Service Groups' Highlight Report for Quality and Safety Committee

Meeting Date:	23rd August 2022
Service Group:	Primary, Community and Therapies Service Group (PCTG)
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Sponsor:	Karl Bishop, Dental Director, PCTG
Presenter:	Brian Owens, Group Director, PCTG

Summary of Quality and Safety issues since last report to the Committee (Reporting period: 1st May 22 to 31st July 22)

Patient story – Virtual Ward (to follow)

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 is a diverse group and currently reviewing all quality and safety structures to align with the revised Corporate reporting requirements. The PCTG Quality and Safety Assurance Group (QSAG) has revised Terms of Reference which are to be approved in August QSAG meeting (draft inserted below). The group provides a wide range of services that are disparate in nature; quality and safety assurance structures are in the process of review (see below), starting with the Nursing and Community Quality & Safety Group this month.

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PCTG Quality & Safety Governance S

The PCT QSAG is accountable to the PCTG Board, reporting by means of a highlight report. A senior representative is nominated for each Corporate quality and safety group and sub-group. Reporting methods will be adopted in line with Corporate requirements. PCTG are developing Primary and Community quality indicators to improve internal reporting and monitoring.

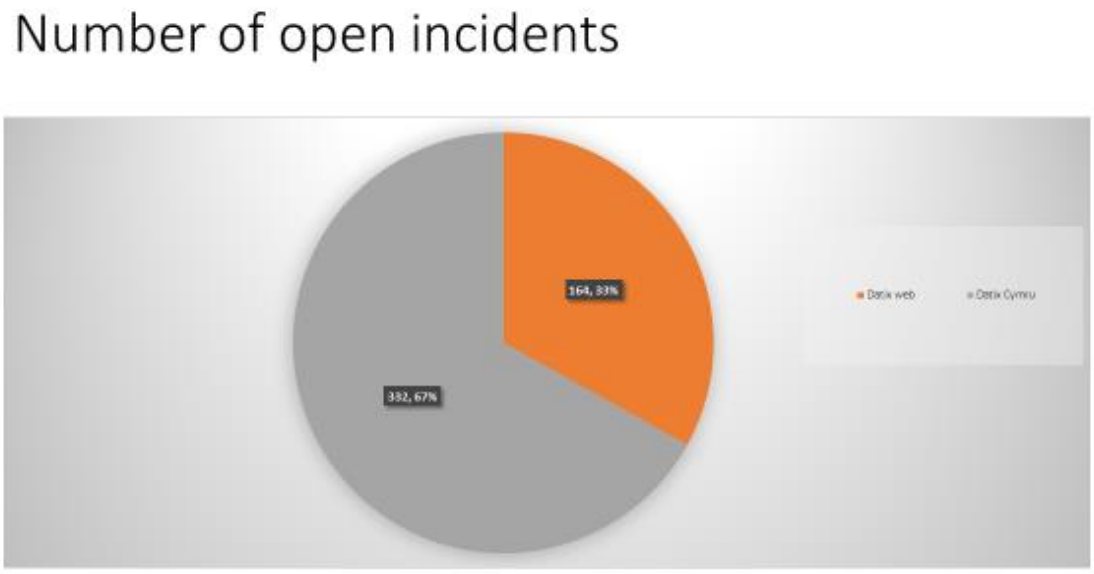
Risk management is strengthened with scrutiny of new risks and risks scored at 16+ at Quality and Safety Meetings. Bi-monthly meetings between Chair of QSAG and Heads of Service have been implemented to ensure regular review of controls, mitigations and scores. Lower level risks are managed at quarterly meetings between Governance and Service Leads.

