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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	6 th December 2018	Agenda Item	1b
Meeting	Quality and Safety Committee		
Report Title	Primary and Community Service Delivery Unit Exception Report		
Report Author	Jason Crowl Unit Nurse Director		
Report Sponsor	Hilary Dover Unit Director		
Freedom of Information	Open		
Purpose of the Report	<p>This report sets out the Primary Care and Community Services progress against the Health Board quality and safety objectives and provides assurance regarding patient safety and patient experience within the unit.</p> <p>The report reflects the different nature of the services contracted and managed by the Unit.</p>		
Key Issues	<ul style="list-style-type: none"> • Patient safety incidents and learning • Concerns and patient experience • Risk issues • Planned improvements 		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			✓
Recommendations	<p>Members are asked to:</p> <p>1. Approve this report</p>		

PRIMARY CARE & COMMUNITY SERVICES DELIVERY UNIT ANNUAL QUALITY AND SAFETY COMMITTEE BRIEFING REPORT

1. Introduction

The Primary Care and Community Services Delivery Unit Management Board has overall responsibility for ensuring systems and controls are in place, sufficient to mitigate any significant risks, which may threaten the achievement of the organisational objectives.

2. Unit Governance and Assurance

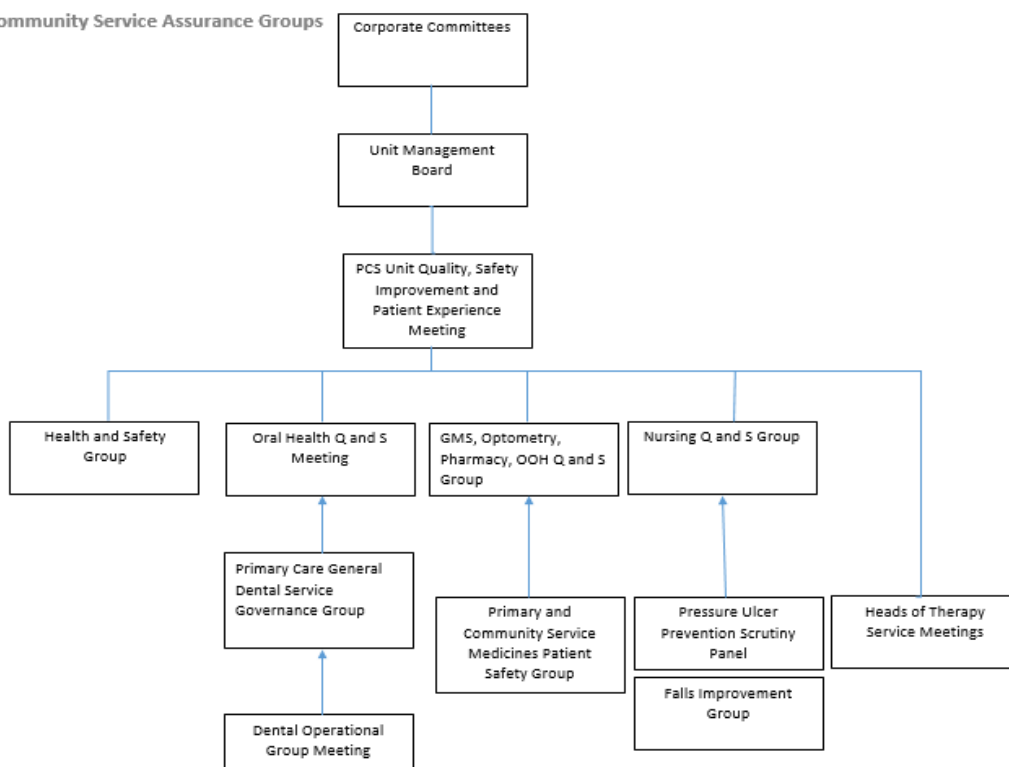
The Unit determined an Assurance Framework was needed to fall in line with the Health Board Assurance Framework, which is based on 'The Three Lines of Defence in Effective Risk Management and Control' (The Institute of Internal Auditors, 2013).

The Unit has undertaken a review of its Quality Assurance Framework including a workshop on 29th June 2018. All Heads of Service were invited to attend with their Service Leads. All attendees positively embraced the workshop and made constructive comments on the service-mapping tools used to triangulate risk and assurance. The Unit has worked on a revised Assurance Framework throughout 2018 and will commence the revised meeting structure in December 2018.

Assurance may be gained from a wide range of sources, but wherever possible it should be systematic, supported by independently verified evidence, and incorporated within a robust governance process.

The Unit Board achieves this, primarily through the work of its Quality and Safety Groups, Unit Management Board and Sustainability Meetings, and the use of audit, independent inspection and the systematic collection and scrutiny of performance data, to evidence the achievement of the objectives. An overview of the assurance reporting structure is shown overleaf.

Primary and Community Service Assurance Groups



Key systems for measuring and reviewing quality specific to Primary Care Contractors:

General Medical Services (GP's)

In order to assure the quality of the services provided by its Primary Care Contractors the Health Board must adhere to a number of set criteria (Appendix 1). Assurance is provided by undertaking the following reviews:

In-Depth reviews

- A Comprehensive detailed assessment, covering clinical governance, non-clinical contractual issues, and patient experience. The emphasis is on seeking assurance across the whole range of GMS areas at a single point in time.
- These will typically occur on a single day

Standard Review

- A broad assessment constructed from three modules;
- clinical governance,
- non-clinical contractual issues,
- and patient experience

These individual modular reviews can all occur on a single day, different days, or can be constructed from focused reviews.

Focused Review

- A narrow assessment of a specific topic area
- They may be conducted *de novo*, or be made up of existing processes or assessments
- These reviews take place on an annual basis October to March.

In addition to the above reviews, there is also a requirement for the Health Board to conduct sustainability reviews of GP practices at risk.

Primary Care & Community Services (PCCS) Unit has a Sustainability Team in place and working with Primary Care colleagues and independent practices to strengthen access and workforce models across the ABMU footprint. The team ensures the principles of prudent healthcare are adopted and actively promote the key messages of the Primary Care Model in respect of access, sustainability and workforce.

The Practice Support Team (PST) consists of a Clinical Director, Senior Nurse and Pharmacist and 3.8 WTE GPs, who provide direct clinical support to practices. This resource is currently being absorbed in its entirety within the ABMU Managed Practice. Further recruitment of a Project Support Officer for the PST is underway.

There are currently 13 practices within the ABMU Health Board, who score from 51 - 80 (amber) on the national Sustainability Framework. This indicates a vulnerability within core areas of practice/service sustainability and who require some input from the PST. Of these practices 8 are currently receiving varying degrees of support from the sustainability team.

ABMU currently have 2 practices scoring above 80 (red) on Sustainability Framework, indicating a critical need for direct support from the PST to address failings in core areas of practice/service sustainability. Both these practices are working closely with the Sustainability Team and recent support from the GP Fellowship scheme and Physician Associate programme has acted to strengthen their workforce.

