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

<b>Meeting Date:</b>	21 <sup>st</sup> December 2021
<b>Service Group:</b>	Primary, Community and Therapies Service Group
<b>Author:</b>	Claire Lewis, Quality, Safety & Improvement Manager, Primary Community and Therapies Group
<b>Sponsor:</b>	Karl Bishop, Clinical Director, Primary Community and Therapies Group
<b>Presenter:</b>	Brian Owens, Group Director, Primary Community and Therapies Group

### Summary of Quality and Safety Issues since last report to the Committee

#### Patient story – physio works

This paper provides an update to the Quality & Safety Committee on matters of quality and safety that are overseen by the service group. This is the first report to Quality & Safety Committee from the newly formed Primary, Community and Therapies Service Group (PCTG). As a result of the restructure, the workforce increased by 40% when Therapies was transferred into the PCTG, without any additional governance resource. 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.

The effectiveness of the quality governance arrangements are currently being reviewed to ensure systems and processes provide assurances transparently, efficiently and effectively for all services throughout the group, with appropriate identification and management of risk.

COVID-19 has resulted in 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.

### 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

### **Healthcare acquired infections**

- Gorseinon Community Hospital - – tier one target figures achieved for September to November 2021 with zero incidences of C.Difficile, Staph Aureus, Pseudomonas, Klebsiella
- PCTG Health Care Associated Infections (HCAI) /Anti-Microbial Resistance (AMR) steering group meeting has now been re-instated following deferment during the pandemic. Priorities of this group focus on tier one target reduction and specific work surrounding primary care prescribing and prevention
- The role of Clinical Lead for HCAI/AMR has now been appointed and due to commence in the role in early January. This is a GP role employed for 2 sessions per week to directly support the AMR agenda. Collaborative working with Infection, Prevention & Control (IPC) and medicines management teams to tackle the prescribing stats in Primary Care and promote antimicrobial stewardship.
- Year on year comparison data for Primary Care/Community shows improvement in C.Diff cases, with the WG 15% reduction target likely to be achieved this year compared with 2020/21
- Year on year comparison data highlights a 28% increase in e.coli cases in Primary Care/Community, with over half of the reported cases with a urinary tract link. This will now be our focus to ensure we develop targeted Urinary tract infection prevention campaigns and this will need to include education for correct sampling, hydration, prescribing etc.
- IPC Champions are being revisited in each service and practice area, where we are asking each area to nominate a person or persons to support IPC improvements and we will roll out all educational material, audit and literature via this route.
- HMP Swansea continue to action recent HIW outcomes with only one outstanding action. This will be completed January 2022.
- Dedicated IPC role for Care Homes supported by Local Authority is in place. Targeted IPC support for Care Homes in the form of education and empowerment of staff to achieve a sustainable proactive approach to the reduction of HCAs. Establishment of a specific care home survey has been completed and data being analysed. This will help to prioritise core educational areas in the care home sector and will be aligned to tier one targets.
- Dedicated IPC support for PCTG is ongoing, direct links with the Infection Control Nurses (ICN) to help improve tier 1 targets, with particular focus on community acquired c.diff incidents and increased e-coli cases
- Community Dental Service (CDS) introduced the move to HSDU in a phased approach, enabling all CDS Clinics to use HSDU or single use instruments where

appropriate/necessary. All items have now been received, and are currently in the process of being rolled out

- CDS met with Estates Department regarding the CDS dental unit water lines (DUWL) to establish a reporting system from an accredited lab/Estates Dept. Tender not yet awarded.
- Dental Training Unit: 6 power packs and 16 hoods delivered for aerosol generated procedures (AGPs) as more sustainable option for AGPs moving forward.
- Integrated Sexual Health (ISH): Inpatient care now being provided from ward 10. Collaborative working is ongoing between the corporate IPC team and ISH to establish an environment conducive to clinical contact. Significant improvements have been made to the clinical and non-clinical areas to ensure IPC processes are adhered to and risk minimised. This work is ongoing.
- Prescribing framework is in the process of being rolled out in primary care. This will provide a structure on our approach to tackle poor performance in practices against national prescribing indicators.
- Dissemination of prescribing data has commenced to cluster leads for discussion and shared learning opportunities, supported by Medicines Management.
- General Practice site visits. ICNs continue to support PCTG with targeted IPC site visits for GP Practices highlighted as areas of concern for clinical output.
- Reintroduction of spirometry services is underway in General Practice. This was trialled initially within Gowerton Estuary Practice in accordance with the national steering group agreed protocol. This is now being disseminated within clusters and a practice or hub approach encouraged depending on environmental set up.