In terms of significant risks, COVID-19 continues to provide challenges and opportunities for the service group. IP&C arrangements and staff absences have reduced capacity in many areas and this

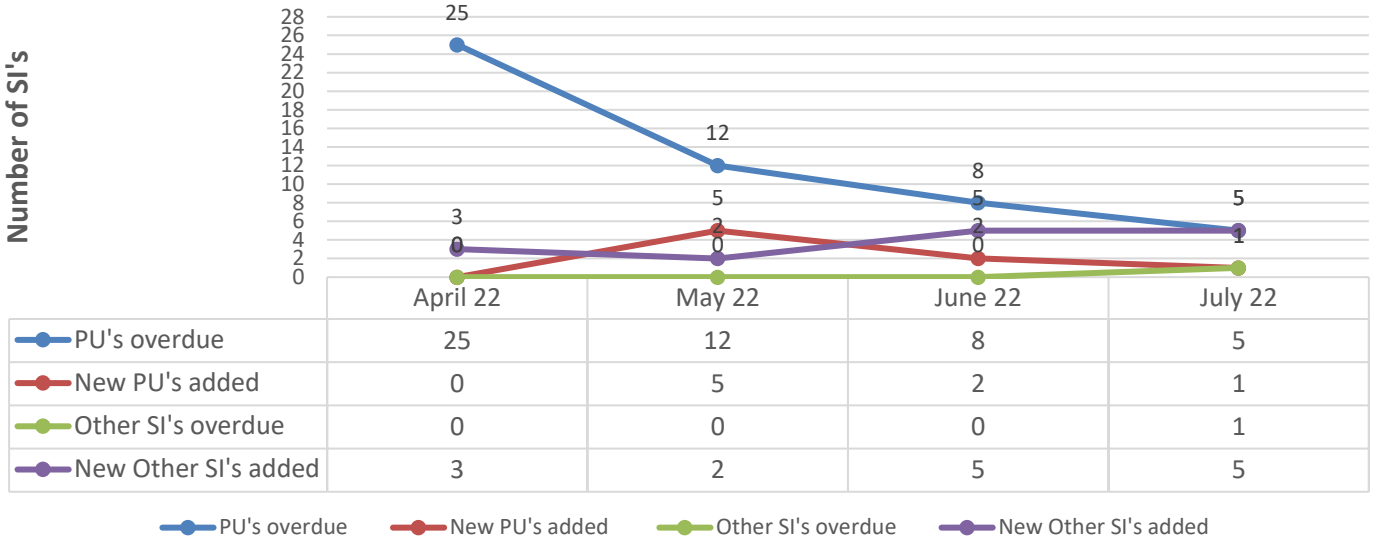
has impacted on previous workforce pressures and professional group shortages. Creating sustainable services is a key focus for the service group.

Incidents on Datix Web continue to reduce. The group are focussed on closing down incidents that remain open on Datix Web by end of August 2022. There are currently 164 incidents outstanding, the vast majority of which are minor incidents that can be mass closed once they have been validated.

Incidents categorised as death, severe and moderate are investigated. There are two serious incidents reported on Datix Web, one currently undergoing root cause analysis. There are six moderate incidents; 5 relating to pressure ulcers that are in the scrutiny process and one due to reporting of c.difficile on ward.