The development of the **Unit Practice Support Team** that provides managerial and clinical assessments, concentrating on access to patients and clinical safety, as well as establishing sustainable safe and high quality services.

General Dental Services - Contract Monitoring Framework:

In line with Welsh Governments 'Delivering NHS dental services more effectively', the Dental Contract Monitoring Framework document was developed to inform General Dental Practitioners (GDPs) on the various information sources used within the primary care team (PCT) to manage General Dental Service/Personal Dental Service contracts (GDS/PDS). The document aims to provide clarity on the varied sources of information and intelligence used to ensure compliance with the dental

contract and seek assurance that quality driven services are provided within general practice.

The annual NHS General/Personal Dental Service (GDS/PDS) Quality Assurance Self - Assessment (QAS) tool provides an opportunity for dental practices to self-assess arrangements and systems in place to support delivery of quality and safe care. The process also provides the Health Boards with a mechanism to assess and seek quality assurance from contracted dental services in Wales. The annual QAS complements other GDS/PDS Quality and Safety monitoring mechanisms in place in Wales.

Medicines Management

Visits to GP practices were conducted as part of the Medicines Management Prescribing Management Scheme 2018/19. The Medicines Management team sit within the NPT Unit and work closely with PCS to provide assurance in this area. As part of the visits, the GP Practices are asked to agree 3 prescribing actions to be completed by the end of March 2019. These are individual to the needs of the practice identified during the visit but some common themes emerging include:

- To work with the specialist antimicrobial pharmacist from the medicines management team around antimicrobial stewardship
- To review prescribing of medicines highlighted by the national prescribing safety indicators
- To review prescribing of medicines that should not be routinely prescribed in primary care.

Inspections and reports & Internal and External Audits

During the last 12 months the Unit managed a number of internal and external audits relevant to its area of interest. A full list of inspections is provided in Appendix 2. All recommendations made within these reports have been, or are, in the process of implementation.

Risk

The Risk Register has been under regular review over the last 12 months and as at 26/11/18 there are 53 open risks within the Unit. Further work has commenced to bring the register in line with the Unit Assurance Framework. A list of all risks scoring over 16 is shown in Appendix 3.

3. Patient Safety

Serious Incidents

There have been 131 Serious Incidents during this reporting period relating to pressure ulcer development. This number reflects incidents recorded against the

Unit for patients who are admitted to hospital via Emergency Departments and does not accurately reflect the patients who develop pressure ulcers while under the care of the community team. The Unit is currently working with other Service Delivery Units and the Datix team to ensure that the reporting of pressure ulcers is accurately reflected.

There have been 9 Serious Incidents that are non pressure ulcer related. Four remain under investigation, one of which is being investigated by Counter Fraud. (INC68898).

Incident Management

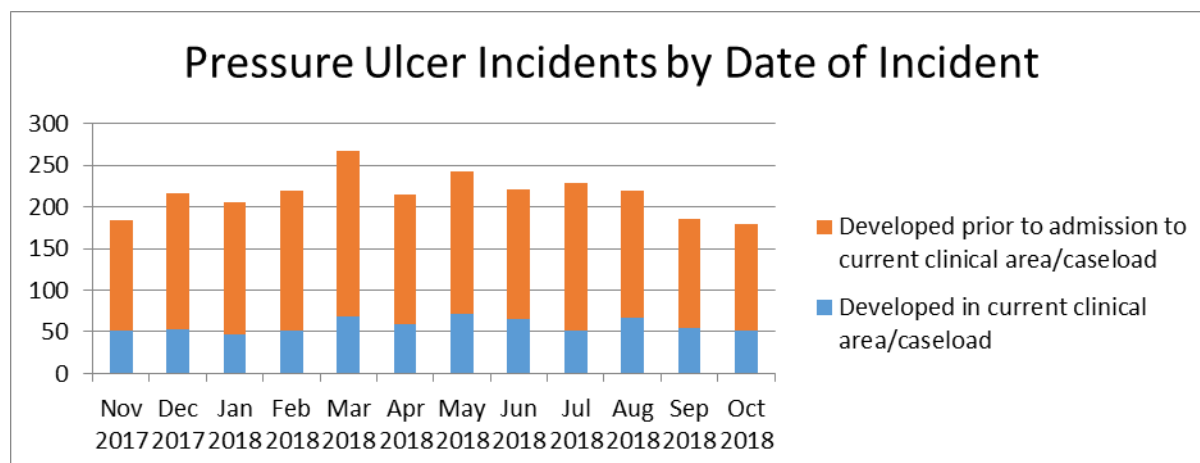
The Unit currently has 764 open incidents 472 of which are overdue. 132 incidents are awaiting closure. 4287 incidents have been closed in the period 1/11/2018 to 31/10/2018.

The number of incidents recorded against the Unit include incidents redirected from other Service Delivery Units, and incorrectly allocated against Primary Care & Community Services. The Unit's ability to investigate and close incidents has been affected by long-term sickness however we are currently working with the other Units and Heads of Service to review the process for redirecting incidents, and resources have been put in place in order to focus on reducing the number of incidents currently open and/or awaiting closure or investigation.



Pressure damage

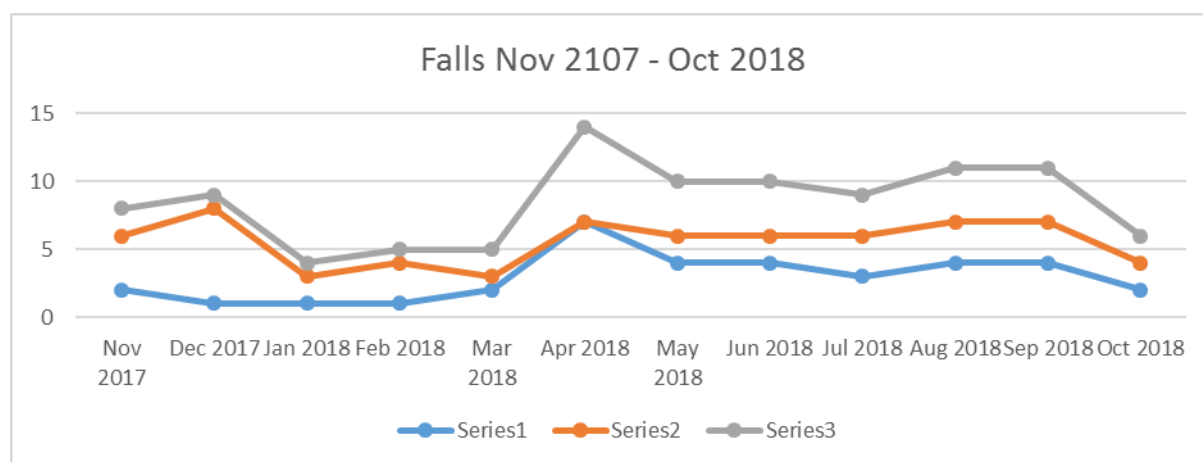
The Unit's pressure Ulcer Scrutiny Panel commenced in May 2017 and continues to scrutinise pressure ulcers developed within Health Board care. The Unit has a zero tolerance approach to avoidable harm from pressure damage and continues to share good practice and lessons learned through training and education. As the Unit records all pressure ulcers from the community the figures will appear higher as this takes into account pressure ulcers that have occurred when not under NHS care.



