



Primary Care and Communities Care Group

April 2023

Quality Improvement

YCR and YCC OneList app and D2RA: OneList app being used to inform discharge planning processes & follow inpatient journey. D2RA undertaken to develop a Community hospital Bed model.

Ward 21, POW: nursing establishment review undertaken benchmarked across other community hospital wards.

Visits to community settings: visit undertaken by exec walkaround to Ward B2, YCR and YCC Wards 1-4.

Band 4 role in DN service: B4 assistant practitioners in post as part of WG work.

Demand and Capacity work: a significant amount of work is being undertaken to understand Demand & Capacity across the service, this has not been undertaken in Wales as yet.

Community Acquired Pressure ulcers – project ongoing with a training tool for education for bank and agency staff.

Autumn vaccination campaign planning: Community hospital sites planning to support the vaccine program in Autumn.

District Nursing by night service: alignment of one CTM service to support quality of care being delivered.

CTM wide DN documentation now rolled out following project and alignment of paperwork across the service

HMP Parc Prison: commencement of governance framework.

Palliative Care services – review commenced on the 'day unit' services previously offered and a new model

Self-administration of medication pilot completed on Ward 2, YCC. Evaluation to be completed.

QIP completed on Ward 3, YCC. Piloted new Orizon Ontex Ltd continence product (first in UK & Europe to pilot product). Positive clinical outcomes in relation to patient care (bladder & bowel management, natural waking, skin care and general bladder/bowel care awareness). Evaluation due May 2023.

Quality Improvement Continued Specialist Nursing Services

QIP commenced to align catheterization equipment across Bridgend in keeping with R/TE & M/C. This will standardise catheter management across the organization & promote individualised care planning.

BBHS held up as an exemplar of best practice by UK Clinical Advisory Board. Invited to present at this year's Association for Continence Advice Annual Conference (May 2023). The team have been commended for their unique and holistic approach in relation to the management of Bladder & Bowel conditions.

VBHC Improvement Project (OGEP) launched by the Lymphoedema service March 2023. Education delivered to District Nursing service aiming to promote clinically effective and prompt management of chronic oedema.

TVS has successfully rolled out a new CTM wide Pressure Ulcer grading algorithm which has been distributed to all HoNs to assist with accurate grading of pressure ulcers. Evidence of improvement will be monitored through the pressure ulcer scrutiny panels.

Fluenz project which aims to improve uptake in 3 year olds has proved very successful. Initiative has been published in "Vaccine" journal.

COVER Report Data (uptake of scheduled childhood vaccination) for the last quarter shows that CTMUHB continues to do well mainly (95%> uptake) to deliver vaccinations up until the age 4 years. Work ongoing to maintain this as well as additional work to pick up those that have not had their scheduled vaccinations by age 4.

National Lymphoedema Peer Review completed (February 2023) – Action plan developed and is showing good progress against key recommendations

Senior Nurse for Specialist Immunisation service awarded a Lifetime Achievement award for a range of vaccination related initiatives at this years annual Welsh Immunisation Conference.

A number of quality initiatives were presented at the conference including:-

- Developing an Immunisation support team – a sustainable workforce initiative
- Support for individuals with a Learning Disability receiving a Flu vaccine.

Quality Improvement

- **Special Care Dentistry consultant interviews in February were successful, 2 candidates appointed. Priority to establish a full SCD service in CTM and identify GA lists to treat backlog of patients waiting for treatment under GA & clinics for sedation.**

- **Continued work on 6 Goals - Navigation HUB project board set up to produce and implement a standardised Navigation Hub approach, inclusive of implementation, workforce and communication plans that reflects examples of good practice from models elsewhere in the UK.**
- **Phase 3 evaluation of UPCC report as part of the 6 Goals for Urgent & Emergency Care to be undertaken after service is disbanded**

Spirometry referral service being developed for primary care following national recommendations.

