Service Groups' Highlight Report for Quality and Safety Committee

Meeting Date:	Quality & Safety Group, 8th July 2025
Service Group:	Primary, Community and Therapies Service Group
Author:	PCTSG Governance Team (Quality Section) Nicola Garnon, Assistant HR Business Partner (Staff Section) Emily Warren / Jo Warris (H&S Section)
Sponsor:	Sian Passey, Group Nurse Director
Presenter:	Sian Passey, Group Nurse Director

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

HCAI

The group has seen reductions in Tier 1 infections including a 12% reduction in C. diff cases and a 22% reduction in Staph. Aureus cases by the end of quarter 4. Despite these reductions the group remains an outlier for C. diff incidents. A 5% reduction in E.coli infections has been noted but the improvement goal has not been fully achieved. The group has seen a 30% increase in Pseudomonas infections which is being investigated to understand underlying causes.

Training compliance rates are making significant progress with high compliance rates for level 2 training. The IPC champion network has been successful with 60 members working together to improve infection control practices. Various quality improvement initiatives and projects are ongoing.

The group is developing an improvement plan for 2025-6, focussing on the four pillars of the current improvement plan. IPC audits have been rolled out using AMaT and there is ongoing work to develop a whole-system IPC audit report as part of the audit framework.

Pressure ulcers

A QI project to reduce pressure ulcers by 10% was initially planned based on a multidisciplinary team undertaking a public information campaign. However, due to challenges the project has been reconfigured and new aims are being developed. The new QI project for pressure ulcers involves the following strategies:

- Delivery of information and education by the Single Point of Access Team
- A focus on improving handovers for the District Nursing team in response to multiple areas that have been reported as themes to Welsh Risk Pool (eg, documentation, communication, escalation, regular review of patients by a Registered Nurse, recognition of deterioration).
- Introduction of a documentation audit for District Nurses
- A new education programme for Nursing Homes and a champion programme with the first two sessions delivered on 5th and 19th June.

A Pressure Ulcer (PU) Summit was held 1st May, 2025. This was attended by 38 delegates mostly in person, including PCTSG staff, wider SBUHB staff (wards, TVN, PUPIS) and Nursing Home staff. Educational material was provided on:

- Impact of Pressure Ulcers
- How to Investigate PU Incidents
- The anatomy of cushions, and how to check them
- The positive impact of the Healthy IO Minuteful Wound App
- 2 case studies to share learning from avoidable PUs

Delegates enjoyed multiple opportunities to discuss their queries and challenges, and an important emerging theme was pressure ulcer prevention and management for the patient at the end of life.

End of Life Care

Efforts are ongoing to improve the recognition and early identification of dying patients. The Specialist Palliative Care (SPC) service is involved in the development of a national competency framework for all health professionals dealing with palliative and end of life care and is expected to be released in October, with support from Health Education and Improvement Wales.

The DNACPR competency framework has been adapted and is being piloted with the SPC team. Members of the SPC team are working through the core training before moving on to the competencies. The aim is to complete the training for most staff by June 2025.

Falls

The Falls Working Group are in the process of rolling out the stay steady/stay safe questions. The multifactorial assessment is being updated so that it signposts staff on next steps when people at risk of falls are identified.

Sepsis

There has been a national directive for a move to News2 for those already reporting a News score by September 2025. The Health Board RADAR & Sepsis group has reintroduced a regular meeting schedule and drafted a ToR which are currently out for comments. All services using News have been invited to attend as it is anticipated that training sessions will be required with the new documentation and discuss the transition within the services. PCTSG have a presence in this group with Paula Heycock leading with Lisa Fabb. Escalation from this group will be via PCTSG Quality & Safety Assurance Group.

Acute deterioration AMaT audits have been successfully rolled out on a monthly basis in Ty Olwen and Gorseinon.

District Nursing Teams have rolled out the NEWS tool training and equipment review service-wide. The NEWS tool will assist the team to evidence patient condition and secure the appropriate escalation. District Nursing have received the required additional equipment to enable observations. Teams are recording a NEWS service wide and the tool has been proven to assist the team to evidence patient condition.

