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Service Groups' Highlight Report for Quality and Safety Committee

Meeting Date:	Tuesday 23 rd May 2023
Service Group:	Primary, Community and Therapies Service Group (PCTSG)
Author:	Claire Lewis, Quality & Safety Improvement Manager, PCTSG
Sponsor:	Sian Passey, Group Nursing Director, PCTSG
Presenter:	Brian Owens, Group Director, PCTSG

Summary of Quality and Safety issues since last report to the Committee (Reporting period: September to November 2022)

Patient story – Lessons learnt acute deterioration and escalation incident



NRI Acute
deterioration Escala

This paper provides an update to the Quality & Safety (Q&S) Committee on matters of quality and safety overseen by the service group.

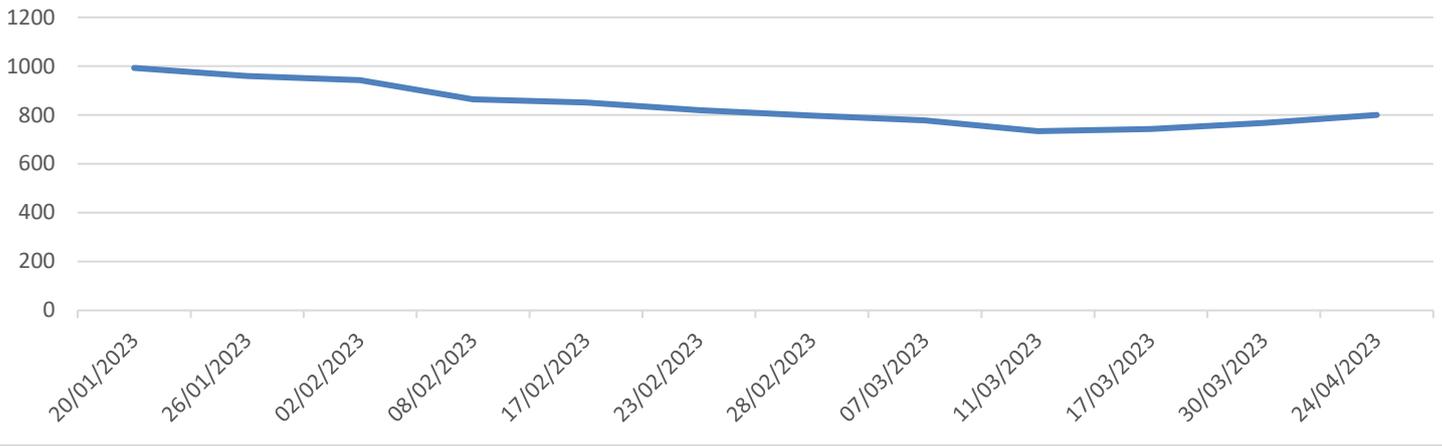
Q&S Reporting Structures - PCTG has aligned Q&S structures to Corporate reporting requirements. The new structures are now starting to embed although it is recognised that this does need to be monitored over coming months.

Risk management – Management of risks is under review to fall in line with new Q&S structures. Peer reviewed risk workshops are being established with the aim of educating and challenging staff to describe and score risks accurately. The Service Group currently has 3 risks scored at 20; one is related to workforce and two due to compliance with legislation (HMP Swansea and Additional Learning Needs).

Incidents

The service group currently has just under 800 incidents open, it is recognised that this is not a position that we want to be in and as a result the Service Group are reviewing processes to ensure incidents are investigated and closed down in a timely manner. Management of incidents is monitored in the service monthly reporting to Q&S groups. Training has been rolled out on Duty of Candour to all managed, contracted and commissioned services. Standard operating procedures have been approved and distributed for managed services, and are being developed for commissioned and contracted services. No incidents have triggered Duty of Candour to date.

