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## Service Groups' Highlight Report for Quality and Safety Committee

<b>Meeting Date:</b>	26 <sup>th</sup> April 2022
<b>Service Group:</b>	Primary, Community and Therapies Service Group
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### Summary of Quality and Safety Issues since last report to the Committee

Patient story: *Return to Original Care*

<https://vimeo.com/698132343/96b0fd6e48>

This paper provides an update to the Quality & Safety Committee on matters of quality and safety that are overseen by the service group. PCTG is a diverse group and there is a challenge to have the appropriate structures to be assured of the quality and safety of a wide range of services which are disparate in nature

The PCT Quality, Safety and Patient Experience Meeting is accountable to the PCT Service Board, and reports monthly to the Quality Safety and Governance Group (QSGG). Highlight reports are submitted from operational groups that are structured around services and professions. This is being brought into line with the revised Quality & Safety Governance Group requirements.

Risk workshops have been held with the Senior Management Team and risk reporting and management is improving with regular monthly meetings between governance and Heads of Service to review risk registers.

Incident management has improved with a reduction of open incidents from 777 in January 2022 to a current total of 307 open incidents on the legacy Datix. This has been achieved through a multi-team approach and additional working hours by individuals in corporate governance and the legal team, as well as PCTG staff from district nursing, primary care and the governance team. Although the additional hours have now stopped progress to reduce incidents on the legacy system continues.

Complaints performance has reduced last month due to a variety of factors including the impact of long term sickness and annual leave within the governance team; and the impact of annual leave and system reset within the service teams reducing available capacity for

investigation and response. Work is ongoing to understand the barriers and obstacles to achieving performance and improving processes accordingly.

Processes have been developed to comply with mortality reviews and respond to queries with central coordination and monitoring by the governance team.

COVID-19 continues to provide significant challenges and opportunities for the service group. IP&C arrangements and staff absences have reduced capacity in many areas and this has impacted on previous workforce pressures and professional group shortages. Virtual access to some services continues, but there are continuing access issues and increasing waiting lists e.g. Paediatric, Speech & Language Therapy and GMS.

Creating sustainable primary and community services is a key focus for the service group. An update report of GMS access is attached below (appendix one).

The HIW report on HMP Swansea has not yet been received. PCTG and HMP Swansea continue to progress the action plans.

**Progress Against Annual Plan Quality Priorities as applicable (reduction in healthcare acquired infections, improving end-of-life care, sepsis, suicide prevention and reduction falls) Please include what meeting structures and to get assurance are in place.**

- A senior management lead is in place for each of the quality priorities, with participation at corporate meetings where they are established
- There is an update on the quality priorities at PCTG Quality & Safety meetings as this is included as a standing agenda item

## **Infection Prevention and Control**

Area	Detail	Outcomes
HCAI - Tier 1 targets	Year on year comparison data for PCTG 2020/21 and 2021/22 shows 6.3% increase in c.difficile cases, static cases of Staph Aureus, 18% increase in e.Coli, 15% reduction in Klebsiella and 27% reduction in P. aeruginosa cases.	Data provides confirmation of where targeted intervention is required. Resource is prioritised to help reduce instances of community associated infection rates, C.difficile and e.Coli are identified as areas of concern and require rapid intervention to help reduce these HCAs.
PCTG HCAI Improvement Plan	PCTG specific improvement plan being devised to capture the specific challenges of our diverse service group. Community based campaign awareness, environmental considerations and independent contractor input will shape the action plan to align to the overall Health Board HCAI tier 1 target priorities.	Improved care Improved patient and staff safety Alignment to local population health Reduction in community associated HCAs Achievement of WG reduction rate expectations
HCAI – C.difficile	Increased instances of C.difficile cases in quarter 3 and 4 resulted in increase of 6.3% this year. Multi faceted approach to case reduction needed: Promotion of	Improved patient safety Further reduction in monthly cases Further reduction in year on year comparison data