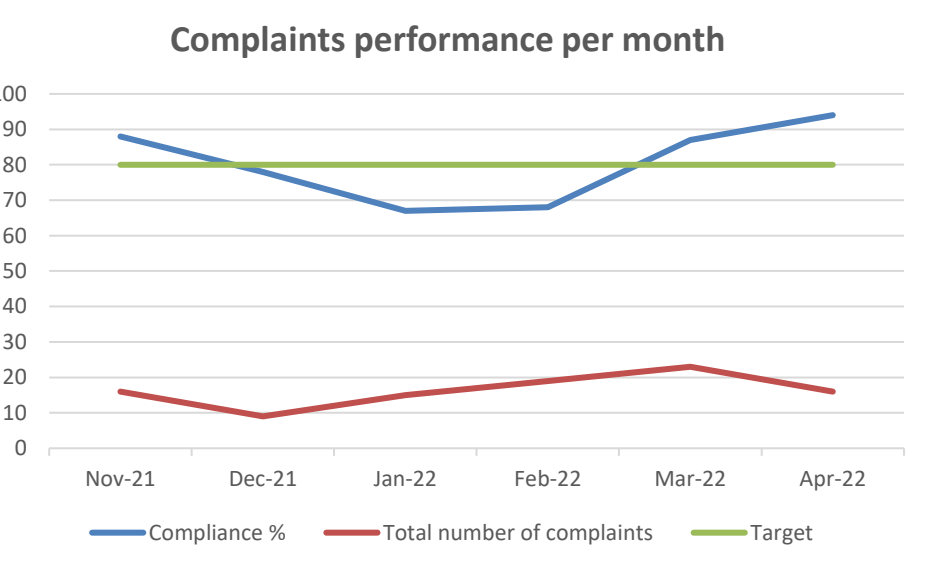
Open incidents on Datix Cymru are increasing and are currently standing at 332. The Governance Team are continuing to work with services to support timely investigations and closures. The group are also working with the Corporate SI team and performance to improve serious incident performance reporting in line with the new Welsh Government 2021 guidance. Actual and potential serious incidents for PCTG are detailed below (please note these may not all require national reporting, but are being monitored to ensure timely reporting where required):



Complaints

PCTG are currently in compliance with complaints performance.

Themes identified relate to clinical treatment / communication across a number of services, and medication in relation to HMP Swansea (this needs to be viewed in context of the service provided).



Complaints- themes by service

	Appointments	Clinical treatment/Assessment	Communication Issues (including Language)	Confidentiality	Medication	Patient Care	Record Keeping	Referral	Total
Audiology - NPT	1	0	0	0	0	0	0	0	1
Community Resource Team - Swansea	1	0	0	0	0	0	0	0	1
Podiatry - Swansea	1	0	1	0	0	0	0	0	2
Audiology - Swansea	0	1	0	0	0	0	0	0	1

District Nursing - Swansea	0	1	0	0	1	0	0	0	2
General Practitioners - Swansea	0	1	0	0	0	0	0	1	2
HM Prison - Swansea	0	1	0	0	5	0	0	0	6
Restorative Dentistry - Swansea	0	1	0	0	0	0	0	1	2
Health Visiting - Swansea	0	0	1	0	0	0	0	0	1
MCAS - NPT	0	0	1	0	0	0	0	0	1
Sexual Health - Swansea	0	0	2	0	0	0	0	0	2
Elderly Medicine (P&C Only) - Swansea	0	0	1	0	0	1	0	0	2
School Nursing - Swansea	0	0	0	1	0	0	0	0	1
Physiotherapy - Paeds - Swansea	0	0	0	0	0	0	1	0	1
Total	3	5	6	1	6	1	1	2	25

Mortality Reviews – PCTG has responded to the introduction of the mortality review process this year with development of service standard operating procedures and processes, centrally coordinated and monitored by the governance team. A process of learning from feedback has also been developed, with findings shared within PCTG and with relevant contracted/commissioned services.

Clinical audit - the spreadsheet audit tracker continues to be used by PCTG until full roll-out of AMaT. Actions involve improving audit recording and identification of individuals to take forward Health Board priority audits. Process for approving new audits, identifying priorities and reviewing results of completed audits to be determined.

External reviews

HMP Swansea

The HIW report, Local Review of the Quality Governance Arrangements in place within Swansea Bay University Health Board, was published on 30th June 2022 and the Health Board's response is due by 22nd August 2022.

Community Health Council

The CHC have highlighted specific issues around face to face GP access. The group are responding to this by supporting practices to implement the 2022/2023 access standards; requiring a more planned and forward looking approach to scheduling appointments throughout the day, or for future dates. 30/49 practices have confirmed their intention to take part in the 2022/23 Commitment to Access. 6/49 have confirmed GP Partners are discussing and will confirm in due course. The Primary Care Team are awaiting confirmation from 13/49 practices. In accordance with The National Health Service (General Medical Services Contract) (Wales) Regulations 2004, part 5; A contractor must provide essential services and additional services at such times, within core hours, as appropriate to meet the reasonable needs of its patients.

