



AGENDA ITEM

2.3

QUALITY & SAFETY COMMITTEE

PRIMARY CARE AND COMMUNITY CARE GROUP

Date of meeting	24/05/2023
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Lucie Williams Head of nursing Primary care, RTE and Bridgend Communities Fiona Wood, Head of Nursing, Merthyr/Cynon Primary Care & Communities Jane Armstrong, Clinical Director, Primary & Community Care
Presented by	Ana Llewellyn, Care Group Nurse Director
Approving Executive Sponsor	Executive Director of Nursing

Report purpose	FOR NOTING
-----------------------	------------

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
N/A		



ACRONYMS	
ACT	Acute Clinical Team, Bridgend
AMaT	Audit Management and Tracking System
ANTT	Aseptic Non Touch Technique
ANP	Advanced Nurse Practitioner
BBV	Blood Borne Virus
BBE	Bare Below the Elbow
BBHS	Bladder & Bowel Health Service
CAPU	Community Acquired Pressure Ulcers
COSHH	Control of Substances Hazardous to Health
COVER	Coverage of Vaccination Evaluation Rapidly
CVCs	Community Vaccination Centres
CLiP	Clinical Learning in Practice
DHCW	Digital Health and Care Wales
DN	District Nursing
DNS	Diabetes Nurse Specialist
D2RA	Discharge to Recover and Assess
EoLC	End of Life Care
ETR	Electronic Test Request
GA	General Anaesthetic
GDS	General Dental Services
GMS	General Medical Services
HH	Hand Hygiene
HCSW	Health Care Support Worker
HoNs	Heads of Nursing
HES	Hospital Eye Service
HMP	His Majesty's Prison
IPC	Infection Prevention and Control



LoS	Length of Stay
OOH	Out of Hours
OGEP	On the Ground Education Programme
PCC	Primary Care & Communities
POWH	Princess of Wales Hospital
PPV	Post Payment Verification
QIP	Quality Improvement Project
RN	Registered Nurse
RTE	Rhondda Taf Ely
SCD	Special Care Dentistry
SNS	Specialist Nursing Services
TEPs	Treatment Escalation Plans
UDA	Unit of Dental Activity
UHW	University Hospital of Wales
UPCC	Urgent Primary Care Centre
USW	University of South Wales
VBHC	Value Based Health Care
WCP	Welsh Clinical Portal
WLOC	Welsh Levels of Care
YBN	Y Bwthyn Newydd
YCR	Ysbyty Cwm Rhondda
YCC	Ysbyty Cwm Cynon

1. SITUATION/BACKGROUND

- 1.1** The Health Board's Quality and Patient Safety Governance Framework provides clear guidance related to the type of information, data and analysis required to triangulate and help inform decision making in relation to care and service delivery.

This report had been prepared to provide the Committee with details of the key issues considered by the Primary and Communities Care Group, provided within Cwm Taf Morgannwg University Health Board. The data used to inform this report has been sourced from the DATIX Risk Management system and



the Care Group's governance team. The time period included in the report is from 1st March 2023- 31st March 2023.

1.2 Key highlights from the care group are reported in section 2.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1.** The development of a governance dashboard to enable each service area to identify and understand all governance issues and being able to triangulate each area collaboratively.
- 2.2.** The RN workforce remains an issue, particularly in YCC where there are a number of vacant RN posts coupled with sickness absence. The nursing leadership team are exploring alternative options including overseas recruitment, and pre-registration workforce development initiatives (links made with USW to increase student nurse placements throughout nurse training). A streamlining event is in the process of being arranged for YCR & YCC.
- 2.3.** The medical staffing model in YCC continues to present a challenge and whilst a number of interim solutions have been implemented, a permanent solution is required.