	<p>new c.difficile prescribing guidelines, scrutiny of General Practice prescribing, improvements to Primary Care SEA reporting process, enhanced patient follow up, RCA process review.</p> <p>Collaboration between PCTG, Medicines Management and IPC teams.</p> <p>Effective handwashing promotion to staff, residents, patients, carers and public.</p>	<p>Achievement of WG reduction expectation for PCTG reporting</p> <p>Shared learning opportunities for prescribing practice</p> <p>Improved IPC processes and protocols</p>
HCAI - e.Coli	<p>Increased e.Coli rates associated with urinary tract causes.</p> <p>UTI prevention task and finish group being progressed to target</p> <p>General Practice &amp; Care Home settings: hydration, sampling, testing, prescribing, education.</p>	<p>Improved patient safety</p> <p>Reduction in infection rates</p> <p>Improved care, prescribing and education</p>
AMS – Antibiotic Prescribing	<p>New Clinical Lead role to promote Antimicrobial stewardship across PCTG now in place and progressing with strengthening General Practice interface.</p> <p>Antibiotic prescribing reduction project rolled out in City and Afan Cluster with improved prescribing rates seen in targeted practices.</p> <p>Script switch initiatives and medication duration changes being implemented</p>	<p>Improved patient care through evidence based prescribing guidelines.</p> <p>Tackling poor performance in General Practice against national prescribing indicators. Compliance with guidance.</p> <p>Reduction in antimicrobial prescribing and associated cost</p>
Care Homes sector	<p>Dedicated Senior Infection Control Nurse role – joint HB and LA initiative to help facilitate change and reduce instances of Care Home HCAs. This role will continue for a further 12months.</p> <p>Behavioural IPC survey results highlighted several target areas for Quality Improvement Projects; PPE compliance, environmental outbreak management, cohorting, resident hand washing and decontamination. 5 QIPs complete to date.</p>	<p>Improved patient care and IPC processes</p> <p>Improved relationships with Care Home sector staff</p> <p>Targeted education and resources based on HCAI tier 1 targets</p>
HCAI / AMS subgroup	<p>PCTG dedicated HCAI/AMS subgroup: reinstated to help drive collaboration and innovation between medical, nursing, medicines management, IPC and quality improvement teams.</p>	<p>Facilitates change at pace to impact HCAI figures</p> <p>Improved patient outcomes through targeted campaigns</p> <p>Improved communication and effectiveness amongst HB teams</p>

Community Hospital Gorseinon	West Ward continue to achieve low infection rates. Year on year comparison data shows zero reported Staph aureus, Klebsiella and Pseudomonas cases. Improvement needed in C.difficile cases with static number seen in year on year comparison. Increase seen in e.Coli cases but minimal reporting of 1 case in 20/21 and 2 cases in 21/22 to date.	Maintaining patient safety Shared learning opportunities Improved patient outcomes Positive impact on HCAI tier 1 target reporting for 3 out of 5 key indicators.
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## Sepsis

Detail	Outcome/timescales
Identified PCT lead for Sepsis quality priorities.	Leadership to progress objectives
Roll out of NEWS training within the Acute Clinical Team. All staff using NEWS2 Cymru	Enable risk assessment for acutely unwell patients using a structured set of observations. To improve detection and response to clinical deterioration of acutely unwell patients.
Gorseinon community hospital staff trained around early identification of deteriorating patient, SBAR escalation and working towards the golden hour of intervention administering IV treatment. Not all staff are currently trained.	All registrants to be trained, fewer transfers back to Morriston
Introduction of healthy IO wound assessment digital process, early identification of wound deterioration and potential of Sepsis	business case and roll-out to all DN teams
Improvement Cymru facilitating work with Hengoed Care (250 beds) around SBARD reporting, using NEWS to facilitate improved communication around escalation	Improved patient treatment, reduced inappropriate admissions. Blue print for care homes to roll-out across Wales. Work expected to conclude Q2 2022.
Community escalation tool will require roll-out across the sector including Virtual wards	Improved communication and care of deteriorating patient

## Falls prevention

Detail	Outcome/timescales
WAST monthly data for Care home falls. Average 170 falls per month (c2,500 beds). Of those that have fallen, approx. 100 are conveyed into hospital. Sharing monthly data for quality assurance and lessons learnt	Falls prevention programme to be redefined
Proposal submitted to recommence the Falls Response Service (FRS) to address Winter	The previous project showed (WAST data using MPDS code 17) :