At HMP Swansea, the NEWS tool is used when required in the normal course of healthcare provision for prisoners. A proforma has been developed between HMP Swansea Healthcare team and the Emergency Department where NEWS tool is used to assess patient condition, and to ensure prisoners are not inappropriately discharged back to the community at HMP Swansea. This pathway is now established as part of routine operations.

Suicide prevention

It was agreed at June Quality & Safety Assurance Group to stand down suicide prevention as a quality priority for PCTSG. In terms of key outcome measures, the service group has established a TRiM group and roll out of ligature risk assessments at key sites. A Quality Improvement Project at HMP Swansea is also underway reviewing processes to support risk assessment and risk communication across agencies, with a focus on the Welsh Applied Risk Research Network training.

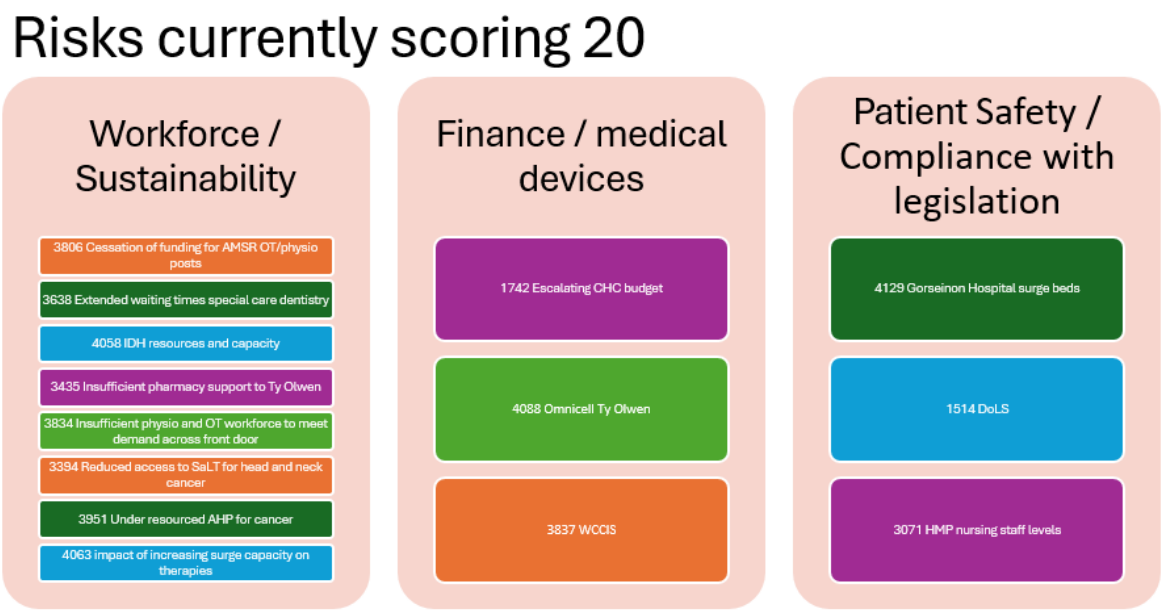
Training including suicide awareness, REACT and TRiM is now routinely provided by the Health Board and digital training will soon be available on the intranet on a three level approach suitable for staff who are novices through to those working with high-risk in-patients. Ligature risk assessments are being monitored and progressed through the PCTSG Health and Safety Group.

Whilst suicide prevention remains a priority for HMP Swansea, other activities related to this Quality Priority are now business as usual within PCTSG. As such, the service group have now stood down suicide prevention as a quality priority. HMP Swansea continues to prioritise workstreams related to self-harm risks.

Areas of Greatest Quality Risk and Mitigating Actions

Risks

PCTSG presented to Corporate Risk Management Group on 8th May 2025 and will be implementing actions and improvements as a result of this scrutiny meeting.



Analysis of Service Group Risk Register

PCTSG currently hold 14 risks at 20, with no risks higher than 20. Workforce equates to 32.2% of all risks followed by sustainable services at 21.9%. Our workforce risks impact on other service groups and others may require consideration of financial investment or shift of resources where appropriate. The number of workforce and sustainable service risks have the potential to result in a fragility risk. In smaller services the fragility risk is due to small size and speciality nature within small teams. Further support is required from the Health Board to identify, understand and manage pathway risks where our workforce impacts on other service

groups. There is a community service review underway and it is hopeful that this will help with managing these risks.