3. QUALITY AND PATIENT SAFETY GOVERNANCE FRAMEWORK

- 3.1.** The PCC Care Group Quality, Safety, Risk and Patient Experience meetings are in place to be held bi-monthly which is attended by a wide representation of all services within the CSG, supported by the Senior Quality and Safety manager.
- 3.2.** The IPC team are engaged with regularly and monitor any IPC related issues on site. This is done in conjunction with Estates and Facilities where required.
- 3.3.** There are multiple quality initiatives being undertaken within each service within the care group, all of which are progressing as planned. This includes but is not limited to the implementation of the Band 4 workforce across District Nursing communities, introduction of the OneList App, implementation of the D2RA pathways, and the Orizon Digital Technology pilot study.



- 3.4.** The Senior Nurses for Community Hospitals continue to undertake daily Safe2Start meetings with ward managers to ensure safety is maintained across site for all wards. This S2S process has evolved and is an adapted version of the same process in the acute site, and has been particularly valuable in informing the efficient use of resources across site to share any workforce related risks across site. Additionally, the DN service is in the process of piloting a weekly S2S safety huddle to undertake demand and capacity planning for the week ahead.
- 3.5.** Daily PSAG board rounds have been through a period of evolution with some minor changes to operational function (change of time, introduction of a format for discussion) which have helped the flow processes in YCC and YCR. The board rounds are undergoing a process of review and refinement so that they are providing value to the MDT.
- 3.6.** Governance process to be mapped and framework to be implemented for HMP Parc Prison.
- 3.7.** Governance framework to be implemented for the Discharge Areas managed by the Band 3 HCSWs within YCC.

4. QUALITY ASSURANCE

4.1. CLINICAL INCIDENTS

The number of open clinical incidents have increased on the new Datix system. Our Senior Nursing team are working closely with their team leaders and ward managers with working towards timely investigation and progress of open incidents, with support from our patient safety team. The number of clinical incidents closed across Communities has increased each month, which provides assurances of timely investigation. Further work is required to support timely investigation particularly given Duty of Candour.

The primary category of incidents for Community Hospitals are falls and the primary category for District Nursing is pressure ulcers. Pressure Ulcer scrutiny panels remain a weekly occurrence for District Nursing due to the high number of PU reports incidents. Falls MDT scrutiny panels are arranged when appropriate.

Over the last 2 months, there has been two avoidable pressure ulcers and no avoidable falls.

Communities incidents

Incidents	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Total Number of Incidents Reported	315	319	338	341	337	318	386	229	290	270	326	289
Total Patient Safety	292	302	325	324	313	298	372	214	267	248	322	270
No Harm	40	48	48	52	67	43	60	46	53	40	55	36
Low	169	175	163	183	161	164	206	108	136	128	196	163
Moderate	81	75	104	85	82	86	104	60	71	77	57	109
Severe	2	2	6	4	3	4	2	0	4	2	4	4
Death	0	2	4	0	0	1	0	0	1	1	0	0
Total Non-Patient	12	13	8	14	21	17	9	9	18	15	13	16
No Harm	2	5	2	6	8	3	5	4	5	3	5	5
Low	7	7	4	5	10	13	3	2	9	9	6	8
Moderate	3	1	1	3	3	1	1	2	3	3	3	3
Severe	0	0	1	0	0	0	0	1	0	0	0	0
Death	0	0	0	0	0	0	0	0	0	0	0	0
Total Organisational Incidents	11	4	5	3	3	3	5	6	6	7	1	3
No Harm	6	4	3	1	1	1	2	2	1	2	0	2
Low	1	0	1	2	2	1	2	1	5	4	1	0
Moderate	3	0	1	0	0	1	1	3	0	1	0	1
Severe	1	0	0	0	0	0	0	0	0	0	0	0
Death	0	0	0	0	0	0	0	0	0	0	0	0
Total Number of Open Incidents on Legacy System	152	79	60	6	6	6	6	6	6	6	6	6
Total Number of Open Incidents on DCIQ System	319	412	529	569	427	650	667	433	737	625	744	664
New Incident	86	99	74	112	94	140	112	107	136	71	141	71
Management review/Make it safe plus	28	54	122	160	116	166	169	152	161	143	113	132
Under Investigation	108	124	169	143	92	174	186	57	282	275	276	240
Awaiting Closure	97	135	164	154	125	170	200	117	158	136	214	221
Closed	152	324	630	938	1559	1729	1830	1496	2605	2710	3089	3034