Pressures. WAST collating data. Initiative supported by Physio NPT, Physio Swansea plus OT from NPT to provide the service across 2 days per week (previously 1 day). The therapist and paramedic visit all falls on those days, MSK assessment, non-injurious stay at home with referral to community based services. And prevent future falls.	<ul style="list-style-type: none"> <li>Conveyance to hospital 32.1% for FRS, compared to 57.5% Emergency Medical Service (EMS), and 35.4% for Advanced Paramedic Practitioner (APP)</li> <li>Refer to alternative pathways was 25.0% for the FRS, compared to 12.7% EMS, and 19.5% for APP.</li> <li>Treat At Scene/Home was 39.3% for FRS, compared to 13.6% EMS, and 33.6% for APP (better performance than all)</li> </ul> <p>FRS performed better than EMS or APP in the above objectives.</p>
Formation of a Community falls prevention strategic group agreed. Terms of reference developed and initial meeting imminent. Meeting will be used to scope falls prevention and intervention services across the community.	Contributing to falls prevention training gap analysis, lack of awareness of training that is available and therefore inconsistent approach
Gorseinon community hospital report into the HB inpatient falls group. Since April 2021 there have been 71 falls. Majority are low or no harm. Monthly MDT scrutiny panels in place Lessons learnt from RCA – increased visibility to reduce unwitnessed falls, use of sensory mats & walking aids at the bedside	Ward dashboard shows a reduction in falls per month, however numbers rose when Ward were in Covid outbreak and had to remove nurse station from bays.
Roll out of frailty framework into all Virtual Ward Clusters promoting completion of falls assessment of high risk patients. This will include lying/standing BP, gait assessment & polypharmacy reviews. Proposal to be developed to implement community based falls pathway to support/educate/assess frail elderly patients at high risk of falling in their own homes. This pathway will be delivered by the MDT within the Cluster VWs.	Identify scope and approach
Adopt inpatient type approach to bedded Reablement Training and awareness for Home care staff to prevent falls and highlight environmental risks. Working with HB falls lead. Lack of standardised approach across the region or baseline.	Identify scope and approach
End of life care	
<b>Detail</b>	<b>Outcome/timescales</b>

EOL patient number captured at PCT daily huddle. Working with digital business partner and Malinko to provide data. The data will inform the next business case for palliative care.	Current numbers on DN service range between 27-33 per day (Feb 2022) Anecdotal increase on DN services Working with SPC Q4/Q1 22.
DN community champions undertaking training identified. MDTs with Specialist Palliative care rolled out to NPT DNs	Improved coordination around patient care. Staff identified for training Roll out to Swansea DNs
Training needs analysis, including wider community and care homes, including register of staff trained in verification of expected death	Improved understanding, confidence add care delivery.
Review community nursing variation in EOL provision across region	Reduce variation and improve service provision.
Use of established patient facing advance care planning website for information/education and advanced care plan completion (already used in Powys, awaiting copyright)	to support the increasing numbers of end of life patients and their families in community settings
Contract with Marie Curie and plans to develop a more responsive and flexible model for end of life care	to support the increasing numbers of end of life patients and their families in community settings
Work has been undertaken with the care home sector to identify and implement advanced care planning	to support the increasing numbers of end of life patients and their families in community settings
Roll out of frailty framework into all Cluster Virtual Wards promoting completion of ACP for appropriate patients. All HCPs within Virtual Wards to be trained in ACP discussions/completion Designated support from SPC CNS in Virtual Ward MDT discussions facilitated through increased funding as part of SPC Business case Identified as priority on Cluster IMTP	Improved planning of care delivery in line with person choice. Roll-out Q4/Q1 22
Workshop planned to process map with community services and deliver seamless care to EOL patients in the community	Improved coordination for those at end of life.
Introduction of 'My Life Wishes' document and creation of training opportunities and development of Champions	Improved uptake of Advanced and Future Care planning
Suicide prevention	
<b>Detail</b>	<b>Outcome/timescales</b>