- **GMS: ALL practices now using electronic test requesting. 8 x practices <90% usage. CTM average currently 93% (Wales 85%)**
- **Access – Q4 template submissions due by 28.4.23. GMS Team expect full achievement from CTM practices**
- **PPV reporting – no new issues identified**
- **Practice development visits completed and no major concerns identified.**

- **Harmonisation of enhanced services across all of CTM. This will bring inline Bridgend practices**
- **Accreditation of GMS practices to provide the Diabetes Enhances service almost complete**
- **Programme of work with meds managements to update shared care protocols**

Quality Improvement

- **IPOS:** Recent audit demonstrated that 96% of all urgent patients treated via IP remain within primary care and stop onward referral to GP/eye casualty.
- **Diabetic Retinopathy Pathway-** scheme has received transformation funding for a 2nd year. 75% of patients seen under scheme no longer need to be seen within a hospital setting.
- **Glaucoma-** Patient outcome reviews currently being undertaken by HES, initial results show of 97 reviews: 50% x returned into HES, 32% x monitored within practice, 9% x discharged

- **HMP Parc:** Increase use of Spice resulting in increase in medical emergencies, increase in self-harm, debt and assault. Risk identified and introduction of Spice clinic to target frequent users
- Development of risk sharing information meeting with drug strategy team
- Prompt medication reviews held OOH to ensure risky medication is reduced/stopped.

- **HMP Parc:** Poor uptake for COVID booster (42%) Flu uptake 30%. Work to improve uptake for 2023 include revamping the radio advert, Iman's will promote after Friday prayers and incentive to offer men from the director.
- Work underway for the introduction of crisis phone line to mirror 111 press 2

Top 3 successes – Primary Care

- Transfer of Prison health over to Primary Care.
- Tracey Evans, Clinical Nurse specialist for homeless and vulnerable adults-shortlisted for RCN nurse of the year 2022. Award ceremony in June 2023.
- Planned care recovery funds successfully set up weekend and mobile spirometry clinics, and subsequent joint working with Hywel Dda, Respiratory innovation Wales and Lifescience Hub to continue with quality spirometry testing. Over 700 patients tested.



Top 3 successes - Communities

- **Modernised workforce in the DN service**
 - Peer Nurse Advocate
 - Diabetes CNS
 - Assistant Practitioners.
- **D2RA pathways**
 - Implementation of D2RA pathways across Community wards, reducing LoS
- **Clinical Incidents**
 - Reduction in the number of incidents closed each month continues across Communities.

Note: In addition to the above success, a number of services have received national recognition for a range of patient safety & quality improvement initiatives including the Bladder & Bowel Health Service and the Specialist Immunisation Service.