Safeguarding - Reporting period 1st January 2022 to 31st March 2022

3. Safeguarding Reports made to Local Authority				
	Number of Reports to NPT	**Number of Reports to Swansea**	**Number of Out of Area Reports**	
Children Reports	**30**	**49**	**1**	
Adult at Risk Reports	**24**	**20**	**0**	

- Reports of five children and young people nursed on adult wards in sexual health service. There is no dedicated facility for children and young adults in sexual health service and it is custom and practice to use adult wards with safeguarding measures in place. A dedicated worksteam will be implement to understand more about this theme, and explore feedback from children who have used the service on how this can be improved.
- There were two high risk safeguarding related incidents:
    - Datix 174437 – Fact-finding hearing as a result of safeguarding issue, now concluded. There is a request from a public observer to the disclosure of the Health Board's opening submissions/skeleton argument. The health board have agreed to disclose this to share the learning and key themes/outcomes to benefit others. Although this will not include the detail or person identifiable information, it will be in the public domain with the possibility of media attention relating to hospital or HB in Wales. Welsh Government notification form completed.
    - 173377 – Birth parent provided with new name of adopted child due to administrative error. An audit undertaken by the IG team was satisfactory; all staff within the service comply with Information Governance (IG) training and an action plan is being developed to implement improvements in practices and minimise the risk of future data breaches.

Pressure ulcers – A rise in pressure ulcers incidence correlates to an increased number of COVID-19 cases and an increased number of patients requiring intense support. This has a significant impact on district and nursing services who are managing continuing care, end of life care and the homecare sector. There is a larger proportion of patients 'at risk' due to increasing complexity of patients being cared for at home. Staffing and Tissue Viability Nurse support has also been problematic for a variety of factors. There have been delays in investigation of pressure ulcer incidents but this has reduced of late.

The Hot Debrief tool for on the spot investigation is being rolled out across Swansea and Neath Port Talbot District Nursing services. The pressure ulcer safety card was also piloted successfully and is being rolled out. There is a focus on training and investigation of Datix. Scrutiny panels continue and surveys have been carried out to validate the accuracy of reporting which found 64% of pressure ulcer incidents reported were skin damage not attributable to pressure. Further work required to improve the accuracy of reporting pressure ulcer incidents.

Targets are to be set to reduce the incidence of the most common measurable contributory factors implicated in avoidable pressure ulcers.

Safety alerts - An internal audit report concluding limited assurance for safety notices and alerts for the Health Board. A Health Board group has been convened to review processes. PCTG have a place on the group as having the more advanced process. The Chair of QSAG has responsibility for safety alerts within PCTG.

Infection Prevention and Control –PCTG will prioritise infections in terms of relevance to Primary and Community services. Targets set for PCTG include E.coli, c. diff, staph aureus and antibiotic

prescribing. Actions and performance measure are in place for monitoring. More information provided in HCAI action plan below.

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
Closure of incidents on Datix Web	• Requirement to transfer to Datix Cymru • Closure of serious incidents incorrectly reported without investigation	Validation of open incidents prior to mass closure	QS&I Manager to validate open incidents and report to QSAG in August 2022
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	Additional resource required in Governance Team to improve this situation. QS&I Manager to submit an SBAR to PCTG Senior Management to outline short term and longer term improvement plan by September 2022
Continue to reform quality and safety reporting structures within array of services provided by PCTG	Improve assurances from services within PCTG	Level 2 Q&S sub-groups to have standardised terms of reference, agenda and highlight reports	QS&I Manager to review Nursing and Community Q&S meeting in August 2022. Level two meeting structure reviews to be completed by November 2022.
Improvement of performance reporting for nationally reportable incidents	Ability to quantify performance	Manual monitoring mechanisms	QS&I Manager working with SI team and performance team to develop mechanism for reporting SI notifications and closures. Review of 0 tolerance for Sis in terms of performance reports
Create sustainable services	Inability to recruit to vacancies	Reviewing professional structures and working with	Service specific actions in place