Incident Performance



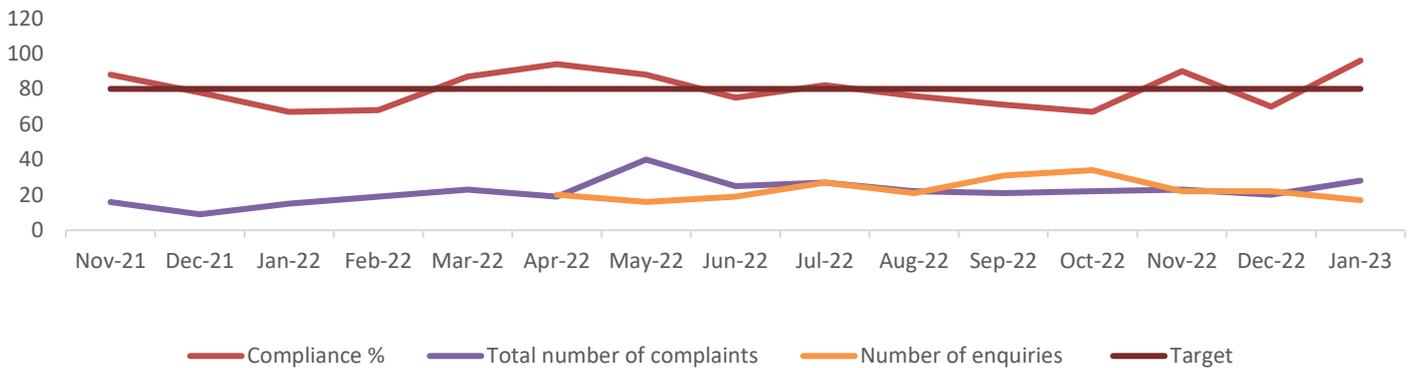
Nationally reportable incidents

The service group has 4 serious incidents open for investigation, all related to pressure ulcer damage. Three of these are overdue national reporting and one is escalated for redress. The service group are reviewing processes for managing pressure ulcer which is being presented to PCTSG Safety and Compliance Group next month. The terms of reference for the PCTSG pressure ulcer Q&S group is being reviewed and service improvement plans are being developed and monitored through Q&S structures.

Concerns

The service group has achieved 96% compliance with complaints performance for 2 consecutive months. This has been achieved by managing grade 1 complaints through early resolution where possible, which has drastically reduced the number of complaints that are managed formally.

Concerns performance



Top five themes for Concerns

- Communication
- Medication
- Appointments

The service group are currently reviewing themes from concerns from HMP Swansea. Pain is consistently reported and the prison service are reviewing options for managing pain in the prison setting, including linking with Therapies and the persistent pain service as well as prescribing options.

Audit

The first clinical audit group for PCT has been established and a ToR agreed. Progress is being made on completion of 2022-2023 audit plan. The 2023-2024 has been signed off and is being implemented. Service group priorities will include a Therapy audit regarding community stroke provision.

Quality and Engagement Act

PCTG are currently working through the implications of Duty of Quality and processes are being established.

External reviews

The service group has had notification from HIW of an upcoming inspection of Pontardawe Health Centre. The primary care team are supporting the service with preparation for the visit in July 2023.

HMP Swansea

HMIP visit 6th March 2023

HMP Swansea received a visit from HMIP on 6th March 2023 and the prison are currently working through the action plan with oversight through the Prison Partnership Board. The actions are the responsibility of HMP Swansea.

HIW visit 2022

The 29 recommendations arising from the HIW 2022 action plan has been incorporated into an improvement plan with 37 separate actions. Some of these actions were immediately completed and closed. There are 3 major actions which will take time to achieve, relating to nursing establishment, formalisation of pathways and audit processes, and successful implementation of the health and social care wellbeing. In order to achieve all actions outlined in the improvement plan additional resource requirements have been identified, evidenced and shared with SBUHB Management Board and Welsh Government. As this resource requirement has not been made available, the service group and Health Board are carrying a risk in relation to providing assurance on full delivery of the recommendations from HIW.

Death in Custody and Section 2 action plans

There are no outstanding actions for Prison Healthcare on the existing death in custody and article 2 investigations; the remaining open actions are the responsibility of HMP Swansea.

HIW inspections – GDS practices

An inspection took place at Russell Street Dental Practice in January resulting in minor actions that have been completed.

Internal Audits

The internal audit on safe management of Controlled Drugs was largely positive. The service group are working through the action plan in conjunction with the Accountable Officer. The service group presented to the Controlled Drug Lead 'Sharing Practice' session on 17th March and are on track with completion of actions which includes a programme of internal visits. The action plan is monitored through PCTSG Controlled Drug and High Risk Medicines Management Group and PCTSG Clinical Outcomes and Effectiveness Group.