Top 3 challenges – Primary Care

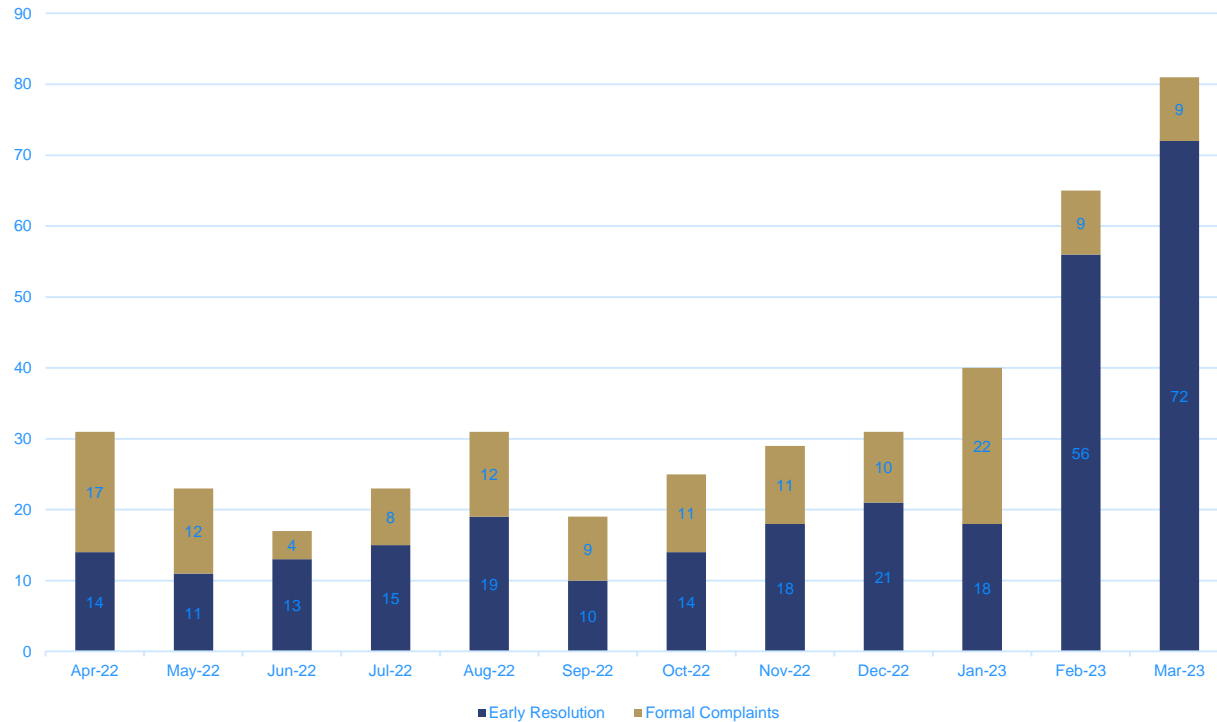
- Sustainability of GP workforce and independent practices
 - *Regular team meetings to access "at risk" practice, with offers of support*
- Financial challenge and OCP process creating uncertainty and vacancies within the care group
- Decision by LMC to not support restarting of spirometry within practice following COVID. This is due to non core contract status and IPC concerns.

Top 3 challenges – Communities

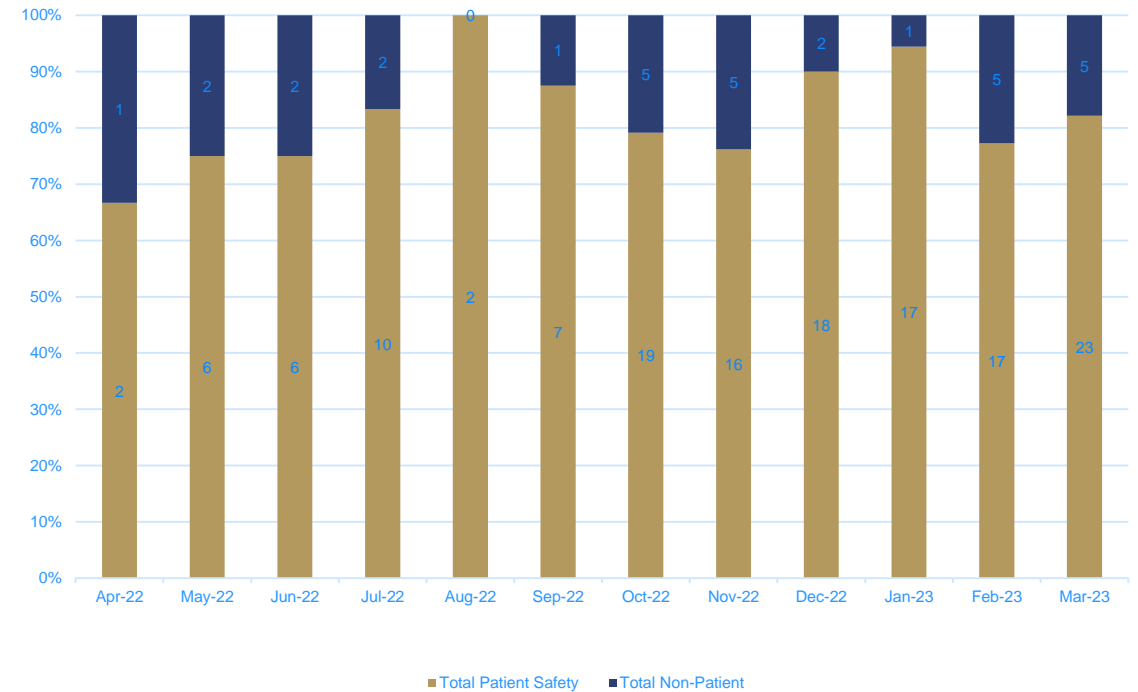
- **Workforce issues**
 - RN staffing vacancies across all ward areas
 - YCR wards – 12 wte (20%)
 - YCC wards – 22.44 wte (39.8%)
- **Medical staffing model in YCC**
 - Medical staffing cover remains an ongoing challenge.
- **Workforce issues**
 - ACT team in Bridgend – due to number of current ANP vacancies