### **Sepsis**

- Formal Sepsis meetings being established by Health Board on appointment of a project lead, and PCTG Sepsis Lead is in contact
- Roll out of NEWS training within the Acute Clinical Team, and plans to roll out training to the District Nurse team

### **Suicide prevention**

- The suicide prevention group are working with the Assistant Director of Health and Safety to confirm that ligature risk assessments have been identified and addressed across our service group
- Scoping is underway to understand what staff self-help service initiatives are currently offered
- There are plans to involve the prison service in these discussions

### **Improving end of life care**

- End of life care is provided by District Nursing Services in SBU. There is a contract in place with Marie Curie and plans to develop a more responsive and flexible model to support the increasing numbers of end of life patients in community settings
- Meeting held with Specialist Palliative care to discuss interface with four virtual wards, pathways and alignment to primary care and community nursing to facilitate MDT approach

- There are plans for effective utilisation of Specialist Palliative Care Paramedics to pilot an urgent response to symptom control for end of life patients
- Workshop planned in January to include process mapping and inform future joined up working
- Work has been undertaken with the care home sector to identify and implement advanced care planning
- Development of patient facing advance care planning website for information/education and advanced care plan completion
- New guidance is in development to align with the national work and competency attainment for 'do not attempt resuscitation'
- Work is progressing to identify end of life champions

## **Falls prevention**

- HB structures to be developed
- Proposal submitted to recommence the Falls Response Service (FRS) to address Winter Pressures. The programme ran from 10<sup>th</sup> November 2020 to 27<sup>th</sup> April 2021 and saw the following improvements:
  - Conveyance to hospital 32.1% for FRS, compared to 57.5% Emergency Medical Service (EMS), and 35.4% for Advanced Paramedic Practitioner (APP)
  - Refer to alternative pathways was 25.0% for the FRS, compared to 12.7% EMS, and 19.5% for APP.
  - Treat At Scene/Home was 39.3% for FRS, compared to 13.6% EMS, and 33.6% for APP (better performance than all)
- Paramedic will complete an assessment including: BP, RR, Temperature, Oxygen Saturation, ECG, RR, NEWS score, AVPV, Capillary refill and multi-system assessment. The therapist will assess muscle strength, co-ordination, balance, gait, myotomes, dermatomes, reflexes/proprioception and any equipment needs. The Falls Risk for Older People in the Community setting (FROP-COM) will be completed by the team. FROP-COM consists of 13 falls risk factors being rated, most on a graded 0-3 score.
- The scores will indicate whether a person has a mild to moderate falls risk or a high falls risk, and also acts as a prompt to the assessor to implement actions for the individual risk factors to falls.
- FRS will provide any essential mobility or transfer equipment identified during their visit. The equipment will be provided from the community satellite equipment stores.
- FRS will also refer on to Swansea and Neath CRT for reablement, specialist equipment manual handling plans and social service input.
- Where further medical or nursing assessment is required FRS will contact ACT, GP, DN Virtual Wards, or Hot Clinic as appropriate.
- Referral to the Community Exercise Groups provided by SBUHB or to the National Exercise Referral Scheme.

## **Progress Against Health and Care Standards**

- Quarter one and two data submitted, no self-assessment score below 3.