Escalated risks

The group currently has 3 risks on the health board risk register:

- 3071 (HBRR89) HMP Healthcare Nurse Staff Levels – staff survey report and costings being developed. Funding not established as yet under nursing capacity funding
- 1514 (HBRR61) DoLS – workforce issue causing breaches (hosted by PCTSG for Health Board)
- 1587 (HBRR61) Dental parkway clinic – Health Board Management Board has agreed that current contract with Parkway Clinic will be extended whilst the Health Board explores capital bid for regional service as part of the wider Paediatric Day Case Unit.

Risks being escalated to Corporate:

- Adult speciality dental service due to cessation of clinics at Princess of Wales Hospital
- Workforce risk due to fluctuating bed capacity at Gorseinon Hospital
- Physiotherapy assessment for hand surgery

Processes and mitigation

Processes are currently being reviewed to ensure risks are driving our operational plans and IMTP. Local governance meetings are being strengthened to provide ownership of risks so that resources are directed appropriately. Oversight of 16+ risks sit with PCTSG Risk Management Group and risks of 20+ are reviewed, owned and approved by a member of the Triumvirate.

PCTSG Risk Management Group are working to improve culture, understanding and purpose of our risk register. The Group supports consistency of risk assessments and subsequent data through peer review, education, audit and review of service risk register. Actions are underway to ensure an accurate register with a consistent approach to risk scoring.

Actions following Internal Audit on Assurance Processes

The Nursing Assurance Audit Group (NAAG) has been established with the following aims:

- Oversight of assurance visits. Ensuring actions plans are appropriate and completed timely.
- Authority for formal closure of action plans following an assurance visit, providing assurance of closure to PCTSG Patient Safety and Compliance Group (PSCG)
- Oversight of the range of assurance audits undertaken by each service, including those that are not currently on AMaT, and their prescribed frequency.
- Oversight of new assurance audit design and authorisation prior to submission to AMAT Ward Area and Service Module User Group for addition to the system.
- To receive presentations from each service, according to a rolling workplan, detailing:
    - frequency of audits undertaken
    - level of compliance in each audit
    - actions assigned to address non-compliance
    - appropriateness and timely closure of actions
    - whether learning supports sustained improvement
    - triangulation of audit results with other feedback to identify risks
    - identification of learning for sharing
- Peer review of assurance processes and shared learning

The NAAG is a sub-group of PCTSG Safety and Compliance Group and is held bi-monthly. A written report will be submitted to PCTSG PSCG and will include:

- New assurance visits undertaken and the outcome
- Actions taken following an assurance visit
- Status of open actions following assurance visits
- New audits approved
- Outcome of assurance deep dive
- Risks identified

The first meeting was held in June 2025, and assurance was provided from detailed audit reports provided by Community Cardiology, Gorseinon Hospital and Healthy Bladder and Bowel services. The scope of the nursing assurance audit framework was reviewed, and it was noted that not all audits are live on AMaT as yet. A Task and Finish Group has been established to ensure all audits are captured and made available on AMaT.

Gorseinon West Ward

The General Matrons Monthly Audit has been completed monthly over the last three months with a compliance rate of 91.1%, 93.7% and 92.2% respectively. There are no overdue actions for this audit. However, it was noted at June's meeting that there are some overdue actions in relation to wider audits undertaken, mostly for IPC Environment audit. An update and assurances against these actions will be provided at next meeting.

Ty Olwen Hospice

This has been completed the General Matrons Monthly Audit 3 times in the last 4 months with compliance rates of 95.1%, 94.2% and 92.2%. There are no overdue actions. Ty Olwen will be presenting at a future meeting.

Patient Experience Update

Patient experience reports

The latest CIVICA patient feedback report received for March 2025, documents that 614 responses were received by PCTSG.

This is the last report using the old F&F scoring methodology. From April all Health Boards will use the 'People's Experience Survey' and 'Welsh F&F' with nationally agreed scoring, which will facilitate benchmarking with other Health Boards.