Falls

There have been a 102 in-patient falls reported for this period. The Unit has a Falls scrutiny panel in place for Maesteg and Gorseinon Community Hospitals, and a great deal of work has been undertaken around the prevention and recording of falls particularly in Gorseinon Hospital.

Staff are now aware of the need to report “near misses” as well as actual falls, and their heightened awareness of the falls policy and the process in place mean that even a loss of balance that is caught by a member of staff is now reported. This is reflected in the chart below which shows an increase in the number of reported falls or near misses.



Infection

Formation of Health Care Acquired Infection (HCAI) sub group with PCCDU to facilitate collaborative working between PCCS departments to achieve HCAI reduction targets across primary care and community services as outlined by Welsh Government. All outcomes of this subgroup will be reported to the Health Board HCAI group. The aims of this group are:

- To improve infection rates within Primary Care and community services, with specific focus on *Staphylococcus aureus*, *E. Coli* and *C. Difficile*.
- To promote the need for antimicrobial stewardship amongst all ABMU staff and patients within PCCS.

- To provide a targeted forum for members to develop ideas for future HCAI reduction projects.

C difficile: Practices undertaking Co-Amoxiclav prescribing audits as part of prescribing incentive scheme to review current prescribing and develop action plans to ensure compliance with ABMU prescribing guidelines is demonstrated.

Ongoing collation of significant event analysis reports following C.Diff cases within primary care to ensure root cause analysis is completed and learning points identified and shared across ABMU.

Gaps in primary care guidelines have been identified leading to broad-spectrum antibiotic prescribing which may not always be appropriate. Work to develop new guidelines is continuing.

E coli: The Health Board has formally adopted the All Wales Primary Care Urinary Tract Infection (UTI) prescribing Guidelines, which is also aligned with updated NICE guidance due to be published in January 2019. The new UTI guidelines have been promoted via Prescribing and Clinical Governance Leads meetings and GP educational meetings.

Data collection is progressing in Nursing Home projects within Afan and Bridgend East Cluster. The project is aimed to reduce UTI prevalence in Long Term Care Facilities by focussing on prevention with improved hydration and patient/staff education and correct diagnosis with compliance of new UTI guidelines.

SWAP and UTI Friday are ongoing projects to reduce E.Coli bacteraemia by focussing on appropriate antibiotic prophylaxis for recurrent UTIs. Patients on prophylactic antibiotics for recurrent UTIs for more than 6 months will be reviewed by pharmacy and treatment discontinued as per NICE guidelines.

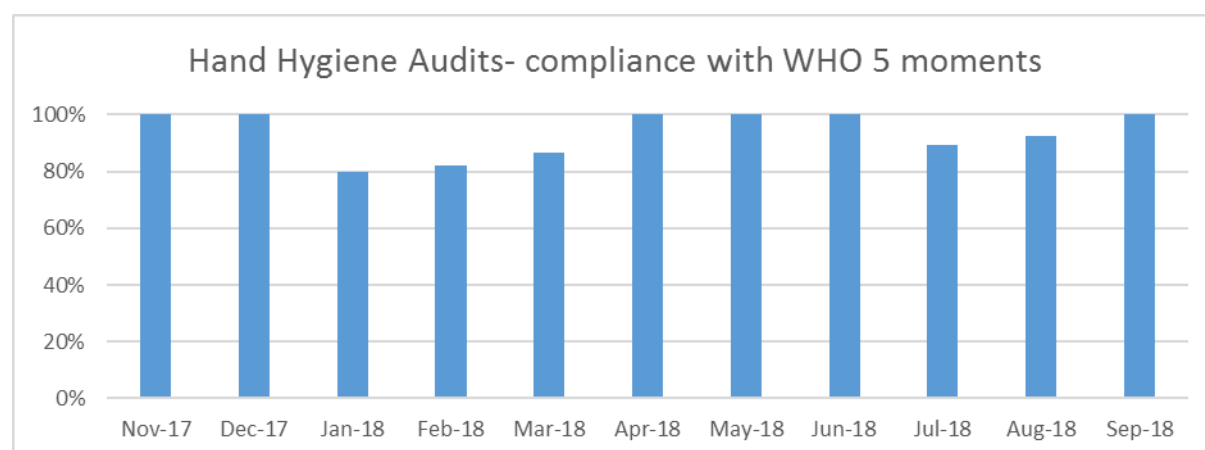
A training package is being developed for Nursing Homes to promote hydration amongst residents and their relatives.

Staph aureus: Existing primary care prescribing guidelines are currently being reviewed to reflect update guidance from the Health protection agency.

Outcomes will be regularly reviewed in HCAI on a bi monthly basis.

Hand Hygiene Audits

The national target for compliance with hand hygiene targets has been met at Gorseinon and Maesteg hospitals. The results are shown in the table below.



Safeguarding

MASH

The Unit supports the recently implemented Bridgend Multiagency Safeguarding Hub with an allocation of a Health Visitor. The MASH brings key professionals together to facilitate early, better quality information sharing, analysis and decision-making, to safeguard vulnerable children, young people and adults more effectively.

In addition, the development of the MASH in Bridgend coincided with the implementation of the Social Services and Well Being (Wales) Act 2014 (the Act). The Act requires each Local Authority to provide an Information, Advice and Assistance (IAA) Service. The Parties have agreed that this function should be delivered within the MASH as the sharing of information and decision making is a prerequisite of the IAA service.

Looked After Children

The three teams have maintained compliance in relation to the Health Board statutory duty under the SSWB (Wales) Act regarding Initial and Review health assessments.

Any exceptions have related to issues of non-attendance at agreed visits or social services failure to ensure valid consent was in place.

Deprivation of Liberty Safeguards (DoLS)

The Supervisory Body (Primary Care and Community SDU) has developed a plan with timescales to improve performance in the DoLS process thus reducing the number of breaches. The DoLS Dashboard is operational, and provides a single reference point for the Managing Units. All Units will be able to interrogate their own activity data and report to Safeguarding Committee utilizing the new dashboard. A workshop is planned for November to share the dashboard across the Units. Further work has commenced to implement a SharePoint site for the coordination of a central database for access to all Units.