- Scrutiny panel feedback awaited and actions to be taken forward
- Health and care standards to be incorporated into governance meeting structures as a standing agenda item at group Q&S meetings
- Plans to collate evidence as an ongoing process and shared workspace on Teams to upload evidence
- Quality improvement work underway for cancer patients to include:
  - Scoping of a prehabilitation programme at cluster level and through the rapid diagnostic centre for patients with suspected upper/lower GI cancers for:
    - Optimization prior to cancer treatment
    - Effective utilization of waiting time with a positive intervention
  - Improving USC referral pathways and increase access to straight to test
  - Developing a GP facing dashboard with live information of current USC waiting times to accurately advise patients

## Patient Experience Update

- For the month of October there were 89 Friends and Family survey returns with overall score of 90%.
- Plans to expand patient/staff experience feedback processes to all service areas and to provide further scrutiny and triangulation of data at service and group level
- Digital storytelling for patients and staff to be re-established and integrated into Q&S groups
- Primary Care independent contractors (GPs, Dentists, Community Pharmacists and Optometrists) have their own established feedback system in practice to contribute to quality improvement, either through patient participation groups, complaints and complements and some may undertake bespoke engagement exercises using patient surveys, holding engagement events etc.
- The Community Health Council, who act as the NHS patient watchdog, continue to play a part in reflecting peoples' views and representing their interests in primary care services. The HB receive regular reports on services such as dental and GMS access, telephone surveys and online digital platforms. These reports are considered by the PCTSG and recommendations taken forward and learning shared with contractors.
- Directly managed primary care services including community dental, restorative and the dental teaching unit are actively exploring the implementation of the Civica platform (Friends and Family feedback) to enhance the existing ways of obtaining patient feedback through complaints and compliments. The directly managed GP Practice is also exploring this platform in addition to receiving online feedback through askmyGP digital platform and bespoke engagement exercises including focus groups and feedback forms.

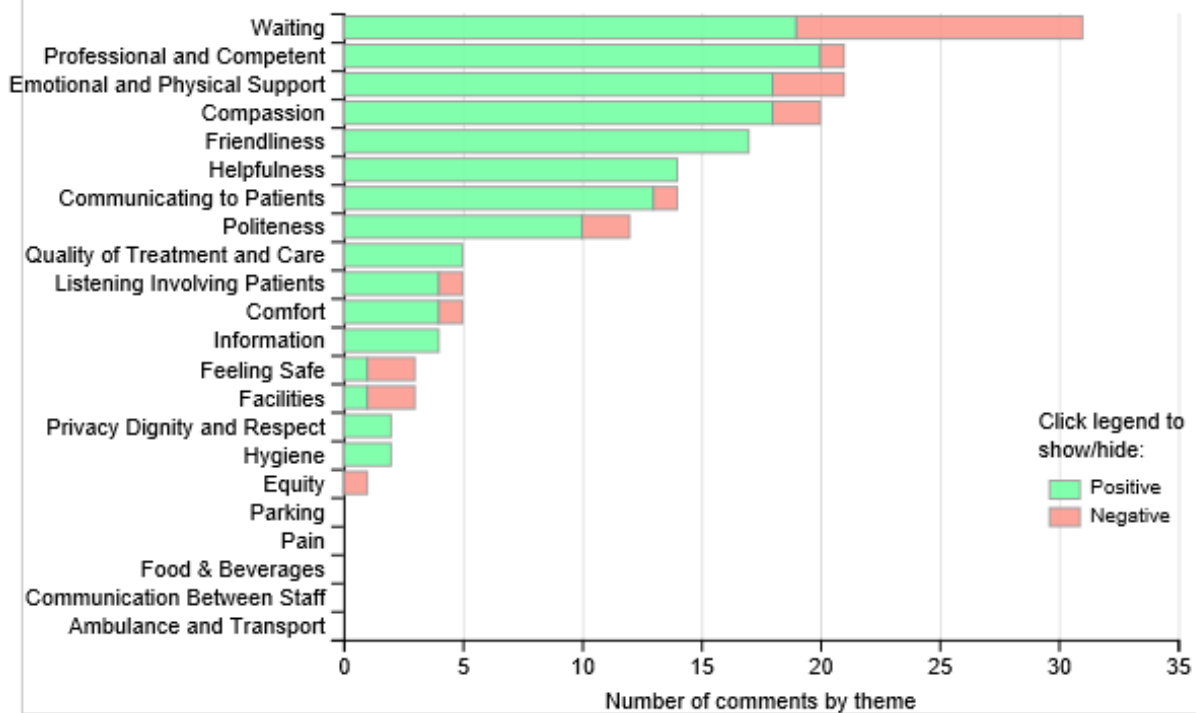
### Results by Service Group

Service Group	% Good	% Poor	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor
<b>Total</b>	<b>89.9%</b>	<b>6.7%</b>	<b>89</b>	<b>64</b>	<b>16</b>	<b>3</b>	<b>4</b>	<b>2</b>
<b>Primary Community Therapies Group</b>	<b>89.9%</b>	<b>6.7%</b>	<b>89</b>	<b>64</b>	<b>16</b>	<b>3</b>	<b>4</b>	<b>2</b>