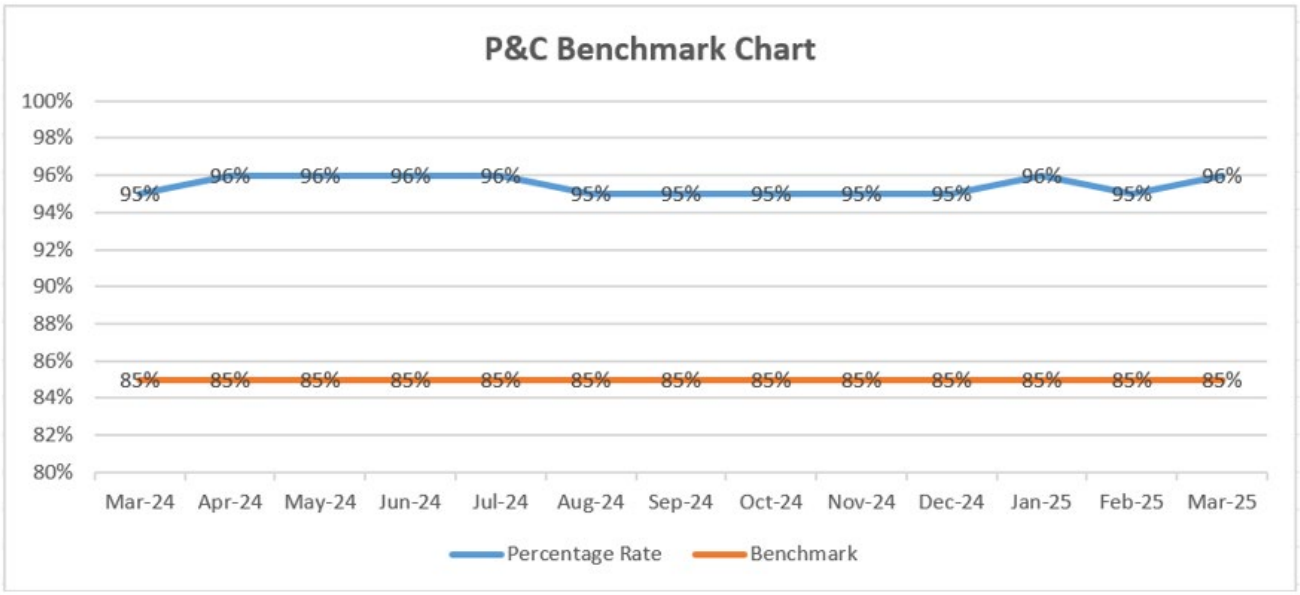
The heat map below details F&F scores; when asked the question 'Overall, how was your experience of our service'. PCTSG has achieved an overall positive score of 96%.

Results by Service Group

Service Group	% Good	% Poor	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
Total	95.8%	2.0%	614	514	74	11	5	7	3
Primary Community Therapies Group	95.8%	2.0%	614	514	74	11	5	7	3

The benchmark chart below details PCTG's consistent achievement of delivering a high level of patient satisfaction based on the results of the F&F scores, holding a position of at least 10% above the Health Board's benchmark of 85%, for a thirteen-month period.

Benchmark Chart



The heat map below informs on the numbers of feedback captured in 2024 and 2025. There has been a considerable drive within PCTG over the last 10 months to increase the volume of patient feedback captured by services which evidences the upward trajectory from efforts undertaken by services.

The benefits of available technology such as SMS/TEXT options have resulted in over 90% of data capture, with services supported to access this facility.