School Health

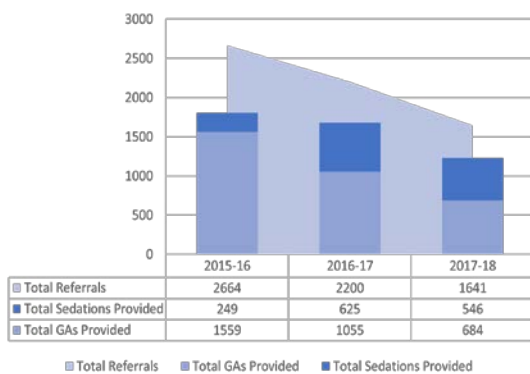
This year the School Nursing Service achieved the highest uptake of Fluenz across the primary school programme in academic year 2017/18. In total, across all national programmes over 40,000 vaccinations were delivered to pupils across the schools in the ABMUHB area.

Personal hygiene sessions were delivered to over 4,000 pupils and handwashing sessions were delivered to over 3,000 pupils in primary schools. As part of the national Child Measurement Programme over 6,000 children were weighed and measured and over 6,000 children had their vision screened under the national Vision Screening Pathway.

Epipen training was delivered to over 1,500 colleagues in schools across the HB area.

Paediatric General Anaesthetic Pathway (GAT)

- The GAT was implemented in June 2017 to reduce the number and percentage of children receiving dental general anaesthesia (GA) among children.
- A successful pilot initially tested routine referrals for children aged 3 to 7 years
- The pilot was extended to encompass all routine referrals of children aged between 3- 17 years.
- All such referrals are directed to the Referral Management Centre for dental assessment by Community Dental Service (CDS) Clinicians.
- CDS clinicians examine and provide treatment plans and direct the care for the children as needed along with a complete preventive package.
- Since the pathway started there has been >60% reduction in the number of routine referrals requiring a GA for dental treatment.
- In December 2018 all children that require treatment under GA (routine or urgent) will be referred into the pathway for assessment and care.



Patient Flow and Comprehensive Geriatric Assessment

To strengthen the management of patient flow across the wider health and care system the Unit established a dedicated Unscheduled Care subgroup, which has developed a comprehensive patient flow improvement plan. A comprehensive Unit wide dashboard provides daily activity data on all community and primary care related flow.

The Unit has taken a lead in the development of proposed Unscheduled Care models which can be applied to prevent admissions and support early discharge. The Acute Clinical teams have been expanded to 7 day working and have around 350 patients on their caseload at one time.

Both community hospitals have implemented the #PJparalysis initiative and established board rounds and multidisciplinary working. Gorseinon Hospital has effectively worked with Morriston hospital as part of their OPAS (what is this?) frailty pathway.

Winter preparation planning commenced in July and has seen the development of additional discharge support staff in each of the borough areas. The Western Bay Operational Subgroup agreed an inpatient social care escalation guidelines and audit tool. The Unit has supported the strategic development of patient pathways through the three joint partnership Boards.

Care Home Governance

All Health Boards completed a Self-Assessment against the recommendations identified in the Older People's Commissioner (OPC) for Wales 'A Place to Call Home' report. In addition to the March 2017 response further evidence was submitted in May 2018. The OPC has responded to the May 2018 submission acknowledging the development of Good Work Dementia Training undertaken in

partnership with Local Authorities across the region. However, they would like to see this work developed further to encompass all care homes with further development of the Health Boards dementia advisory team.

Work is underway with Welsh Government, via the lead CEO, to review the current policy landscape and the range of groups in place. The role and function of the National Complex Care Board and Stakeholder Reference Group forms part of that consideration. The National Complex Care Board will be considering a revised approach in terms of their future remit.

As part of Western Bay, the Unit works within the integrated Quality Assurance Framework for care homes. There are currently three care homes being managed by the Unit under the Escalating Concerns Policy, two in Neath Port Talbot and one in Swansea. The main concern is regarding a 92 bedded dual registered home within the NPT area, there are 22 nursing and 74 residential placements.

A pooled budget between health and social care for the provision of care to older people residing in care homes needs to be in place by 6th April 2019 as required by the Social Services & Wellbeing (Wales) Act (2016). Following a period of intense work the multi-agency Pooled Fund for Care Homes Task and Finish Group have agreed a non-risk Sharing Pooled Fund arrangements under a Section 33 Agreement which is being progressed through the governance structures of the respective organisations.

The Regional Partnership Board is responsible for designing and implementing arrangements to ensure the partnership bodies work effectively together. Regional Partnership Boards are expected to develop written agreements concerning any formal partnership arrangements that involve a delegation of functions.



End of Life Care

End of life care is provided through a range of services across primary and community care. The Unit has identified that the current provision is not clearly understood and appears disjointed. Feedback from services users has been generally positive but there are areas where improvements can be made.

The Unit has secured funding for a GP Macmillan Facilitator and also an additional Palliative Care funded two year allocation for a part time band 6 project manager to support a review of end of life care across GP Clusters.



Reducing Avoidable Harm

Primary Care Measures

The Primary Care Measures are high level indicators of a range of activity across the life-course of a patient. The Measures do not cover every aspect of primary care and therefore do not represent a total picture of the performance of primary care, but serves to provide a high level dashboard of effectiveness in a manageable format that may inform Local Health Boards (LHBs), and other stakeholders as to where to look in more depth for potential issues and/or additional support.

The Measures are reported at All Wales, Health Board and in many cases, Cluster level through extraction of GP and other data sources and are published through the national Primary Care Information Portal.

Across the 19 measures that ABMU are required to report on, performance has been mixed with ABMU leading performance across Wales on some measures, and in others being below to the national average.

Appendix 1 outlines the Primary Care Portal data in respect to the All Wales and ABMU position.

General anaesthetic (GA) for dental treatment

The Board decided that paediatric dental GA services should not be provided from Parkway Clinic and medium to long-term planning should reflect this position. Through contract negotiations and the establishment of a triage system to mitigate the risks identified with this service, there continues to be issues since:

- a. referral management process has been implemented to triage in only those children who require the service,
- b. consultant Paediatric Anaesthetist is always present when children are treated under GA,
- c. Multi drug sedation has been stopped,
- d. access to paediatric resuscitation and support envisaged in the 2010 report remains via ambulance recovery to MHSDU and this has been confirmed as current arrangements.
- e. ABMU HB has established a Task and Finish Group led by the Chief Operating Officer to develop alternative plans for the provision of paediatric dental GAs currently provided by Parkway Clinic,
- f. the current position of continued provision of paediatric dental GA services in a primary care setting is not consistent with ABMU HB's stated objective of focussing all paediatric services on a single site,
- g. WG policy on accessing 'deep sedation' services for dentistry transferred to the acute hospital setting from September 2018,
- h. there is currently a risk of service sustainability with a single provider and reducing demand.

Work is ongoing with Parkway around creating a sustainable model of services going forwards.

HIW Non Compliance Notice

Following an inspection in November 2018 a private dental practice which has an NHS contract was issued with a Non Compliance Notice by HIW. A number of issues raised around infection control, governance, training and management were raised. Once made aware of the concerns the Unit worked with the provider to instigate immediate changes to manage risk to patients. Learning from the inspection was shared and has been used to make changes to the existing dental quality assurance framework.