## Results by Ward/Clinic

Ward/Clinic	% Good	% Poor	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
<b>Total</b>	<b>91.3%</b>	<b>5.3%</b>	<b>150</b>	<b>110</b>	<b>27</b>	<b>5</b>	<b>5</b>	<b>3</b>	<b>0</b>
Acute Clinical Team	100.0%	0.0%	1	1	0	0	0	0	0
Adult Dietetics	100.0%	0.0%	2	1	1	0	0	0	0
Bay Field Hospital MVC	80.0%	0.0%	5	2	2	1	0	0	0
Community Health Bladder & Bowel Service	100.0%	0.0%	1	1	0	0	0	0	0
Gorseinon MVC	100.0%	0.0%	1	1	0	0	0	0	0
GUM Clinic	97.1%	2.9%	34	28	5	0	0	1	0
MCAS - Pain Management	95.2%	4.8%	21	15	5	0	1	0	0
MCAS - Trauma & Orthopaedics	88.2%	7.4%	68	49	11	3	3	2	0
Physiotherapy	92.3%	7.7%	13	10	2	0	1	0	0
Physiotherapy Outpatients Dept	75.0%	0.0%	4	2	1	1	0	0	0

## All Used Categories Pos/Neg Count



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

- It is acknowledged that there have been breaches against performance for governance related processes due to sickness and staff turnover. This situation is now improving with all vacancies filled and there is a plan in place for recovery. A focused work stream is being established to review and close the open outstanding incidents. The risk register requires updating and regular review of content and there are plans to streamline processes. Monthly meetings with service leads are being established to monitor and improve performance and ensure active ongoing management.
- HMP Swansea continue to work with IPC and PHW to control the current COVID risk associated with a remand prison environment due to large footfall of prisoners. There is an ongoing vaccination campaign within HMP Swansea to ensure all prisoners are offered and receive vaccinations and boosters. HMP healthcare staff are part of the national lateral flow testing programme and actively test twice weekly to reduce the risk of transmission.
- HMP Swansea HIW / HMP action plan has only one outstanding action relating to IPC which is due to be completed in January 2022. This is an estates associated issue.
- HMP Swansea continue to conduct decontamination/sterilisation procedures for all reusable dental equipment. HSDU are in consultation with HMP staff and dental services to determine if off-site sterilisation is possible given the restrictions of this secure environment. Risk has been mitigated on site by ensuring single use equipment is introduced where possible and a risk assessment of the sterilisation equipment and area has been completed.
- HMP Swansea Community Health Council action plan almost completed apart from outstanding action, work on this has recommenced after being stood down due to COVID pressures
- HMP Swansea Health Needs Assessment undertaken with 11 of the 28 actions completed. Progress will be monitored through the Prison Partnership Board
- Outcomes of last 3 Death In Custody reports being worked through within HMP Swansea (see attached report)
- E. Coli incidences increased by 28% according to year on year comparison data (April to August 2020-2021). This tier one target is being actively prioritised to mitigate risk within primary and community areas and to ensure a reduction is seen in the next comparison data for the last 2 reporting quarters.
- School immunisation campaigns and catch up programmes continue, this has been significantly hindered by COVID related school year closures or absences but the School Nursing team continue to achieve excellent vaccination rates
- COVID booster programme within General Practice is currently being established due to national prioritisation of the booster campaign. Expressions of interest from General Practice are being sought and sustainability of practices considered by primary care teams to ensure core services are maintained.
- General Practice continue to see significant staffing deficits across SBUHB for both COVID and non-COVID related incidences. This is reflected in the daily primary care escalation toolkit where several practices have escalated to level 3 and 4 within the months of October and November 2021. Support and guidance given from primary care teams to ensure the sustainability of core general medical services in these areas.