Challenges, Risks, Mitigation and Action being taken relating to Quality and Safety issues noted above (what, by when, by who and expected impact)

Challenges	Risks	Mitigation	Action
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Implementation and embedding of Duty of Candour	Resource and knowledge across service group/commissioned and contracted services	Training and workshops shared with all services. SOP developed with responsibilities outlined.	SOP for commissioned and contracted services under development and will be completed within the next month. Ongoing monitoring of incidents and concerns.
Increasing numbers of open incidents on Datix Cymru	Untimely investigations and actions taken in response to incidents.	Governance team to work with services to improve timely investigations. Serious incidents are prioritised and monitored weekly	Incident management training and proportionate investigation training is being offered to all services.
Improve reporting Q&S	Diverse range of services within PCT, with range of quality measures and escalation criteria	Monthly reports submitted by Heads of Service to Q&S groups.	Working with Corporate to develop an electronic quality dashboard to capture service quality measures and escalations. A manual dashboard is currently being used to support scrutiny at Q&S groups
Improving how the service group listens and learns and expand user feedback across services	Patient and community involvement in service improvement and development	Developing patient stakeholder champions in services.	Pilot in place to introduce automated reporting from PIMMS
Reviewing Q&S structures for quality priorities	Capturing activity across services and providing momentum on actions	Central coordination of quality priority activities	Development of third tier Q&S meetings for Quality Priority areas

Progress Against Annual Plan Quality and Safety Priorities 2021/22 (as applicable)
Quality Priorities: reduction in healthcare acquired infections; improving end-of-life care; sepsis; suicide prevention; and reducing injurious falls.

Falls prevention

Safe Care Collaboration project –iStumble app for care homes

Actions and Outcomes

Reduction in avoidable admissions

Infection prevention and control

Actions and Outcomes

Improvement plan developed for 23/24 with trajectory to reduce HCAI's	Monthly HCAI meetings Chaired by Service Group Medical Director, to support clinical engagement from all areas of Service Group
	E-coli – It has been noted that 50% of e-coli bacterium's were related to urinary tract infections in 2022/23 and as a result a Task & Finish group was introduced led by a GP to support a targeted approach to reduction, this will continue in 2023/24.
	Staph Aureus Bacteraemia – A number of infections attributed to wound infections as such a collaborative wound care campaign is being developed. Lead nurse in wound care clinic is working with audit lead to undertake a base line assessment to support identifying key actions that need to be taken forward.
	C.difficile - Broad Spectrum antibiotic prescribing. Significant improvement has been seen over the past year to reduce broad spectrum antibiotic prescribing through the 4C campaign, with SBUHB moving from the highest to the lowest prescribers in recent years. However it has been recognised that 3 GP surgeries remain outliers and as such a targeted approach to these surgeries has commenced in 2023/24
	A targeted approach to improving training compliance in in IPC level 2, standard IPC precautions & ANTT. There will be further focus in this area during 23/24

<u>Sepsis</u>	<u>Actions and Outcomes</u>
Scoping exercise completed for NEWS2 Cymru to be considered as potential tool in community setting. Data to be evaluated and a plan developed to roll out an adapted version of NEWS2 Cymru for community setting based on the information from scoping exercise.	Improve identification and have a clear escalation process for non-medically led services (this is a known gap in Community services).
Initiate a PCT RADAR Group to feed into the HB RADR Group	Opportunity to escalate, share learning and identify gaps in adopting a consistent approach.

<u>Suicide prevention</u>	<u>Actions and Outcomes</u>
Develop a shared learning approach across the health board structures	Increase staff confidence to manage situations

Ligature risk assessments	Assess level of risk across HB premises
<u>End of Life</u>	<u>Actions and Outcomes</u>
Training for end of life champions in the community and care homes is continuing	Improve experience for patients who are at end of life
The verification of death policy is being reviewed currently. Some District Nurses and Care Home staff undertake this function for expected deaths on their case load currently.	Families will not have to wait for verification of death to be undertaken by another professional, rather the person or team looking after the individual can do this. This will reduce delays in the next phase of managing the deceased and the associated stress that this period produces for families.
Palliative care register work has been presented to the LMC	Wider circulation of Palliative care guidance across the Primary care. It will promote standardised practice across all GP surgeries. This will prompt Advanced Care Planning (ACP) discussions, documentation and increase ACP uptake.
Primary, Community and Therapies Group End Of Life inaugural meeting date to be agreed	Gauge progress against the EOL Quality Priority
Establishment of Dashboard and determination of KPIs in development	Ongoing monitoring of progress against key objectives