4. Patient Experience

Patient Feedback through Friends and Family

There has been a steady increase of returns via friends and family and the focus is on continuing on achieving a 96% level of satisfaction on a consistent basis, in line with the Health Board standard. A number of additional areas within the Community Resource Team have been set up within the last month, and have been equipped with IPADS in order to submit their feedback online. The focus on obtaining online feedback will continue.

	No v 17	De c 17	Ja n 18	Fe b 18	Ma r 18	Ap r 18	Ma y 18	Ju n 18	Jul 18	Au g 18	Se p 18	Oc t 18
No of responses	84	48	105	104	159	113	124	199	136	219	146	179
% satisfaction	92	90	90	91	90	89	94	94	93	93	94	96

You Said, We Did

Following feedback around end of life care from patients and staff who have used the service We have recently appointed an End Of Life Macmillan GP Facilitator and secured Marie Curie funding for appointment of a Band 6 Nurse.

Initial priority of these roles will be to support primary care to improve current Advanced Care Planning of palliative patients approaching end of life. The aim would be to provide General Practitioners, Practice Nurses and Community Nurses with training and advice of the process and how best it can be delivered consistently and

at high quality to the whole ABMU patient population. This will be underpinned with educational events for clinicians to enhance knowledge and skills in palliative/EOL care delivery.

We formally collate feedback from Friends & Family (F&F) reports and the compliments section of DATIX, and these are reported through Quality and Safety meetings.

The 'Meet the Matron' initiative provided following feedback from patients and staff who have used community hospital service in Gorseinon community Hospital each of the ward areas now has a table, chairs and seating areas in. This is to encourage patients to sit at the tables for meals and to sit away from the bed areas during the day, creating a more 'normalise', home type environment. New large TV's have been donated, and these have been placed in these areas. An effort to make the area 'less hospital and more homely' has taken place, in line with the Reablement ethos of the hospital.

In addition, the individual sinks within the ward areas have been curtained off, and perching stools have been obtained, again to promote independence and a more 'home like' environment.

In Maesteg Community Hospital, work is currently underway to create a more homely dining and lounge area in the Day Room in Maesteg. This is to encourage patients to leave their bed areas during the day, and eat meals at the tables. The idea is this will improve independence, and enable patients to socialise.

Across both hospitals some of the feedback focussed on loneliness and boredom, which has been partly addressed by the actions listed above, and also by providing Church services which are now taking place twice a month, and the chaplaincy service is providing two chaplains once a week who spend time talking to the patients and discussing their needs.

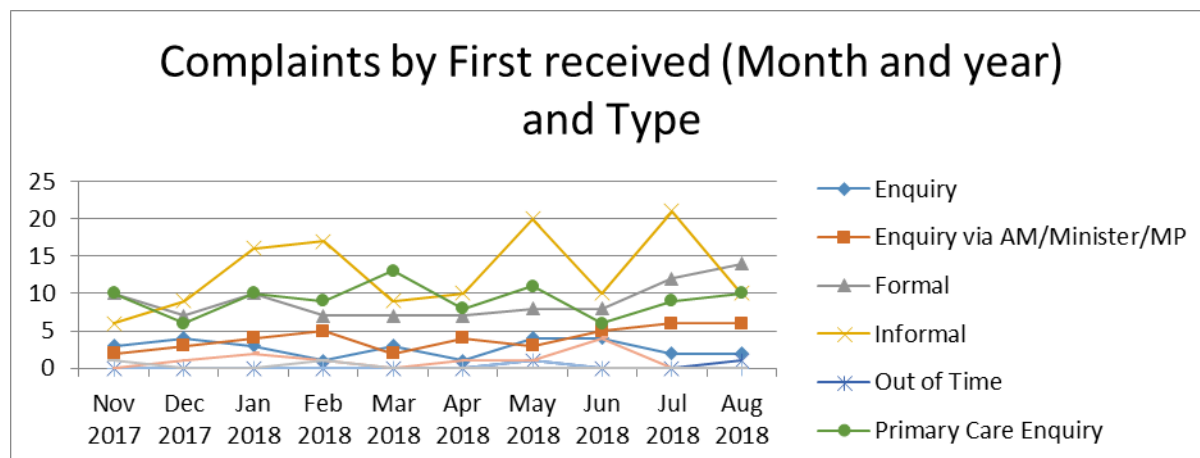
There is now a DVD player, and a selection of films available in the Day Room (as well as a Piano which has been donated by the local church), and we are building a collection of games. Regular Bingo sessions are taking place, and we are working hard to source an imitation fireplace and putting up curtains to make the room more inviting.

Benches have been added outside, and work has been undertaken by gardeners and patients (in organised activities) to make the gardens accessible and inviting for all patients. A number of events have been held on the veranda, to celebrate 70 years of the NHS and as Reablement activities.

An interactive computer system RITA, has been ordered to allow patients access to more games, music, films etc., and this can also be used by patients with dementia and delirium to help them remain calm.

Complaints Performance

The Unit does not have a dedicated PALS service, but are able to access PEAS staff from N&PT community, or PALS for Morriston to support Gorseinon Hospital. During the reporting period there has been an increase in the number of both informal and formal concerns.



The Unit currently has 41 open complaints, 23 of which are overdue. There are 6 open Ombudsman cases for GP Practices. We are disappointed with the drop in our complaint response performance over July & August, however this has improved during the month of September, and we are back on track in achieving the 80% target within the 30 day response target. The Unit has been affected by long term sickness and annual leave during June & July which has affected the response performance, however we have secured additional support in order to focus on improving complaints handling including the quality of responses, and response times.

From October 2018 weekly complaints meetings have been implemented with the Senior Management Team to review cases, and we are in the process of establishing regular meetings with GP Out of Hours (OOH), and District Nursing to identify ways in which the complaint process can be simplified. Emphasis has also been placed on the need for a streamlined process of signing off complaints, including the use of electronic signatures. A template was introduced to assist teams when responding to complaints and this will be rolled out across other areas.

A complaint training workshop will be set up for early 2019 and further complaint training will be undertaken across the Unit.

Complaint Response Performance

Nov 17	Dec 17	Jan 18	Feb 18	March 18	April 18	May 18	June 18	July 18	Aug 18	Sept 18
82%	100%	75%	88%	67%	57%	63%	63%	55%	46%	76%

Complaints 'Hot Spots'

Service	Themes	Action Taken
GP OOH's/ED	Conflicting information provided to patients by 111/ED and GP OOH's.	Discussions between ED/111 service and GP OOH Service ongoing
District Nursing	End of life care and documentation	Ongoing discussions with District Nurse Service
Cymmer Managed Practice	Lack of appointments and GP's at Cymmer	Stakeholder meetings and information leaflets provided to patients within the area.

5. Improvements

ABMU Health Board Managed Practice update (Cymmer/Cwmavon)

The Managed Practice has now adopted the Telephone First model in its entirety, offering telephone consultation as the initial point of contact between clinician and patient on a daily basis and ensures patients see the right clinician, at the right time.