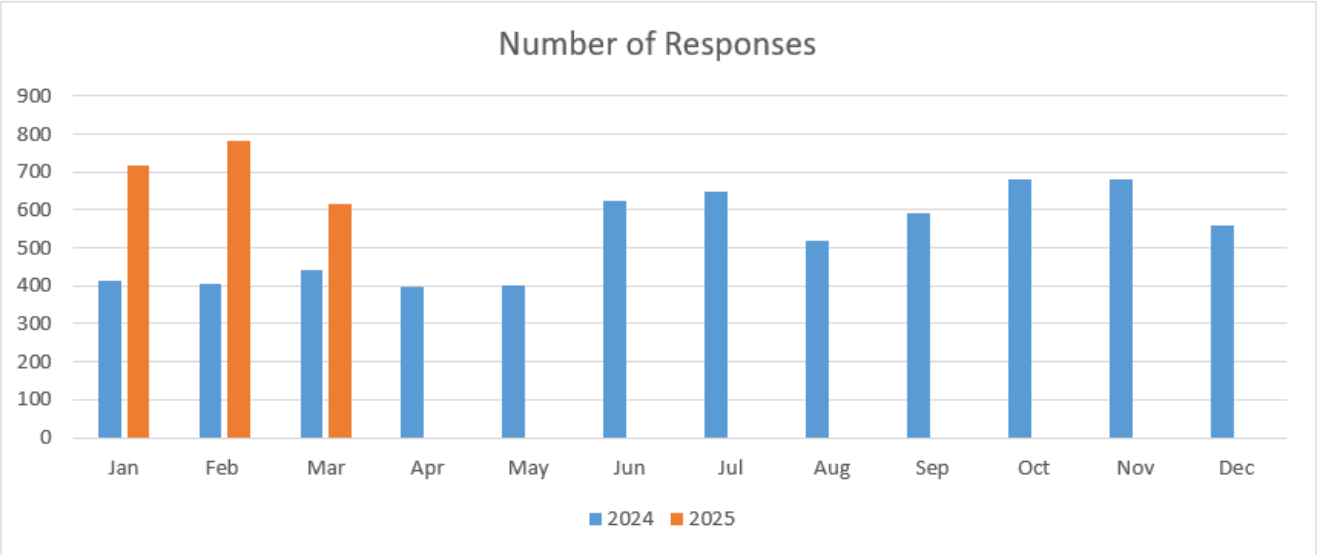
A workplan has been developed to identify and offer support to individual services capturing low numbers of feedback. Some services face particular challenges in capturing feedback due to patient demographics and service locations, and the group are exploring how to overcome these challenges.

The group has developed a patient story process chart to support services when producing patient stories. Several members of the group have been trained to support the development of patient stories.

The volume of work undertaken via bespoke surveys has also been acknowledged and services encouraged to share the results to a wider audience, eg, via the PCTSG People and Stakeholder Experience Group (PSEG) and Team Brief.

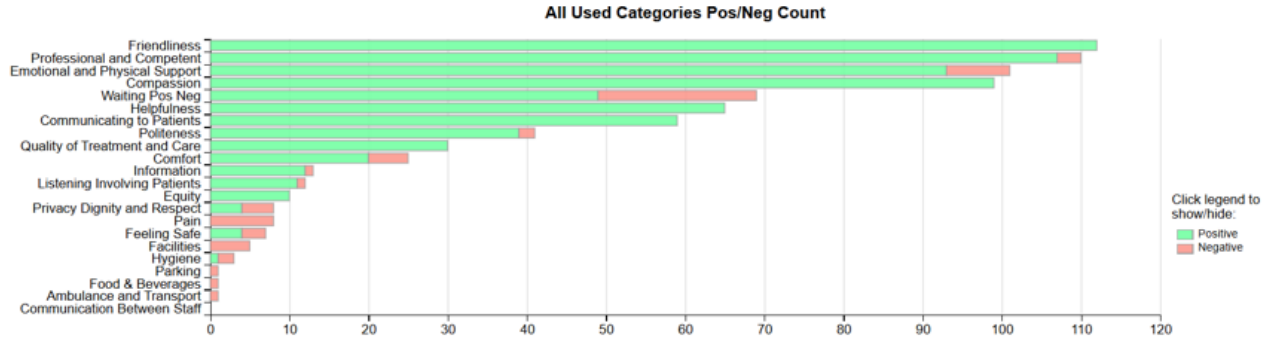
Number of Responses

Primary Community & Therapies Service Group Heat Map



As can be seen below, PCTG's top theme continues to be one where the word "waiting" has been used in a negative context. PCTG is currently reviewing the TOR/Workplan for the PSE meeting with a focus on receiving assurances that services are learning from feedback.