		professional bodies to create sustainable workforce. Risk assessing patients on waiting lists Supporting contracted services where needed	
Review and progress recommendations from HIW governance report	Engagement with wider stakeholders	Review the governance structure for Prison Partnership Board to take a lead role in progressing actions and recommendations	Associate Director Operations to provide update on progress against recommendations by 22/8/22
Explore with the sexual health service how we can improve services for children and young adults	Children currently nursed on adult wards	Safeguarding measure in place	QS&I Manager, Head of Nursing and Service Lead to obtain feedback from children who have used the service by November 2022
Improving how the service listens and learns and expand user feedback across services	Patient and community involvement in service improvement and development	Developing patient stakeholder champions in services.	QS&I Manager to develop project and complete in line with ACLP support and timescales
Improve routine reporting of Patient Reported Outcome Measures and Patient Reported Experience Measures to provide meaningful information	Missed information that's not routinely incorporated into governance reporting.	Incorporate reports produced into Q&S reporting structures	Improve scrutiny over PROMS and PREMS reports to improve services in line with ACLP project.
Mutually agreed targets are to be set to reduce the incidence of the most common measurable contributory factors implicated in avoidable pressure ulcers.	Increase in incidents of pressure ulcers in the community.	To reduce avoidable pressure ulcers	Tissue Viability Nurse working with services and QS&I Manager to develop targets
Working with Corporate Services to improve process for managing safety alerts	Limited assurance provided in a recent internal audit report	SOP and process established within PCTG. Triumverate Lead to reinforce compliance.	Governance team to share current process with Corporate services. Improve compliance

			with process in PCTG, in line with Corporate timescales.
Improving audit recording and identification of individuals to take forward Health Board priority audits.	Assurance of service standards	Heads of Service to complete audit tracker	Monitoring of audit tracker and compliance through Q&S structures from August 2022
Process for approving new audits, identifying priorities and reviewing results of completed audits to be determined	To outline process, roles and responsibilities	Monitoring of audit tracker and compliance through Q&S structures	QS&I Manager and Clinical Audit Lead to develop SOP by November 2022
Development of primary and community quality indicators	Monitor key areas of quality within service group.	Development of data collation methods to improve reporting and monitoring	QS&I Manager to work with services and senior management team to develop key data metrics to measure quality within service group. To commence Q3

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

Open / closed	Action	Source	Date of action	Person responsible	Target date	Update on progress
Closed	Service Groups are required to put in place reporting systems to measure - Compliance with multi-factorial falls risk assessments in in-patient areas - Services or ward areas with rates of injurious falls above national average for falls per 1000 bed days	Management Board	13/7/22	Head of Nursing - PCTS / Matron	31/7/22	Relevant to Gorseinon Hospital. Multifactorial falls risk assessment are monitored under the WNCR (digital notes) and compliance is 100%. Fall rates are documented on datix and monitored. Monthly Falls Scrutiny Panel established for Falls at Gorseinon Hospital. Agenda and Falls rates attached.

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Open	Service Groups are required to engage with the Programme Manager and QI lead to seek targeted support for areas of high falls	Management Board		Interim Head of Integrated Community Services	Q4	Falls Scrutiny Panel and attendance at Falls Forum	
Open	PCT Service Group are required to work with the SRO, Programme Manager and QI lead to develop methods and outcome measures	Management Board		Interim Head of Integrated Community Services	Q4	A PCCT Falls task and finish group has been established to continue the scoping of training and services/support related to falls prevention. First meeting held 26/7/22 and Terms of Reference approved. • Scope the current training undertaken across the service group and develop training needs analysis and training plan for community staff by Q2 • Scope the current falls service provision and gap analysis by Q3 • Develop a comprehensive directory of the above services and support communication, awareness and referrals by Q4	

