

## **Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chweched Senedd](#)**

**This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)**

**HSC PSS 06**

**Ymateb gan: | Response from: Unigolyn | An individual**

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### **Blaenoriaethau cychwynnol a nodwyd gan y Pwyllgor Initial priorities identified by the Committee**

Mae'r Pwyllgor wedi nodi nifer o flaenoriaethau posibl ar gyfer ei waith yn ystod y Chweched Senedd, gan gynnwys: iechyd y cyhoedd a gwaith ataliol; y gweithlu iechyd a gofal cymdeithasol, gan gynnwys diwylliant sefydliadol a lles staff; mynediad at wasanaethau iechyd meddwl; arloesi ar sail tystiolaeth ym maes iechyd a gofal cymdeithasol; cymorth a gwasanaethau i ofalwyr di-dâl; mynediad at wasanaethau adsefydlu i'r rhai sydd wedi cael COVID ac i eraill; a mynediad at wasanaethau ar gyfer cyflyrau cronig tymor hir, gan gynnwys cyflyrau cyhyrysgerbydol.

The Committee has identified several potential priorities for work during the Sixth Senedd, including: public health and prevention; the health and social care workforce, including organisational culture and staff wellbeing; access to mental health services; evidence-based innovation in health and social care; support and services for unpaid carers; access to COVID and non-COVID rehabilitation services; and access to services for long-term chronic conditions, including musculoskeletal conditions.

#### **C1. Pa rai o'r materion uchod ydych chi'n credu y dylai'r Pwyllgor roi blaenoriaeth iddynt, a pham?**

##### **Q1. Which of the issues listed above do you think should be a priority, and why?**

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Health boards have been too slow in responding to the ever changing virus. It has taken almost 1 year for Swansea Bay health board to put in place more frequent inpatient Covid testing (Feb 21 >1000 patients were discharged from Morriston hospital after a 6 night stay without a Covid test at discharge). My own father was discharged on xxxx after a 6 day stay without a Covid test, he had severe visible symptoms and his discharge resulted in 4 of us being infected at home (3 of which were in priority groups). There was no advice that he had not been tested or any risk assessment/advice provided that he could have been infected. As it was he only lasted 12 hours at home before being readmitted and testing positive. The hospital has confirmed that they are classifying the readmission positive Covid test as Day 1 and not Day 7, meaning he is nicely put into the community acquired group and not even indeterminate group – this is very wrong.



Infection controls/movement of patients etc has not been controlled effectively, patients in the hight of the pandemic were freely allowed to wander from wards to collect belongings from family/friends, waiting areas in assessment units were uncontrolled and uncleaned. A senior member of my health board on 23 July 2021, stated that "B&Q had more effective controls than Morryston hospital during the pandemic" (not a great statement to hear when you have lost a loved one to hospital acquired Covid infection).

Despite hospital staff undertaking Safeguarding and Dementia training, when families raise concerns that a patient may not have capacity to consent, the information is not shared/documented/shared between teams. During the pandemic the elderly and vulnerable have been made more vulnerable. For patients who are vulnerable its vital that communication takes place with the carers. From my experience this did not happen. The hospitals in Swansea Bay HB are well known to not have mobile phone coverage. My Father had a mobile phone but he could not use it due to the lack of signal. Staff were obviously very busy on wards and it would be a daily battle to try and get through to the ward for an update. The ward had an ipad but we had to phone the ward to ask to be able to phone through to it. The hospital did not consider people who were elderly/vulnerable - they were given a frightening Covid diagnosis- told they would not be resuscitated- locked in a bay where patients were dying around them and had no way of contacting home for emotional support when needed.

Swansea Bay have an inadequate reporting procedures/controls to record patients who have had serious adverse events to medications. The information is not apparent or clear enough to staff on subsequent admissions as my Father was given Rivaroxaban despite having had significant haemorrhaging 6 months earlier (9 units of blood required over several weeks and which resulted in a heart attack), chronic low haemoglobin. No monitoring was put in place. This happened again several weeks later. It was a result of this medication and subsequent complications that my Father was in hospital and contracted Covid. There should be robust electronic reporting systems with mandatory fields to be completed.

Health boards are in effect marking themselves. The Healthcare inspectorate for Wales appears not to have enforcement powers that the CQC does. Neither can families escalate serious complaints to the HIW. When there are serious complaints from families, Health boards should not be allowed to solely investigate themselves. The Police Watchdog is an example that the Welsh NHS could use. Health boards should not be allowed to take 7 months to provide a first response to a formal complaint Putting Things Right is an offensive/inconsiderate term to be using for the NHS complaints procedure when you have lost someone in the way many of us have in the pandemic. How does Health boards or Welsh Government "Put Things Right"?

## **Blaenoriaethau allweddol ar gyfer y Chweched Senedd**

### **Key priorities for the Sixth Senedd**

**C2. Yn eich barn chi, pa flaenoriaethau allweddol eraill y dylai'r Pwyllgor eu hystyried yn ystod y Chweched Senedd mewn perthynas â:**

- a) **gwasanaethau iechyd;**
- b) **gofal cymdeithasol a gofalwyr;**
- c) **adfer yn dilyn COVID?**

**Q2. In your view, what other key priorities should the Committee consider during the Sixth Senedd in relation to:**

- a) **health services;**
  - b) **social care and carers;**
  - c) **COVID recovery?**
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#### **Adfer yn dilyn COVID**

#### **COVID recovery**

Specialised long Covid clinics throughout Wales