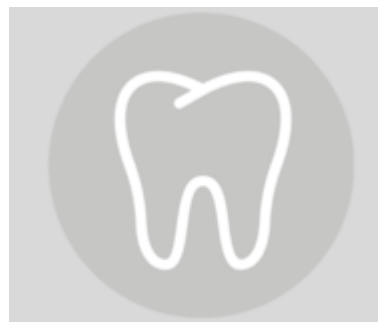
Whilst we conducted only two quality checks of GP practices, we need to highlight concerns regarding the use of remote consultations, and the risk that some patients may not be able to access services due to technical or logistical challenges.

Although there are many benefits to remote consultations, there is a clear risk that some cohorts of patients may be digitally excluded, and are unable to conduct a video call. It is therefore important that relevant patient groups are still able to safely access in person appointments.

[Back to top](#)

Dental Surgeries

At the time of writing this Quality Insight bulletin, we have undertaken two onsite dental inspections during the COVID-19 pandemic. These were risk based inspections as a result of concerns that standard operating procedures were not being followed in line with Public Health guidance. Our inspections in the main have validated these concerns. The key findings are as follows:



- A dental surgery had not been de-cluttered and contained items that could not be cleaned effectively
- PPE not being changed post-Aerosol Generating Procedure (AGP), and before cleaning commences
- Insufficient evidence of fallow time 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 hour
- The strength of the detergent being used was not in accordance with recommendations
- Use of purifiers designed for domestic rather than commercial use, with no evidence to support the assertion that these reduce the presence of the COVID-19 virus.

This final point is very concerning, as we are aware that many practices are using air purifiers in the absence of mechanical ventilation. We would urge all practices to check the manufacturer's guidance and instructions, and or contact the manufacturer to confirm if the device is appropriate for use in a dental surgery.

[Back to top](#)

Feedback



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

[Back to top](#)

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