Sepsis

Open / closed	Action	Source	Date of action	Person responsible	Target date	Update on progress
Open	1. The priority's goal requires review to include the management of Sepsis outside of hospital settings 2. Methods will be required from the SRO and PCT Service Group to support the revised goal	Management Board	13/07/2022	Head of Nursing – PCTS	31/07/2022	Areas of focus established - ACT service to be initial focus. News2 Cymru to be considered as potential tool in community settings after baseline completed. Baseline of service position regarding identification and response to sepsis to be undertaken and improvement plans to be put in place.
Closed	Service Group are required to ensure that they have identified Sepsis leads in all clinical areas	Management Board	13/07/2022	Head of Nursing – PCTS	31/07/2022	Head of Nursing identified as Sepsis Lead
Open	Baseline of how services identify	Q1 performa	01/08/2022	Head of Nursing – PCTS	end Q2	T&F group to be established to baseline and take forward actions

	and respond to sepsis	nce review				
Open	Evaluate baseline responses from service and develop improvement plans	Q1 performance review	01/08/2022	Head of Nursing – PCTS	end Q3	T&F group to be established to baseline and take forward actions
Open	Improve identification and have a clear escalation process for non medically led services	Q1 performance review	01/08/2022	Head of Nursing – PCTS	end Q4	T&F group to be established to baseline and take forward actions

End of Life Care

Open / closed	Action	Source	Date of action	Person responsible	Target date	Update on progress
Open	Service groups are required to establish their training compliance and develop training plans to achieve 95% compliance with EOLC training, with specific regard to medical staff training	Management Board	13/7/22	Head of Nursing - PCTS	Q3	Mapping of services and EOL patient numbers captured at PCT daily huddle as patients are not recorded on one database in PCTG. Links to analysis of Malinko and capacity and demand project led by AKESO. Understand capacity and demand by Q3
Closed	Service groups are asked to Identify individuals who will support the current NACEL audit	Management Board	13/7/22	Head of Nursing - PCTS	Q2	Action related to Gorseinon Hospital. Matron and QS&I Manager identified to support.
Open	Service groups are asked to ensure that Care Decision Guidance is used and build this into their local audit plans, reporting into the EOLC QP group	Management Board	13/7/22	Head of Nursing - PCTS	Q2	T&F group to be established to baseline and take forward actions.
Open	Understand capacity and demand via project led by AKESO	Q1 Performance review	01/8/22	Head of Nursing - PCTS	Q3	via T&F group

Open	MDT meetings with DN and specialist palliative care to discharge patients sooner from hospital. Reduced length of stay for EOL patients from Q2. Data sets awaited	Q1 Performance review	01/8/22	Head of Nursing - PCTS	Q2		
Open	Task and finish group commenced Aug with Specialist Palliative care to inform next business case. To provide responsive community based services targeted at reducing the number of EOL patients dying in hospital rather than place of choice	Q1 Performance review	01/8/22	Head of Nursing - PCTS	Business case by Q3	Next meeting will focus on data from DN service snapshot and HB review of deaths from a one-week period in 2022.	
Open	Review current DN service provision and variation in NPT and Swansea services including Marie Curie contribution	Q1 Performance review	01/8/22	Head of Nursing - PCTS	Move to Swansea Bay model by Q4		
Open	Improve advanced care planning across the Health Board footprint, including using patient facing websites, education and competency training. Targeted work within the care home sector - KPIs and data required	Q1 Performance review	01/8/22	Head of Nursing - PCTS	Improved planning and support around wishes of individuals, avoid inappropriate admissions. Collated data position by Q3		
Open	Roll out of frailty framework across all 8 virtual wards, links to improving	Q1 Performance review	01/8/22	Head of Nursing - PCTS	VW expected to be in all 8 clusters by Q3		