- Reactive discussions with IPC, Environmental Health and PHW are ongoing to support practices and their staff during outbreak incidences.
- Significant pressures are ongoing for community services in relation to staffing deficits. This is seen in both front line and planned/preventative services for both COVID and non-COVID related incidences. Mitigation in place within individual services to maintain core clinical care. This includes overtime, bank and agency cover which often depletes the workforce further due to a knock-on effect.
- COVID booster vaccination programme – prioritisation of the booster roll-out has seen a mandatory release of 25 WTE staff members from the PCTG. This will inevitably impact significantly on core services whilst staff are released to support the booster campaign.
- GP sustainability – an increase in sustainability applications and requests for informal support from GP practices has been noted within the last six months. Ongoing support provided from primary care teams, sustainability team, wellbeing through work team, HR and Occupational Health where appropriate and available. RAG scoring of current sustainability data has been completed to ensure prioritisation of practices that require immediate/targeted approach.
- Additional Learning Needs and Education Tribunal Act (ALNET) – risks have been highlighted associated with capacity and sustainability of services, statutory obligations and ongoing funding of commissioned services. Mitigations and controls include:
  - having representation on Health Expert Group at Welsh Government
  - representation on joint Local Authority and health board work stream groups
  - raising awareness of the Bill with relevant staff
  - rolling out training for all clinical staff relevant to the ALN Bill
  - ensuring effective complaints management system is in place and accessible
  - ensuring arrangements are in place (including IT) to manage interagency cooperation requests and functions
  - planning for the impact on waiting times
  - risk assessment and management of the potential threat to service capacity if funding is withdrawn for commissioned services
- Some risks, including ALNET risk above, are held jointly by PCTG and other Health Board service groups. The group are collaborating with Corporate and other services to manage these jointly held risks
- PCTG is working within the Controlled Drugs Framework with all implementation phases in place

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

What	When	Who	Expected impact
IPC tier one target reporting – improvement in quarter 3 and 4 data through specific prioritisation of e-coli incidences through targeted campaign	March 2022	IPC/Meds Management/PCTG Service Leads	Reduction in infection rates



Introduction of IPC champions in each service	March 2022	IPC Lead	To support IPC improvements with an effective communication route
Roll out of prescribing framework in primary care	March 2022	Clinical Lead for HCAI/AMS	To provide a structure on our approach to tackle poor performance in practices against national prescribing indicators
Reintroduction of spirometry in primary care	March 2022	Primary Care services / Clinical Lead for Respiratory	To aid accurate diagnosis and management of patients with respiratory conditions
HMP Swansea actions to be fully completed	March 2022	Head of Nursing	To improve assurance around prison services
Review governance reporting and meeting structures	March 2022	Governance team	To improve quality & safety assurances
Improve digital patient and staff stories and integrate feedback into service governance structures	March 2022	Governance team	To improve quality & safety assurances
Expand patient feedback into all service areas	From January 2022	Governance team and service leads	To improve quality & safety assurances
Integrate health care standards into service and meeting structures	March 2022	Governance team	To enable ongoing collection of evidence and a more robust process
Measuring and reporting against corporate targets for quality priority areas	To be confirmed when developed with corporate team	Corporate Q&S team with service delivery group leads	To improve on the five key quality priority areas
Risk workshops	January 2022	Risk and Assurance Team & PCTG Governance Team	To improve risk reporting and ongoing ownership and management of risk
One to one monthly catch ups to continue with heads of service	January 2022	Clinical Director and governance team	To improve performance against Q&S targets and ongoing ownership and management of risk
Collaboration with other service groups around held risks that are owned by other services	Work commenced October/November 2021	Risk and Assurance Team	To improve risk reporting and ongoing ownership

			and management of risk
Six monthly Controlled Drug governance and assurance meetings with the CDAO	Meetings in place	Clinical Director	To improve governance arrangements with regard controlled drugs and enable the Health Board, and, specifically the CDAO, to discharge all responsibilities with regards to Welsh Government Controlled Drugs (Supervision of Management and Use) (Wales) Regulations 2008
A Service Group CD Management and Assurance Plan has been developed and approved	This is currently being populated by individual service groups and will be brought back to the next Controlled Drug & High Risk Medicine (CD&HRM) Group for assurance	Clinical Director	

## 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

### Financial Implications

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>	
-	