Progress Against Health and Care Standards

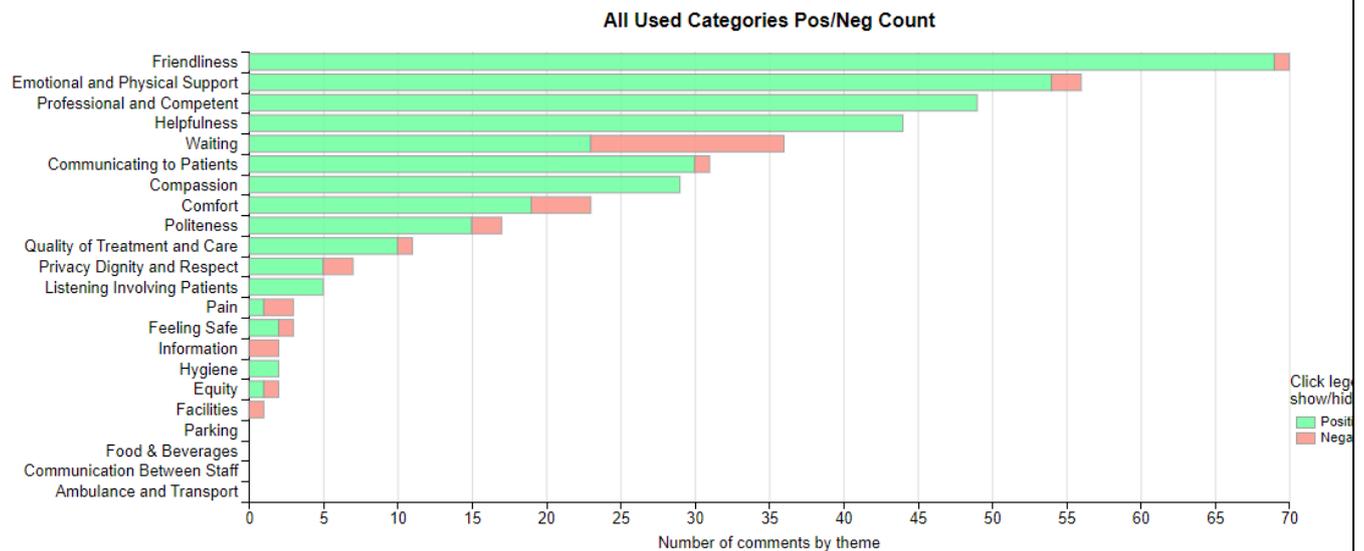
The Health and Care Standards for the service group were submitted at year end. The service group are now working toward implementation of Duty of Quality.

Patient Experience Update

PCTG feedback for April shows the service group receiving 96% for good feedback from patient experience friends and family, and 98% positive feedback from the All Wales dataset. The very poor responses are being scrutinised through PCTSG Patient and Stakeholder Experience Group.

Results by Service Group

Service Group	% Good	% Poor	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
Total	95.7%	2.0%	303	249	41	7	1	5	0
Primary Community Therapies Group	95.7%	2.0%	303	249	41	7	1	5	0



There was an All Wales IT issue on the 18th April. SMS was not able to be sent until 29th April, therefore missing 10 days of patient feedback. This is why the numbers are low for April.

Speech and Language Therapy Service has sought patient views to inform service redesign.

Significant patient engagement programme for GMS contract changes including

- A patient engagement and communication exercise has been undertaken to inform a decision to manage two GMS Contract Resignations and secure GMS provision for 4,100 patients
- Branch Surgery Closure (Hafod) – process complete – closure notice to patients end of January.
- Premises relocation (Brunswick) patient engagement complete
- Practice Merger (Rosedale Group - 3 Practices) patient engagement complete

Any Other Issues to Bring to the Attention of the Committee

Key issues/actions	Expected delivery	Risks	Mitigations
Duty of Candour Compliance	April 23	Not able to achieve the statutory requirement for reporting	Service Operating Procedure developed Training for staff within group

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Recommendations

Members are asked to: Note and discuss the contents of this report.