	advanced care planning						

Suicide prevention

Open / closed	Action	Source	Date of action	Person responsible	Target date	Update on progress
Open	Service groups are required to review their compliance with the requirement to undertake ligature risk assessments within clinical areas and to liaise with the Assistant Director of Health and Safety to advise of compliance, by 31.8.22	Management Board	13/7/22	Head of Nutrition and Dietetics	31/08/2022	Discussed at PCTG Health and Safety Meeting 4/8/22 - risk of ligature within community buildings very low. Mark Parsons to advise whether we complete one risk assessment for all community buildings. HMP Swansea have separate arrangements governed via prison regulations and individual risk assessments
Open	Service groups are asked to - Review their training needs with regards to Suicide Prevention, in conjunction with the Project manager, in order to identify the levels of training within their teams	Management Board	13/7/22	Head of Nutrition and Dietetics	Q2	Need to establish baseline and increased numbers through Q2. Follow up work with workforce to establish level if training increased confidence to intervene with suicide ideation

HCAI

A detailed improvement plan is in place which includes:

- Developing structures reporting at service, service group and health board
- Expanding membership of the PCTG HCAI/AMS subgroup to drive innovation, change and improvement
- Reduce incidences of the following tier 1 targets for Community associated/ acquired infections: e.Coli bacteraemia, Clostridioides difficile, Staph Aureus bacteraemia
    - Targeted campaigns, education and training to achieve a reduction in Community acquired/ associated Clostridioides difficile cases.
        - Promotion of new c.difficile prescribing guidelines
        - Specific PCTSG c.difficile improvement plan to tackle high rates of community associated c.difficile

        - Specific PCTSG AMS improvement plan to tackle antibiotic prescribing in Primary Care
    - Implement a UTI campaign to promote appropriate prevention, management and treatment.
    - Improve prescribing compliance
    - Revised SEA reporting process to promote collaboration between Primary Care, PCTSG and IPC to identify lessons learned from each reported community c.diff case
    - Targeted campaigns, education and training to achieve a reduction in Community acquired/ associated Staphylococcus Aureus bacteraemia cases.
    - Staph. Aureus prevention campaign through collaboration between IPC, PCTSG and community wound clinics
- Increase in compliance of Standard Infection Prevention and Control Precautions and training within Primary Care, Community and Therapies clinical services
    - Increased IPC audit programme to ensure consistency, quality and compliance of standard IPC precautions in all PCTSG clinical services.
    - Improved IPC Level 2 compliance (Mandatory training) for all PCTSG clinicians
    - Increased ANTT training and assessment compliance for clinicians performing aseptic non-touch procedures as part of their core role
    - Continuation of the dedicated IPC nursing role as joint LA/IPC resource to drive education, audit, innovation and best practice
    - Improved communication between IPC/PCTSG/LA/ Independent Care Homes to promote IPC training, resources and improved environmental standards
- Improved Antimicrobial Stewardship within General Practice / Improved compliance with Antibiotic prescribing guidelines and SBUHB formulary within General Practice.
    - Improved collaboration and engagement between PCTSG, Antimicrobial Pharmacy Team and General Practice
    - Continuation of the 4C prescribing reduction campaign with the main focus on the top 3 highest prescribing practices within SBUHB which remain outliers in Wales. Improvement is needed through reduction of 4C broad spectrum antibiotic prescribing in each of the top 3 practices over the next 12 months
- Improved communication and engagement within Primary Care, Community and Therapies services to promote IPC as a whole system priority
    - Dedicated IPC Champions in every PCTSG service.
      Introduction of IPC Champions in independent contractor practices

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Progress Against Health and Care Standards 2021/22

Theme 6 (individual care) was the only standard that scored 2 (or below). Evidence of patient feedback and engagement across the service group is required to demonstrate an increased score. Project to be developed as outlined below.

Patient Experience Update

PCTG achieved standard with 93.5% of feedback rating services as good. Physiotherapy was noted to have poor feedback compared to usual, the service has responded stating that poor feedback appears to be related to IT, ie, accessing attend anywhere link, etc. As feedback rates are lower, this has impacted the overall score but feedback to the service is mostly positive. Rates and themes will be monitored.