Themes – Primary, Community & Therapies



Incidents

Utilising significant additional temporary resource between January and April, PCTSG was successful at reducing the number of open incidents from 1041 to less than 400; a reduction of over 60%. The group has successfully maintained this position; as of 23rd June 2025 there are 452 open incidents.

A revised standard operating procedure is in place reiterating to services and professionals their responsibility in incident management. The procedure includes the following:

- services to undertake daily monitoring of dashboard and assigning of new incidents
- education to services on how to effectively redirect incidents not for the service
- escalation process where incidents are not closed in a timely fashion

Unavoidable pressure ulcers continue to account for most incidents reported. The top themes from incident reports include pressure damage; accident, injury (much of these also relate to pressure damage); medication, IV fluids (the majority of these relate to notifications from Community Pharmacies who are independent contractors).

1. Pressure damage

In addition to the quality improvement work highlighted in the section above, two workshops per month are held to support nursing services to review pressure ulcer incidents that have been re-directed into the service group. These, along with the development of service group KPIs, have contributed to early closure of the incidents where patients have not been under care of the service group.

The service group have developed an MDT approach to scrutiny panels with the benefit of a peer review of avoidable/unavoidable decision as well as a shared learning opportunity to support services who are less familiar with pressure ulcers.

2. Incidents reported by independent contractors

Robust processes are in place for incidents reported by independent contractors which remain open until they are reviewed, validated and appropriate action confirmed. This can take time and will often breach the 30 day target for closure. The group are currently reviewing how to manage these incidents and are exploring options including whether these can be removed from service group performance figures.

A summary of open incidents reported by GPs has been shared with the Governance Teams of Morriston, Singleton Neath Port Talbot and Mental Health and Learning Disabilities Service Groups to highlight the overdue incidents as requested by the LMC. Since this time there has been a reduction in incidents reported by GPs that remain open, relating to incidents in GP practices and relative to other service groups (from 16 to 2 at time of reporting).

A summary report of incidents, lessons learned and feedback has been provided to the LMC and further updates are being provided on a quarterly basis

<u>Complaints</u>

PCTSG has the highest performance of all service groups but have been in breach of the 80% performance target since last October; currently at 78%. This is due to the number of complex complaints the service group are managing and limited capacity within the team. A standard operating procedure is in place reiterating the responsibility for complaint management with guides and templates to support services with managing their complaints. The service group has a focus on early resolutions as first line management where appropriate. There is one complaint outstanding for over 6 months which is a complex complaint with a breach of duty, and the delay has been caused by ensuring that the learning from the case is robust. This is in the final stages and should be sent within the next month.

Themes from complaints received in April and May include delay in appointment/waiting times/transport and insufficient/incorrect information. This is spread across a range of services within PCTSG with no triggers identified.

Staff Experience Update

The NHS Wales Staff Survey 2024 was open for all employed staff from 1st October to 29th November 2024 for electronic, phone submissions and paper copies, available to those staff who struggle with digital access. The survey has been co-ordinated centrally from HEIW, and has a different vision and approach compared to previous years. Collaborative working with Staff Networks and Trade Union Partners, as well as organisational leads has been at the centre. Over 2,000 Swansea Bay staff (12.9%) were heard during 2024's national survey. This engagement has helped shape and inform Workforce top 3 priorities to work together to deliver during 2025-2026.