The Practice Support Team (PST) currently supports workforce, where 3.8 WTE GPs are currently working solely within the Managed Practice to ensure service delivery and quality patient care is maintained. The PST Pharmacist, and a Minor Illness nurse provide additional support.

Development of the in-house multi-disciplinary team (MDT) is ongoing and in line with the prudent health principles. We currently have 2 Health Care Support Workers completing their level 3 Diploma, an additional General Practice Nurse (GPN) has commenced her Minor Illness course and both the Pharmacist and a GPN are due to commence their Non-Medical Prescribing course in March 2019.

Within the last 6 months a Medical Assistant role has been implemented to help streamline the daily clinical administrative tasks of the GPs. A call-handling hub is in the process of being developed at the Cwmavon site to encourage cross-site collaborative working and streamlining of the administration workforce daily tasks.

There has been some resistance noted from a cohort of patients regarding the new access model and the development of the alternative workforce in response to the GP recruitment and retention crisis. Some patients have called for a more traditional GP-only model to be re-instated within Cymmer Health Centre and a further request for 20 GP sessions per week for a population of 2500 has been put forward by this cohort of patients.

Several public meetings have been held within the last 12 months and 3 recent stakeholder meetings were offered for those patients who submitted letters of concern or complaint within the public meetings. Further engagement meetings will be held in the near future to continue to work with patients, local MPs and the CHC to hopefully resolve these concerns and agree on viable and sustainable options of healthcare.

Prison Service

In February 2018 the Executive Director of Nursing asked the Unit to undertake a snap review of the ABMU healthcare governance arrangements for both HMP Swansea, HMP Parc and also the Hillside Unit, a national Secure Children's Home for young people between the ages of 12 – 17 years and managed by Neath Port Talbot County Borough Council.

The remit of the review focussed on the leadership, governance, and service provision in order to confirm the current arrangements and plan future developments.

Following the review a dedicated Task and Finish Group was established in order to work through the main elements of a dedicated improvement plan. The highlights for each area are listed below.

HMP Swansea Governance

Governance arrangements are agreed as part of the documented Partnership Agreement and the Prison Health Delivery Plan. There are four Strategic Partnership meetings a year between ABMU and the Prison, and include a review of incidents and events and new initiatives.

It has been agreed with HM Swansea to develop more frequent operational partnership meetings with all providers. The PCCS Unit reports on HMP Swansea provision via the Unit Quality and Safety Board. The Unit Nurse Director provides strategic assurance for the PCCS services with the Head of Nursing Providing operational assurance supported by the Clinical Service Manager.

Both the Head of Nursing and the Clinical Services Manager are part of the all Wales Network. Complaints relating to NHS provision are now managed under normal PTR arrangements. Incident reporting is via Datix for incidents relating to health care provision and interventions for serious harm or deaths in custody.

All other incidents not involving a health care professional are managed via the HMP Swansea system. All deaths in custody are reported to the Health Board and all Suicides are reported and overseen via the Prison Services Ombudsman.

HMP Parc Governance

Governance arrangements are agreed as part of the documented Partnership Agreement and the Prison Health Delivery Plan. There are four Strategic Partnership Meetings a year between ABMU and the Prison and include a review incidents and events and new initiatives. Additional liaison meetings are held between HMP Parc and Princess of Wales delivery unit relating to secondary care services. The PCCS Unit reports on HMP Parc provision via the Unit Quality and Safety Board with an exception report.

The Head of Primary Care provides GMS advice and Support. Complaints relating to NHS provision are now managed under normal PTR arrangements. All deaths in custody are reported to the Unit and all Suicides are reported and overseen via the Prison Services Ombudsman.

Admissions from HMP Parc to POW remain an issue and is being raised at the partnership meetings.

Hillside Unit Governance

Unlike the arrangement for Prisons which follows a national format there was no partnership agreement where health care provision is discussed with the provider. PCS has provided the role of 'critical friend' to NPTBC and have supported the development of a tender requirement for a revised health care service. This is contracted by NPTBC and provided by a local primary care provider and is now operational. The new service will be reviewed in 2019 with the support of the PCS Primary Care Sustainability team.

Acute Community Team

- Work towards implementing the NEWS score in the community
- Develop a framework that supports the advance practice agenda

Community Resource Team

- Review and revise delivery of Older Peoples services in line with the Western Bay Optimal Model

Long Term Care Services

- Review success of pooled budget pilot

6. Research & Development

The Primary and Community Service Delivery Unit Strategy supports innovation through research. A list of projects currently supported by the Unit is attached in Appendix 4, together with participating practices (Appendix 5). All Research and Development projects are registered with the Unit Research Coordinator.

Awards and Nominations

Through the year the Unit promotes the good work undertaken by staff by nominating them for awards and recognition.

June 2018

Highly commended award for innovation in Primary Care, at the transformation in Health care awards London

Natalie Phillips, Nicola Phillips, Patricia Pugh, Deborah Kelshaw, Suzanne Houghton, Rhys Meredith

July 2018

Poster winner at Audiology Cymru







Natalie Phillips, Nicola Phillips, Patricia Pugh, Deborah Kelshaw, Suzanne Houghton, Rhys Meredith

November 2018

Reablement assistants in Gorseinon has just become the runner up in the RCN Nurse of the Year (Wales) awards, for her outstanding work in changing the ethos of the ward.

Community staff nurse working within district nursing was nominated and won nurse mentor of the year at Swansea University Student Mentorship Award Ceremony.

7. Quality Priority Focus 2018/19

Quality Priority		Forward Plan
	Patient flow	Through the Unit unscheduled Care Group develop proposed community models for implementation through cluster teams. Scope and strengthen the role of care homes in supporting patient flow.
	End of life care	Recruit band 6 project role and commence 2 year Palliative Care service review supporting cluster populations.
	Comprehensive geriatric assessment	Implement new Clinical Director Frailty role into the unit and strengthen the frailty pathways between primary and secondary care. Strengthen the liaison between clusters and the frailty model
	Reducing avoidable harm	Strengthen the assurance arrangements across the unit. Continue to monitor key areas for quality and improvement Continue to proactively manage inpatient falls. Record inpatient falls as fall per 1000 bed days Strengthen the prevention and management of Care Home preventable falls Strengthen the prevention and management of community preventable falls.
	Pressure Ulcer Prevention	Continue to proactively manage inpatient pressure ulcers. Strengthen the prevention and management of Care Home Pressure Ulcers Strengthen the prevention and management of community pressure ulcers
	Infection Control	Strengthen the measurement of prescribing and infections rates across clusters using cluster comparisons as a way to strengthen improvement.

8. RECOMMENDATION

The executive team are asked to note the Primary and Community Services Delivery Unit Quality and Assurance Report and are recommended **approve** this report.