Governance highlights – Primary Care

Primary Care New Complaints Received

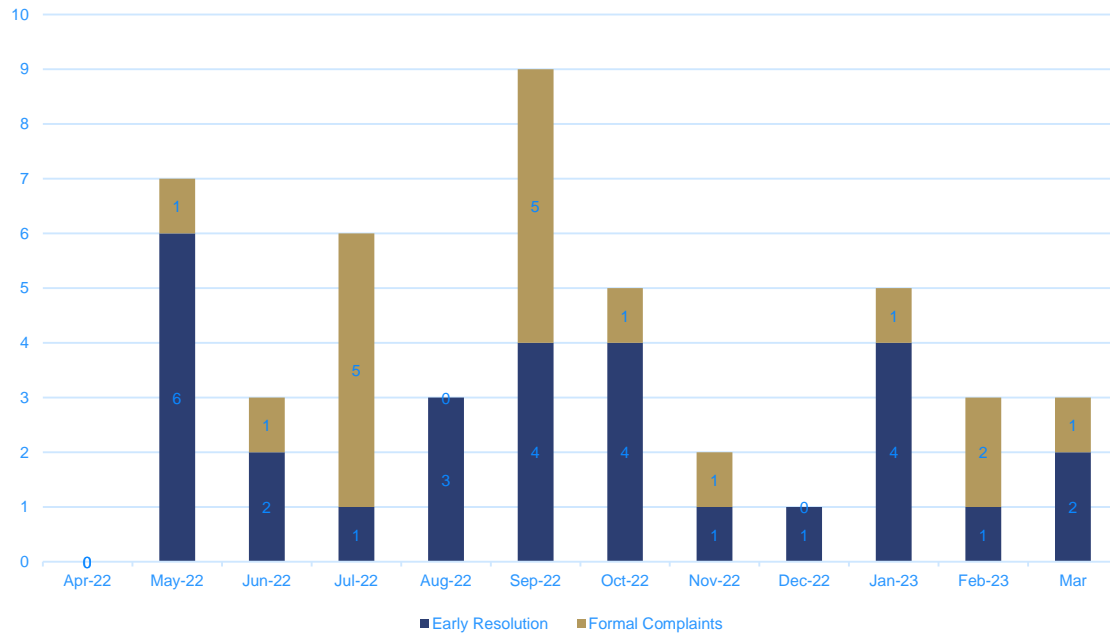


Primary Care Incidents Reported

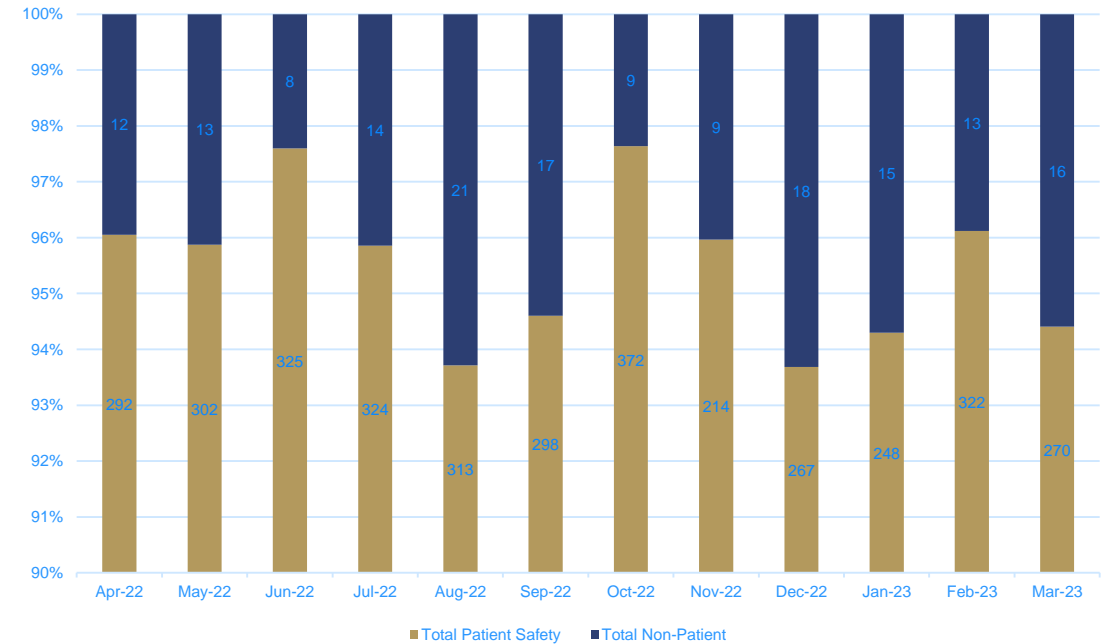


Governance highlights – Communities

Community New Complaints Received



Community Incidents Reported



Concerns – Primary Care & Communities

	Bridgend Community Hospital	Bridgend Community Nursing	Merthyr & Cynon Community Hospital	Merthyr & Cynon Community Nursing	Rhondda & Taf Community Hospital	Rhondda & Taf Community Nursing	Primary Care	Palliative Care
Complaints								
Number of new complaints received	0	1	0	0	0	0	81	0
Early Resolution	0	2	0	0	0	0	72	0
Formal Complaints	0	1	0	0	0	0	9	0
Number of enquiries received	0	0	0	0	0	0	5	0
Number of Formal Complaints closed	0	0	0	0	0	1	17	0
Upheld	0	0	0	0	0	0	5	0
Partly Upheld	0	0	0	0	0	0	0	0
Not upheld	0	0	0	0	0	1	8	0
Not Investigating	0	0	0	0	0	0	0	0
Consent not Received	0	0	0	0	0	0	0	0
Discontinued	0	0	0	0	0	0	0	0
Withdrawn	0	0	0	0	0	0	4	0
Escalated to Formal Complaint	0	0	0	0	0	0	0	0
Advice Given	0	0	0	0	0	0	0	0
Issue resolved	0	0	0	0	0	0	0	0
Information provided	0	0	0	0	0	0	0	0
Referred to appropriate department	0	0	0	0	0	0	0	0
Of the Formal complaints closed, number responded to within 30 Working days	0	0	0	0	0	1	8	0
Complaints compliance response rate	Nil	Nil	Nil	Nil	Nil	1	47%	Nil
Number of Formal Complaints Open	1	0	1	0	1	1	44	0
Within 30 working days	0	0	0	0	0	1	8	0
Over 30 working days	0	0	1	0	1	0	28	0
Over 6 months	1	0	0	0	0	0	8	0

Top 3 risks - Primary Care

- **No red risks, all risks fall moderate.**
- Sustainability of general practice.
- Dental contract reform and end of year mitigation.
- Introduction of new IT system “Salus”, to replace Adastra which will cause cost pressure and logistical pressure.

Top 3 risks – Communities

1. RN staffing at YCC Hospital and Medical staffing model.
2. Dedicated transport to support the DN team visit patients at home during times of extreme weather. Transport has always been supported by Facilities but this can no longer be supported.
3. ACT – ANP vacancies across the service.