Primary Care Incidents

Incidents	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Total Number of Incidents Reported	4	9	9	12	3	9	25	23	22	22	22	30
Total Patient Safety	2	6	6	10	2	7	19	16	18	17	17	23
No Harm	0	2	0	6	2	4	9	10	8	9	11	8
Low	1	3	2	2	0	3	8	2	5	6	6	5



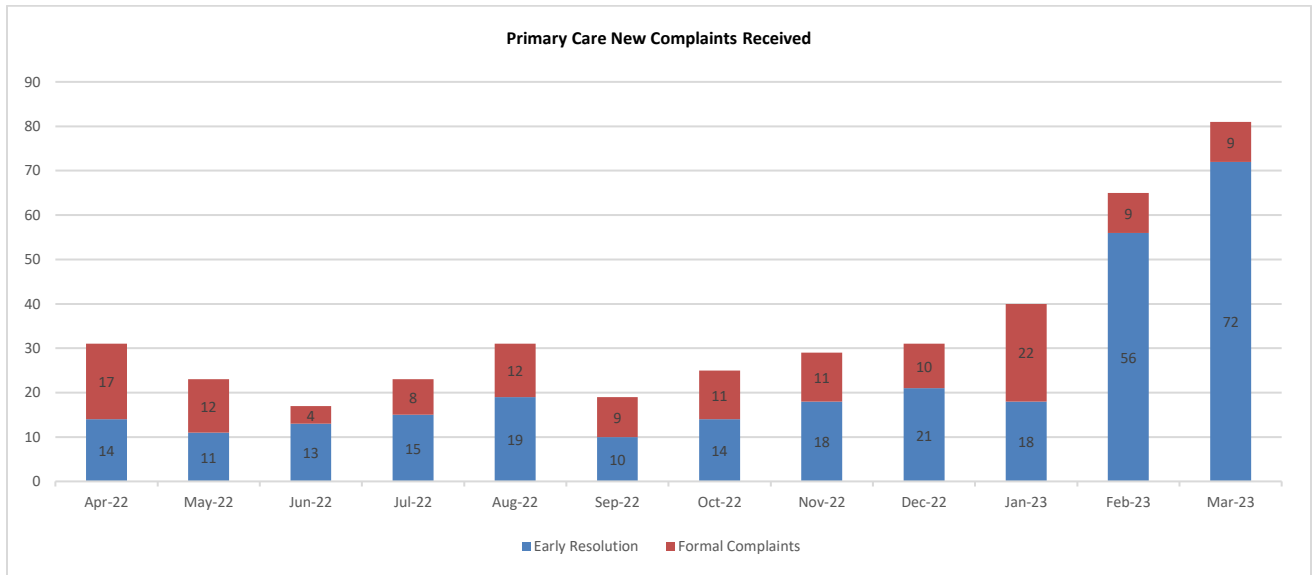
Moderate	0	1	2	0	0	0	2	3	3	2	0	8
Severe	1	0	1	2	0	0	0	0	0	0	0	0
Death	0	0	1	0	0	0	0	1	2	0	0	2
Total Non-Patient	1	2	2	2	0	1	5	5	2	1	5	5
No Harm	1	1	1	1	1	1	4	2	0	0	1	1
Low	0	1	1	1	0	0	0	2	2	4	2	1
Moderate	0	0	0	0	1	0	1	1	2	0	2	3
Severe	0	0	0	0	0	0	0	0	2	0	0	0
Death	0	0	0	0	0	0	0	0	2	0	0	0
Total Organisational Incidents	1	1	1	0	1	1	1	2	2	1	0	2
No Harm	0	1	1	0	1	1	1	1	2	1	0	0
Low	1	0	0	0	0	0	0	1	0	0	0	2
Moderate	0	0	0	0	0	0	0	0	0	0	0	0
Severe	0	0	0	0	0	0	0	0	0	0	0	0
Death	0	0	0	0	0	0	0	0	0	0	0	0
Total Number of Open Incidents on Legacy System	151	83	48	33	6	3	3	3	3	3	3	0
Total Number of Open Incidents on DCIQ System	6	15	23	31	35	59	68	79	127	115	139	160
New Incident	1	4	8	12	14	35	40	49	57	62	76	81
Management review/Make it safe plus	0	1	2	2	3	3	3	3	5	3	4	4
Under Investigation	2	3	4	5	5	6	8	6	7	13	13	16
Awaiting Closure	3	7	9	12	13	15	17	21	33	37	46	59
Closed	0	2	3	4	8	10	14	17	25	28	37	45