Governance and Assurance										
Link to corporate objectives (please ✓)	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	
	✓		✓		✓		✓		✓	
Link to Health and Care Standards (please ✓)	Staying Healthy	Safe Care	Effective Care		Dignified Care	Timely Care	Individual Care	Staff and Resources		
Quality, Safety and Patient Experience										
Included within body of report.										
Financial Implications										
None										
Legal Implications (including equality and diversity assessment)										
The Unit is required to work within the parameters of Putting Things Right the guidance for dealing with concerns about the NHs in Wales.										
Staffing Implications										
None										
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)										
The Unit actively promotes patient involvement and co-production to support people in achieving their well-being goals.										
Report History		Annual paper to Quality and Safety Committee								
Appendices		Appendix 1 Key measures for Primary Care contractors Appendix 2 Primary Care Measures Performance data. Appendix 3 External Reports & Inspections Appendix 4 Risk Register (score over 16) Appendix 5 Research & Development projects Appendix 6 Participating Practices.								

Appendix 1: Key Systems for Measuring Primary Care Contractors

Methodology	Service/Requirement
The development of clusters to strengthen quality assurance in relation to clinical governance and take on peer review and monitoring of aspects of practice care from 1 st April 2017;	Diabetes Mellitus Quality Outcomes Framework (QoF) indicators COPD QOF indicators Clinical Governance Practice Self-Assessment Toolkit [CGPSAT] Information Governance Toolkit.
General Medical Services (GMS) Contract Annual return and review:	The GMS Contract (2006) requires a single annual return to be submitted for completion by all contractors once in a financial year. The Unit arranges with the contractor an annual review of the contractor's performance in relation to the Contract, and the Unit reports back to the contractor. The Local Medical Committee may be invited.
Quality and Outcomes Framework;	The Quality and Outcomes Framework (QoF) rewards contractors for the provision of quality care and helps to standardise improvements in the delivery of primary medical services. Contractor participation in QOF is voluntary and achievement against QOF indicators is measured on the last day of the relevant financial year (31 March)
Prescribing Indicators	the Medicines Management Team routinely share and peer review the quality of prescribing through a variety of methods, including <ul style="list-style-type: none"> • Annual prescribing visits and targeted antibiotic prescribing visits • Prescribing leads and cluster meetings • Prescribing Management Schemes with both practice and cluster focuses, which target a range of quality and cost effectiveness issues e.g. antimicrobial stewardship, clinical audit, yellow card reporting and other key prescribing areas such as PPI, pain and respiratory. • In house practice and cluster level support from HB and cluster based teams
Enhanced Service Accreditation & Audits	are components of several Enhanced Service Specifications, and contractors are required to submit them if asked.
ABMUHB/CHC/LMC Access and Sustainability Group	Access Standards (agreed in 2015) Review of practice compliance.

External Reviews & Reports	<p>Healthcare Inspectorate Wales (HIW) (planned reviews)</p> <p>Community Health Council (CHC) reports/Inspections</p> <p>Post-payment Verification (PPV) visits including Waste</p> <p>Shared Services Reports</p> <p>Coroners' Reports (Regulation 28)</p> <p>Ombudsman's reports</p>
Complaints and Compliments	from Patients, Family, Carers and other service users
Incidents and Events	reported by or about Contractors, including Medical Performers List procedures, Counter Fraud.
The following are existing key systems for measuring and reviewing quality in Contractors; where data is available to the Health Board at Cluster level or above:	
Primary Care Unit Quality Dashboard	accepted by the ABUHB Quality & Safety Committee in August 2017, it is updated quarterly, and gives an overview of high level indicators.
ABMUHB Quarterly Performance and Exception reporting reviews	LHB and Unit benchmarking
National Primary Care Measures	published on the Primary Care Information Portal; benchmarking of LHBs and Clusters.
National Tier 1 Performance Targets	(Primary Care Indicators); LHB benchmarking
National Clinical Audits	<p>(Practice-level data is not visible to the Health Board)</p> <ul style="list-style-type: none"> • Diabetes • COPD • CKD

Appendix 2: Primary Care Measures

Description of Primary Care Measure	Category	Target (if available)	All Wales Average (Year)	ABMU Average (Year)
Bowel Screening	2A	60%	53.4% (2016/17)	53.2% (2016/17)
AAA Screening	2A	80%	80.8% (2016/17)	81.9% (2016/17)
Seasonal Influenza Immunisation in at risk groups	2A	55%	48.5% (2017/18)	46.7% (2017/18)
Overweight and Obesity in 4-5 year olds	2A		26.2% (2015/16)	25.5% (2015/16)
Breastfeeding Prevalence at 10 days	2A		33.8% (2016)	31.3% (2016)
Uptake of Scheduled Childhood Vaccinations at age 4	2A	95%	85.2% (2016/17)	86.9% (2016/17)
Smoking Cessation	2A		20.4% (2017/18)	19.7% (2017/18)
LARC	2A		N/A	N/A
Childhood Immunisation at age 16	2A	95%	89.2% (2016/17)	87.5% (2016/17)
Adults who accessed dental services at least once every 2 years	2A		51.5% (2016/17)	58.0% (2016/17)
Recording of Alcohol Intake	2A		76.4% (2017/18)	76.6% (2017/18)
Antibiotic Prescribing	2A		N/A	N/A
People with Dementia prescribed antipsychotic medication	2A		1.8% (2017/18)	2.3% (2017/18)
People with Diabetes who have received all 8 key care processes	2A		45.2% (2016/17)	52.5% (2016/17)
No. emergency admissions for ambulatory care sensitive conditions	2A		N/A	N/A
Diabetes lower extremity amputation and diagnosis code of diabetes	2A		N/A	N/A
Circulatory Disease Mortality Rate per 100 000 population <75 years <ul style="list-style-type: none"> All Heart Disease MI Heart Failure CVA (all ages) 	2A		(2014-2016) 62.3 18.3 1.1 70.6	(2014-2016) 65.9 20.5 0.0 70.5
Percentage >65 years with dementia/memory impairment	2A		2.95% (2017/18)	3.08% (2017/18)
Children (0–17 years) who accessed dental services at least once a year	2A		59.5% (2016/17)	68.8% (2016/17)
Low Intensity Psychosocial Interventions	2A		N/A	N/A