<p>Identified PCT lead for Suicide quality priorities and attending monthly meetings feeding back into PCT Q&amp;S group</p> <p>Scoping is underway to understand what staff self-help service initiatives are currently offered. The PCT lead highlighted the current wellbeing and self-help services available and fed this back to the Steering Group.</p>	<p>Lead service improvements and achieve standards set by Health Board for suicide prevention priorities for PCTG</p> <p>Identify current resources offered and where there are gaps.</p>
<p>Regional Suicide &amp; Self Harm Prevention Near Misses Task &amp; Finish Group commenced with involvement from service groups. The purpose being to develop a rapid response of a near miss or a significant attempt for somebody to take their own life. Reports into the Regional Safeguarding Board. Terms of reference still in draft. HB Suicide Prevention QP linked in as well as HMP Swansea.</p>	<p>Coordinated regional approach to raising awareness, prevention and intervention. Timescales on actions yet to be defined.</p>
<p>Ligature risk assessment review at 3 key community premises, Gorseinon, Central clinic and Cimla. Reviews undertaken by HB Assistant Director Health and Safety.</p>	<p>Reduce risk.</p>
<p>Death in custody reviews and action plan. 41 recommendations, 28 open actions. The actions outstanding link to wider improvement actions. Action plans are reviewed at PCT Q&amp;S meeting and reported to QSGG.</p>	<p>Improved outcomes and reduction of harm.</p>

### Progress Against Health and Care Standards

- Quarter three data submitted, self-assessment scores of 3 and 4. Progress continues to capture all activity within our diverse environment.
- Scrutiny panel feedback provided and acted upon
- Health and care standards workshops to be developed and updates incorporated into governance meeting structures

### Patient Experience Update

- Overall positive feedback at 92% through Friends and Family
- Overall positive feedback at 97% from All Wales Feedback
- Physiotherapy received poor feedback but this is based on only 3 responses
- Waiting times, pain and comfort, and facilities are the themes for negative feedback
- (Appendix two)

### HMP Swansea

Feedback received from HMP Swansea for prison healthcare service. There are positive comments, and some themes around dentists and slow GP referrals (appendix three)

## Challenges, Risks and Mitigation relating to Quality and Safety

- In order to achieve the reduction in Tier 1 IPC targets additional resource will be required
- Performance for complaints has decreased recently due to annual leave across the Service Group, reallocation of staff to other workstreams and long term sickness within the governance team. This is being reviewed and reported through Quality and Safety Governance Groups, with the development of an improvement plan to include streamlining processes for the more complex complaints that are taking a number of months to investigate and respond.
- The move to Datix Cymru brings reporting challenges specific to PCTG due to the diversity of services and the requirement to manage governance within these services. The governance team and working with Corporate Governance to manage these risks and understand the challenges and opportunities that Datix Cymru will present. Work is progressing to reduce the number of outstanding incidents open on the legacy Datix system in order to reduce the transfer burden to the new system.
- National initiatives to end the contract with NRLS and include GMS and non GMS contractor incident reporting into Datix Cymru has brought some challenges around process, access and communications at a national level. There is ongoing monitoring of incidents reported from contractors since 1<sup>st</sup> April 2022.
- The governance team is also working with the PCTG Clinical Audit Lead to develop a framework for managing and monitoring audits across PCTG; this will include advice for teams on identifying priorities and audits to meet those priorities and development of a SOP for priority setting, audit review and monitoring, and governance processes. The service will continue with excel based monitoring until AMaT is introduced.
- Pressure ulcer scrutiny data reporting will resume this quarter as this was temporarily paused due to staff turnover. Assurance will be provided through submission of backdated reports to Pressure Ulcer Panel Scrutiny Group. A 14% increase in pressure ulcer incidence for PCTG has been noted due to COVID19 and the increase in end of life care patients presenting to Community.
- HMP Swansea outstanding actions are being progressed through the development of a combined and overarching action plan and monthly monitoring meetings that cross services where appropriate
- SBU Community Health Council Dental Thematic Report - Report outlines the experiences of dental provision have not improved, with access to NHS dental care continuing to be the biggest issue. Finding an NHS dentist was “impossible” for many people. For others, the long waiting times for treatment was having a significant impact on their dental health. The report highlights the pressure to go private or have no treatment at all. The cost of dental treatment was a further barrier to dental care for many people. A Health Board response has been finalised.
- New statutory duties under Additional Learning needs and Educational Tribunal (ALNET) Act (Wales) 2018 by September 1st 2021 - There are funding issues around increasing the number of e.g. SLT as the age of those included within the ALNET Act is increased from 16 to 25yrs. Therapies are not funded for this change. This work is now being led Corporatively via the DECLO.
- The dental compressor within Port Talbot Resource Centre (PTRC) is intermittently working. The engineer has confirmed that when it breaks down next time he will not be able to make repairs. When the compressor breaks down, all 12 dental surgeries within PTRC will have