4.2 CONCERNS

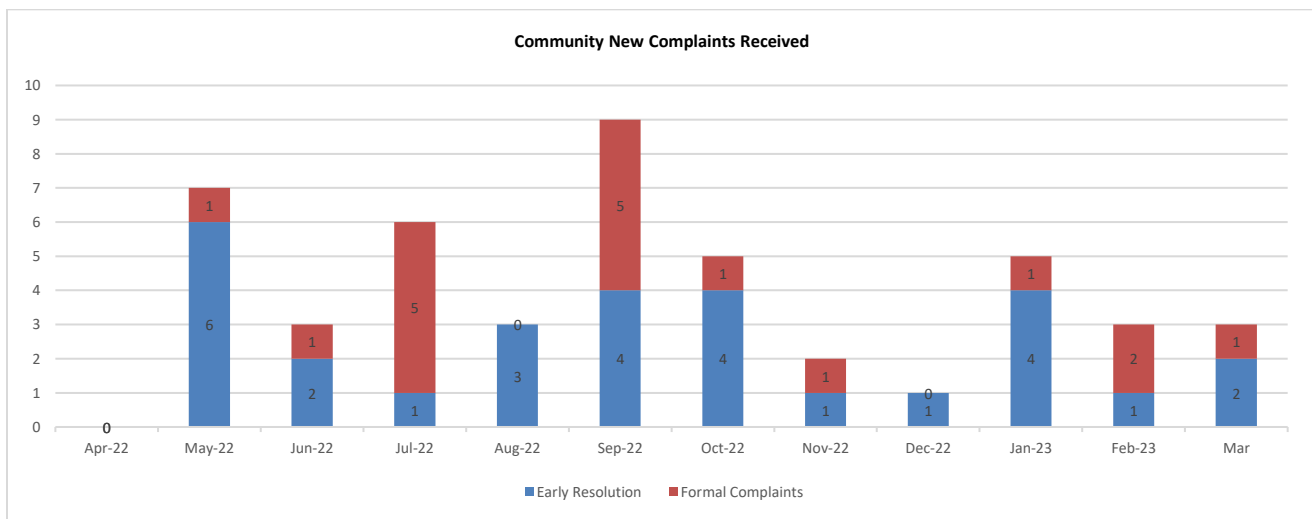
There has been 1 new formal concern submitted for Communities. Communities continue to report a 100% compliance response rate.



Primary Care



Communities



4.3 LRI'S/NRI'S

There are five legacy 'serious incidents' still outstanding in Bridgend Communities, all Covid related and being reviewed as part of the nosocomial work.

There is 1 open LRI for CHC team due to staffing risk at a care home in RTE.

There are 2 open NRI's – 1 for Bridgend following a fall and subsequent death (2019) and 1 for Merthyr & Cynon DN service due to pressure ulcer development.

There is also an RCA outstanding for Bridgend (Ysbyty'r Seren) in relation to a fall. This is being reviewed and will follow PTR process.

Once all reported incidents are approved, learning will be shared with all PCC services across CTM to reduce the risk of reoccurrence.