Appendix 3 External Reports and inspections

Action	Outcome
Internal Inspection: Gorseinon Community Hospital	Immediate action identified around pressure ulcer management and documentation and NEWS score management. Internal action plan developed. Awaiting final comprehensive report in Q3
Internal Audit: DOLS Management found Limited Assurance on follow up review	New learning added to existing DOLS improvement plan. Work on dashboard ongoing. Agreement reached to develop dedicated DOLS team for the Supervisory Body. Plan to recruit 2 x band 6 BIA and 1 x band DoLS administrator. Database for recording DoLS re designed and adapted to meet Welsh Reporting Requirements
CSIW Inspection of Care Home in Provider Performance NPT	90 bedded nursing and care home, 3 CHC and 21 FNC. Under provider performance and improvement plan. Weekly support by the Unit provided to the care home. CSIW found no significant concerns.
CSIW Inspection of Care Home in provider performance	68 bedded Nursing and Care home. 2 CHC and 21 FNC. Self referred provider performance and improvement plan. Under monthly review.
External Inspections: HIW Gorseinon Dental Practice	Improvement plan agreed, Dental Practice Advisor (DPA) undertaking visits to support site with improvement plan. Reported through to Unit QA structure
HMIPs and HIW Inspection of HMP Swansea Prison	Prison and Secure Home task and finish group have continued to work through all existing actions with improvements noted. Medical services Specifications and outcome arrangements agreed for Tender in Q3. Internal service review against HIW findings being undertaken in Q3
Internal Audit – CHC Funded Placements	Review of CHC process completed, including review of retrospective cases
Internal Audit - Pressure Ulcer Audit	All appropriate staff from PC&C have now attended the Pressure Ulcer Prevention Development Workshops . Key themes around non concordance and variations in grading knowledge have been identified. (Non Concordance guidance has been developed and rolled out across the HB and has been in shared in the Strategic Group). Ongoing work to improve grading is ongoing and the use of mobilisation has supported this.
Audiology – Full compliance achieved with National Quality Standards Audit	Evidence of good quality service
Sketty Road Dental Practice	Final report not published however immediate assurance on some issues required. Internal review also undertaken.

Appendix 4 Risk Register as at 10th November 2018

High Risk (score 16+)	Mitigating Actions
(1645) (1522) Lack of GP Sustainability in GP Out of Hours services	<p>There is currently a recruitment crisis of GPs in Urgent Primary Care OOH services leading to high levels of inappropriate attendances at Emergency departments, conveyances to ED and significant unmet overnight and weekend demand which results in high daylight</p> <p>Service approved and commenced implementation of: a service redesign to introduce MDT, remote triage, tested revised pay rates</p>
(865) GP Sustainability	In common with other parts of the UK/Wales sustainability issues are being experienced in GP practices within ABMU - using the sustainability risk matrix tool there are currently 2 Practices that score red & 13 Practices that score amber indicating that they are at risk of
(1600) POCT Testing Issue	The absence of a POCT Co-ordinator, as required in the DES, represents a risk to the operational delivery of point of care testing services within the community to defined
(986) S< Staffing levels on Ward B2 NPTH	Service continues to be delivered with 0.3 WTE. For patients requiring daily intervention there is insufficient capacity to meet the demand
(1586) Sub Therapeutic mechanical value INR patients	This will shortly be removed from the register as the policy for treating these patients has now been agreed by the T&A Committee, signed off by MMB and circulated

Appendix 5 Research & Development as at 23/11/18

Study Name	Sponsor	Services / Practices/staff involved
catheter patency solutions in the community setting	MSc Project	Kelly Thomas Community Continence Assessor
the resilience and wellbeing of the HV team within Flying Start NPT		Georgia Jones Health Visiting Swansea
FRAIT development and implementation	PhD Project	Georgia Jones Health Visiting Swansea
An assessment of immunization status of Asylum Seeking children aged 5-16 years in Newport and Swansea Dispersal areas.	commissioned by Dr Gillian Richardson Policy Director PHW	Jean Saunders Health Access Team Co-ordinator
HEAR: The health and wellbeing of refugees and asylum seekers in Wales	commissioned by Dr Gillian Richardson Policy Director PHW	Jean Saunders Health Access Team Co-ordinator
217257 A Randomized, Double-blind, Placebo-controlled Study to Assess the Effects of Bempedoic Acid (ETC-1002) on the Occurrence of Major Cardiovascular Events in Patients with, or at high risk for, Cardiovascular Disease who are Statin Intolerant		See Table 1 Participating practices
226962 R475-OA-1611 Patients with Pain Due to Osteoarthritis of the Knee/Hip		See Table 1 Participating practices
235146 A phase 3, multicentre, randomised, double-blind, placebo- and active comparator-controlled, parallel-group study to evaluate the efficacy and safety of Bimekizumab in adult subjects with moderate to severe chronic plaque psoriasis.	Sponsor: UCB Biopharma SPRL	See Table 1 Participating practices
EudraCT Number: 2016-003425-42 A 56-week, Multicenter, Double-blind, Placebo-controlled, Randomized Study to Evaluate the Efficacy and Safety of Efglenatide Once Weekly in Patients with Type 2 Diabetes Mellitus Inadequately Controlled with Diet and Exercise	Sanof	See Table 1 Participating practices
Hearing impairment and cognitive decline; the role of hearing aids	MSc Project	Thomas Ellis Audiology
Does diabetes affect transient OAEs detection	MSc Project	Timothy Loescher Audiology
Cochlear Implants in South Wales (UK)- Estimating the prevalence of cochlear		Jonathan Joseph , Rhys Meredith -

implantation and the unmet need		Audiology
Investigation of the incidence of dementia with hearing aid use	BCUHB	Sarah Bent, Rhys Meredith

Appendix 6 R&D Participating practices

	217257	226962	235146	2016-003425-42
Glyncorrwg Health Centre, Waun Avenue, Glyncorrwg, Swansea, SA13 3DP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Street Surgery, 3 New Street, Aberkenfig, Bridgend, CF32 9BL (Khan T A Dr)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oak Tree Surgery, Whitethorn Drive, Brackla, Bridgend CF31 2PQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The New Surgery, Primary Care Centre, Min Y Nant, Pencoed, Bridgend CF35 6YP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heathbridge House, 1a Pysgah Street, Kenfig Hill, Bridgend, CF33 6BY (Edwards CD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skewen Medical Centre, Queens Road, Skewen, Neath Port Talbot, SA10 6UH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grove Medical Centre, 6 Uplands Terrace, Uplands, Swansea, Swansea, SA2 0GU (Dr. Ashok Rayani)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kings Road Surgery, 2/4 Kings Road, Mumbles, Swansea, SA3 4AJ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
St. Helen's Medical Centre, 151 St. Helen's Road, Swansea, Swansea, SA1 4DF (Dr. Paul Cummings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ty'r Felin Surgery, Cecil Road, Gorseinon, Swansea, Swansea, SA4 4BY (Dr. Stephen Greenfield)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Medical Centre, Heol Yr Onnen, Pencoed, Bridgend, CF35 5PF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nantymoel Surgery, Nantymoel, Bridgend, CF32 7NA (Masroor Ahmed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pontardawe Health Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strawberry Place Surgery, 5 Strawberry Place, Morriston, Swansea, SA6 7AQ (Dr. Paul Harris)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clydach Health Centre		<input type="checkbox"/>		

Vale of Neath Practice, 102 High Street, Glynneath, Neath Port Talbot, SA11 5AL (Daniels MK)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Bron y Garn Surgery, Maesteg Hospital, Neath Road, Maesteg, Bridgend, CF34 9PW (Medlicott S A)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