Action	Progress to Date
1. Leadership & Management **Empowerment:** We involve staff early in changes and decision-making. **Visibility & Communication:** We reconnect with the front-line for better 2-way communication. **What will success look like?** Better feedback on consultation, policies, and leadership	• Best Practice Review set up for policy improvements. • Launched 'Brilliant Basics' management platform with digital toolkits. • Started Quality Improvement Coaching • Monthly Ask Abi Sessions and regular updates from the CEO and team briefings. • Launched Planned Care Academy.
2. Speaking Up Safely / Raising Concerns **Feedback:** We provide ongoing updates and take action when concerns are raised. **Listening into Action:** We work with those who speak up, showing action and honesty about what we can and can't do. **What will success look like?** Better data on Speaking Up Safely, fewer escalated concerns, more resolved issues.	• October 2024's Speak Up Month engaged 1,183 staff. • Developed a Raising Concerns hub on the intranet. • Draft action plan for audit recommendations. • Set up Speaking Up Safely Working Group. • Started training on the speak up safely cycle – listening, acting, feedback.
3. Values & Behaviours **Compassion, Inclusivity & Belonging:** We improve how we support and respect individual differences. **Bullying, Harassment & Abuse:** We have zero tolerance and improve support for those affected **What will success look like?** Better staff experience and perception, fewer reports of bullying and harassment.	• Healthier working relationships and compassionate leadership resources promoted. • CEO and Chair signed Compassionate Leadership Pledge. • Integrating compassionate leadership into revised leadership development offering. • Created easy-to-read digital toolkits. • Finalising and publishing the 'We All Belong' Strategic Equality Plan.

At the present time the data, whilst available at Service Group level, is being worked through to be provided at departmental level where possible where actions can be identified and worked through.

Whilst this important work has been ongoing, at grass roots level, staff pulse surveys have been rolled out for 8 areas within Nursing Directorate, from November 2024 to date. A total of 460 staff were invited to complete the pulse surveys and 148 staff responded, a 32.1% response rate.

Topics covered by the survey included:

- What is patient experience like on in your area?
- Health, wellbeing and how we work
- Being part of an effective team
- Trust, decisions and ownership
- Leadership

On review of the data the top 5 themes were identified:

- Staff feeling they have a lack of capacity to undertake their role
- The majority of staff have experienced work related stress in the last 12 months

- On the whole a supportive team culture
- Good job satisfaction
- A mix of line management approaches and styles

Feedback sessions have either been arranged with staff or due to be scheduled with subsequent with 'you said, we did together' action plans developed.

Llais Wales Reports and Action Logs

Primary Care hold meetings with Llais as and when required to discuss pressing issues, local projects and any concerns that they have received from patients. Nothing to report on currently.

Recommendations

Quality and Safety Committee are asked to note the contents of this report.

Service Groups' Health and Safety Highlight Report

Summary of Health and Safety key issues since last report to the Committee (Reporting period: October 2024 to April 2025

Access to Manual Handling
Safety of accommodation across PCT Estate
IPC/HCID Access to FIT testing and PPE
Violence & Aggression – Corporate to provide training

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

All remain under review
All escalated to corporate HSOG 06/05/2025

Performance Progress to include: Statutory and Mandatory Training; PADR compliance; Serious Incidents; Staffing and Sickness Levels;

Incidents

Incidents Rates Q4 2024 January 2025 - March 2025

The incidents rates in Table 1 show a comparison between Q3 and Q4 2024 along with averages and total number of incidents and the total number of incidents for Q3 and Q4 2024.

Table 1	Q3 2024				Q4 2024				
Incident Type	Oct-24	Nov-24	Dec-24	Total	Jan-25	Feb-25	Mar-25	Total	Q3 + Q4 Total
Aggression Patient to Staff	4	6	3	13	2	0	2	4	17

Verbal Abuse Patient to Staff	3	0	1	4	0	2	7	9	13
STF	2	3	1	6	1	1	0	2	8
RTC	0	2	1	3	1	0	1	2	5
Assault Patient to Staff	3	0	1	4	1	0	0	1	5
Struck by Moving Object	1	1	0	2	0	1	0	1	3
Struck Object	1	1	0	2	0	0	1	1	3
Aggression Visitor to Staff	1	0	0	1	2	0	0	2	3
Manual Handling patient load	0	0	1	1	0	1	1	2	3
Animal	0	0	1	1	1	0	0	1	2
Harassment	0	0	0	0	0	2	0	2	2
Sexual Harassment	0	0	0	0	1	1	0	2	2
Sharps	0	1	1	2	0	0	0	0	2
Expose biological substance	0	0	0	0	0	0	1	1	1
Cut	0	1	0	1	0	0	0	0	1
Manual Handling inanimate load	0	0	0	0	1	0	0	1	1
Total	15	15	10	40	10	8	13	31	71

The total number of incidents reported have decreased from 40 to 31 in the reporting periods Q3 to Q4. Table 2 shows there is a small decrease in the total number of incidents being reported from Q4 2023 to Q4 2024.