4.4 OMBUDSMAN

No new Ombudsman cases have been received during this period for Communities.

5. RISK MANAGEMENT

A complete review has been undertaken across PCC Care Group of all open risks. This review has ensured that appropriate risks have a robust process in place for escalation and management. Across the Care Group we do not have any high risks at present. The top 5 risks are scored at level 12:-

- RN staff deficit, largely through vacancies, across YCC remains a significant and ongoing risk to patient safety and quality (site is currently operating at 52.4% of total funded establishment). Safety is being risk managed by Senior Nurse and Ward Managers through the movement of resources to areas of greatest need and use of bank/agency staff. Nursing leadership team are exploring various workforce development initiatives to improve recruitment and have also linked up with the People Services team to explore strategies for retaining staff.
- Medical staffing model remains a significant and ongoing risk. This is being monitored on a weekly basis by the CSG Manager.
- 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.
- The IT system still utilised in Bridgend, causes risks and issues when clinical staff who work in RTE and M&C and provide cover in Bridgend are unable to access WCP



- ANP vacancies across the service and this has resulted in the service being consolidated to just weekdays while recruitment into posts and induction is completed. The situation is being reviewed on a 4 week basis.

KEY METRICS OF CONCERN

In addition to the risk register, the concerns for Primary Care and Communities are:

- RTE DN service; the urgent requirement to increase ANTT compliance.
- YCC - high number of patients continue to require enhanced supervision, this coupled with the low staffing levels is a key concern.
- YCC – an audit of Treatment Escalation Plans has identified an urgent need to strengthen documentation.
- Reduced Specialist Immunisation nursing capacity which is impacting on the team’s ability to maintain/improve uptake across CTM.
- @Home Service - reduced administration and nursing capacity due to vacant posts.
- BBHS – Europe wide shortage with the supply of some catheters/urinary appliances & accessories – this is impacting on the CTM wide prescription service in that the service is having to substitute equipment for those products out of stock. Patients have to wait for stock – this includes the DACS (dispensing chemist) and high street chemists.
- GP and independent contractor sustainability
- Dental contract reforms
- OCP process and staff recruitment.
- Uncertainty about funding to the optometry pathways.
- Change of IT system in GP OOH

6. PATIENT EXPERIENCE

We are actively encouraging feedback via the Have Your Say questionnaires by placing QR codes in areas of high footfall on clinical sites, at ward entry areas and also on the front cover of patient held community records.

7. LEARNING AND QUALITY IMPROVEMENT

GMS

- DHCW alerted the Primary care team that a practice had been deleting unread referral update messages totalling approximately 500. The Primary Care team are currently leading a full investigation of all deleted messages to detect any potential patient harm. The PC team have a

series of feedback meetings with the practice, along with an action plan. A full report along with mitigating actions and lessons learnt will be provided to board following completion of the review.

- Practice development visits are almost complete with a full report expected by June 2023. Interim feedback has been reassuring with no immediate or significant new concerns.
- GP contract Q4 access template submissions are due by 28th April 2023. Full achievement including collaborative discussion on reflective learning is expected. ACD work continues to be progressed. At the time of reporting GP, Pharmacy and Optometry collaborative membership has started, with dental and nursing not yet formed.
- All CTM GP practices are using electronic test requesting. CTM average of 93% for requesting tests (Wales average 85%).
- Alignment of all enhanced services across CTM.
- Review of all shared care protocols to begin with meds management

CLUSTERS

- The Clinical Nurse Specialist for Homeless and Vulnerable Adults has now been made into a permanent role within Primary care, following the outstanding success of the role. A band 6 outreach nurse has recently been appointed to work within the role to develop care, service developments and strengthen relationship across Primary and Community Care.
- Options are underway to look at the future of the frailty nurses within Taf Ely cluster. The funding ends in March 2024

COMMUNITY DENTAL SERVICE

- Both specialist orthodontists have recently retired and leave their post at the end of May/June. Discussions have begun to mitigate the gaps in service. Options include recruitment and also distribution of patients to neighbouring HB's.
- Special care dentistry vacant post have now been appointed to, and due to commence work in June 2023. Priority of their work plan is to establish a full SCD service in CTM and identify GA lists to treat to backlog of patients currently waiting.