to close as dental services cannot operate without a compressor- the compressor powers the dental chair and hand tools. The engineer has undertaken minor work to get it back working although it isn't delivering the full compression needed for the equipment and it is only a matter of time before the compressor breaks down completely. A bid for capitol monies has been submitted but has not been approved to date due to the limited funds. The cost of replacing the compressor is circa £10,000, there is a 3 month (12 week) wait once the order has been submitted for the item to arrive. The primary care team have scoped out the possibility of renting a compressor but this isn't a viable option due to the compressors only being available for purchase not rent.

- Fragility of external domiciliary market - Significant reduced staffing levels in domiciliary care agencies due to staff exiting the care home sector for employment in alternative business such as hospitality and retail has resulted in a number of providers being unable to fulfil contracts with attendant handbacks of packages of care. The factors impacting on the domiciliary care sector have been further impacted by the current cost of living pressures and in particular the rise in fuel costs for a workforce dependent upon use of their vehicles. This high level of additional demand has impacted flow from hospital, from bedded reablement and out of domiciliary reablement services where there is any recourse to long term care resulting in delays across all of the discharge pathways and many of the admission avoidance support routes for those in crisis in the community. Working with regional partners on mitigation.

#### Action Being Taken (what, by when, by who and expected impact)

What	When	Who	Expected impact
IPC tier one target reporting – improvement in data through specific prioritisation of e-coli incidences through targeted campaign	Ongoing	IPC/Meds Management/PCTG Service Leads	Reduction in infection rates
Process map complaints and understand the barriers and obstacles to achieving performance target and make recommendations for improvement	May 2022	Quality & Safety Improvement Manager	Consistent improvement in performance
Support PCTG services with the move to Datix Cymru. Continue to reduce outstanding incidents on legacy Datix system. Monitoring of contractor reporting	Until end July 2022	The Governance Team	Continued assurance around incident reporting and reduce transfer burden between systems.
Continue with developing workstreams based on Health Board Quality Priority areas; in line with objectives set by Corporate groups	Ongoing	Quality Priority Leads	Providing evidence and assurance that services are improving in these areas

Completion of outstanding death in custody actions for HMP Swansea (previous target for this was delayed due to the impact on capacity within the prison associated with COVID-19 outbreaks)	June 2022	Head of Nursing	To improve assurance around prison services
Progress gap analysis and action plans against HIW report (when received) on governance arrangements for HMP Swansea	July 2022	Head of Nursing	To improve assurance around prison services
Review governance reporting and meeting structures against QSGG draft review documents	May 2022	Quality & Safety Improvement Manager	To improve quality & safety assurances
Develop SOP for clinical audit prioritisation, review and governance	June 2022	Quality & Safety Improvement Manager	To improve assurance of services against national standards
Health care standard submission for end of year and quarter 4	June 2022	Quality & Safety Improvement Manager	To enable ongoing collection of evidence from all services in PCTG

## Recommendations

Members are asked to: Note the contents of the report

### Governance and Assurance

Governance and Assurance						
Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access	Demonstrating value and sustainability	Securing a fully engaged skilled workforce		Embedding effective governance and partnerships
✓		✓	✓	✓		✓
Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
✓	✓	✓	✓	✓	✓	✓
Quality, Safety and Patient Experience						
To develop actions to improve quality indicators and triggers will increase quality, safety and patient experience						

<b>Financial Implications</b>	
Financial implications will be mitigated if actions are developed to reduce the risk of occurrence and improve quality and safety	
<b>Legal Implications (including equality and diversity assessment)</b>	
Identifying quality, health and safety issues enables action to be taken reducing potential legal implications	
<b>Staffing Implications</b>	
None	
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>	
Sustaining high quality safe and effective services is key to achieving the 5 ways of working in the Wellbeing of Future Generations (Wales) Act 2015.	
<b>Report History</b>	This is the first report to Quality & Safety Committee from the newly formed Primary, Community and Therapies Service Group (PCTG)
<b>Appendices</b>	One to three