Table 2	Q4 2023						Q4 2024				
Incident Type	Jan -24	Feb -24	Mar -24	Avg	Total	Incident Type	Jan -25	Feb -25	Mar -25	Avg	Total
STF	5	2	0	2	7	Verbal Abuse Patient to Staff	0	2	7	3	9
Manual Handling patient load	2	1	2	2	5	Aggression Patient to Staff	2	0	2	1	4
Sharps	2	0	2	1	4	RTC	1	0	1	1	2
Aggression Patient to Staff	1	2	1	1	4	STF	1	1	0	1	2

Ergonomic	3	0	0	1	3	Sexual Harassment	1	1	0	1	2
Sexual Harassment	1	0	2	1	3	Harassment	0	2	0	1	2
Assault Patient to Staff	1	0	2	1	3	Aggression Visitor to Staff	2	0	0	1	2
Verbal Abuse Patient to Staff	0	1	1	1	2	Manual Handling patient load	0	1	1	1	2
Animal	1	0	0	0	1	Struck by Moving Object	0	1	0	0	1
Cut	0	0	1	0	1	Assault Patient to Staff	1	0	0	0	1
RTC	1	0	0	0	1	Struck Object	0	0	1	0	1
Manual Handling inanimate load	1	0	0	0	1	Expose biological substance	0	0	1	0	1
Racial	1	0	0	0	1	Animal	1	0	0	0	1
Total	19	6	11	12	36	Manual Handling inanimate load	1	0	0	0	1
						Total	10	8	13	10	31

General Trends

Looking at the data the total number of incidents reported has decreased from 40 in Q3 to 31 in Q4.

While looking at the year-on-year Q4 data there is a decrease in the total number of incidents being reported going from 36 in Q3 2023 to 31 in Q4 2024.

The top 5 reported incident for Q4 2024 are as follows:

- Verbal Abuse Patient to Staff
- Aggression Patient to Staff
- RTC
- STF
- Sexual

Review of specific Incident Domains

RIDDOR Incidents

At the time of writing this report PC & There are showing as having no incidents that needed reporting as RIDDOR in the reporting period Q4 2024 January – March.

Health and Safety Training for Managers and Supervisors

Health and Safety Training for Managers and Supervisors dates are due to be released in early in 2025.

Other H&S related mandatory training

	Number of Staff	Number of Staff Compliant	% Compliance
Fire Safety	2531	2345	**93%**
Health, Safety and Welfare	2531	2394	**95%**
Moving & Handling	2531	2270	**90%**
Violence & Aggression	2531	2443	**97%**

Governance and Risk Issues to include risks relating to Health and Safety on the risk register

There are 3 new and 4 open risks on the Risk Register

HS Risk register April 2025.xlsx

Ligature Risk Assessments

Assurance reporting on Ligature Risk Assessments sits within the PCT Health and Safety Group. Following a review in 2024 PCT are required to have LRA in place for bedded provision only, this covers Gorseinon Hospital and Ty Olwen Hospice. Both LRA's are completed and up to date and will be reviewed on a six monthly cycle, with assurance provided to the H & S Group.

SBUHB also provide healthcare services into HMP Swansea and as a measure of best practice have agreed that LRA will be a standing item on the Prison Partnership Board from June 2025. The requirements to undertake LRA within HMP fall to the responsibility of the Governor and follow a different risk assessment process as set out by the MOJ. Whilst these processes are in place, as a Victorian Institution compliance is challenging and an ongoing area for review and learning. The prison does however, have Ligature Free cells, for high risk prisoners.

Current issues for 2025-26 for the Attention of the Committee

A review of H & S governance and activity has been undertaken in 2024.

This has resulted in:

A cleansed and up-to-date risk register

A review and updated version of HOS template report (MONTHLY)

Identification of thematic areas of focus: Fire Safety Management; Violence and Aggression; Buildings and Accommodation.

Recommendations

Members are asked to:

Note the areas of concern
Note the progress made in relation to identifying thematic priorities for the PCT H & S Group