Quality, Safety & Improvement Manager is developing a project to improve how the service listens and learns from the community served, supported through the Advanced Clinical Leadership Programme (ACLP). The project aims to provide leadership to services within PCTG to improve how they listen and learn from the people and community they serve. Due to the time provided for the project, this will be a staged implementation starting with the directly managed services within PCTG, but with a plan to roll out to contracted and commissioned services. The key outcomes include:

- Leading the change in culture required to prioritise hearing from and working with people and communities
- Identifying and ensuring the right skills, capacity and resource are available to prioritise this work across all services
- Working with services to implement quantitative and qualitative methods to learn from people's experiences, applying a range of different methods and approaches and building on existing resources
- Ensuring under-represented groups have an opportunity to provide feedback on services
- Ensuring integrated services listen and learn together to understand experiences of pathways and coordination
- Working with services, including integrated services, to improve patient's outcomes and experiences of care
- Identifying other groups in the community who are involved in shaping, improving and delivering health and care services, and planning how to involve them
- Improve reporting and assurance processes within PCTG

Challenges include:

- Influencing front line staff to prioritise this work
- Developing processes for integrated services to listen and learn together
- Accessing and gaining feedback from the under-represented groups
- Refining reporting processes when feedback is collated across a system
- Balancing activity with resources available

Results by Service Group

Service Group	% Good	% Poor	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don Kno
Total	93.5%	3.9%	154	125	19	3	1	5	1
Primary Community Therapies Group	93.5%	3.9%	154	125	19	3	1	5	1

Primary, Community & Therapies Service Group Heat Map

Results by Ward/Clinic

Ward/Clinic	% Good	% Poor	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
Total	93.5%	3.9%	154	125	19	3	1	5	1
Acute Clinical Team	100.0%	0.0%	5	5	0	0	0	0	0
Adult Dietetics	100.0%	0.0%	10	9	1	0	0	0	0
Audiology Unit	100.0%	0.0%	2	2	0	0	0	0	0
Cardiac Rehabilitation	100.0%	0.0%	2	0	2	0	0	0	0
GAT Pathway	92.9%	0.0%	14	12	1	1	0	0	0
MCAS - Pain Management	92.3%	2.6%	39	32	4	2	0	1	0
MCAS - Trauma & Orthopaedics	95.2%	3.2%	62	49	10	0	1	1	1
Physiotherapy	75.0%	25.0%	12	9	0	0	0	3	0
Physiotherapy Direct	100.0%	0.0%	2	1	1	0	0	0	0
Physiotherapy Outpatients	100.0%	0.0%	2	2	0	0	0	0	0
Physiotherapy Outpatients Dept	100.0%	0.0%	1	1	0	0	0	0	0
Rehabilitation Day Unit	100.0%	0.0%	2	2	0	0	0	0	0
Speech Therapy - Adults	100.0%	0.0%	1	1	0	0	0	0	0

Any Other Issues to Bring to the Attention of the Committee

Recommendations

Members are asked to: Note the contents of this report.
In summary:

- Q&S structures are under review to comply with Corporate reporting requirements
- Risk management is strengthened with processes in place for continual review
- Open incidents are increasing due to capacity of services and governance. However, possible and actual serious incidents are monitored and reviewed weekly
- PCTG are in compliance with complaints performance
- Processes are in place to learn from mortality reviews
- The group are implementing processes within Q&S structures to monitor and learn from clinical audit; standard operating procedures to be developed to improve reporting and prioritisation
- PCTG have been proactive in responding to HIW's governance report on HMP Swansea: improvement plan drafted and on target to respond by 22nd August 2022.
- Safeguarding report has highlighted a trend in children nursed on adult wards for sexual health services; safeguarding measures are in place and further exploration required for these incidents.
- Workstream underway to implement a reduction in avoidable pressure ulcers, focussing on contributory factors and performance targets
- Further improvements required to improve safety alert processes with support from Triumverate. Governance team represented on Health Board Task and Finish group.
- Action plans in place and progressing for quality priority areas
- Project to be established to improve patient feedback and how the service listens and learns from patients and community.