GDS & DTU

- Dental Year End Process- Delay in guidance being sent to practices, due to uncertainties nationally on the process to be used for monitoring. There will be varied HB YE processes in place across Wales due to local mitigation being applied.



- Exec approval received 03/04/23 for local mitigation to be applied in CTM. Local mitigation will support the reduction of large reclaims to avoid any further practice closures/reductions/revert to UDA contract.
- 100% of practices have confirmed their intentions for 23/24 with regards to GDS Contract reform. This is excellent progress of the team to enable service provision and planning. So far this composes of:
 - 5 x UDA contracts
 - 8 x Contract Reform not working with HB to source urgent patients
 - 38 x Contract Reform working with HB to source urgent patients. This may change when YE guidance is shared.

OPTOMETRY

- **IPOS.** Confirmation received that the scheme will receive direct funding from WG from April 23. Recent audit demonstrated that 96% of all urgent patients treated via IP remain within the primary care services, without onward referral.
- **Diabetic Retinopathy Pathway** scheme has received transformation funding for a second year. 75% of patients seen under scheme no longer need to be seen within a hospital setting.
- Patient outcome reviews for the Glaucoma scheme are currently being undertaken by HES, initial results show of 97 reviews: 50% x returned into HES, 32% x monitored within practice, 9% x discharged. Additional tests to be undertaken in practice from April 23 will increase the number of patients monitored within practice and will reduce the number of patients returning into HES by a further 25%.
- The Glaucoma pathway has currently been suspended due to funding. A bid has been submitted to planned care, and still awaiting an outcome.

GP OOH

- The GP out-of-hours clinical administration/call-handling system is due to be replaced in November 2023, while the contract with the existing supplier is due to expire 31st December 2023. If for any reason this does not take place as planned, this could result in a need to renew the provider of the existing system (and potentially a three year tie-in) and or a dual running of the two systems. There are a number of additional costs associated with this.



RHONDDA UPCC

- Rhondda Urgent Primary Care Service ended on 31/3/2023 with a clear exit plan. Phase 3 evaluation and a peer review are due in May 2023. A total of 14,870 patients received assessment/treatment by the service in 12 months.

DISTRICT NURSING SERVICE

- New 8a, band 7 and band 4 posts have been appointed across CTMUHB (non-recurrent funding) to modernise the DN workforce to meet current demands in the community. Band 4 training programs in place and competency framework being devised.
- Engaged in Community Acquired Pressure Ulcer Collaborative which aims to reduce the prevalence of community acquired pressure ulcers.
- New documentation being printed and rolled out across all teams, inclusive of use of Purpose T for pressure ulcer risk assessment.
- DN night service to be aligned to one service and sit within the Communities structure
- CAPU project training tool introduced for educational purposes for agency staff
- Ongoing work regarding the DN specification and action plan.
- DN teams working with bereavement lead in relation to drafting the Care of the Deceased policy in the Community.
- DN self-assessment work ongoing.
- DN principles submission work completed for this quarter
- Demand and Capacity work ongoing.
- Student Nurse core induction programme now embedded as part of student nurse placements within DN service. Feedback remains very positive
- Peer Nurse Advocate post (DN service) delivering restorative clinical supervision for Team Leaders, early feedback is positive.
- CIVICA work ongoing across CTM DN service to improve CIVICA data quality and standardisation of CIVICA use.
- WLOC scores (acuity scores) being collected through CIVICA scheduling for each DN visit as part of national work stream.

SPECIALIST NURSING SERVICES - COMMUNITIES

- QIP commenced to align catheterization equipment usage across Bridgend (in keeping with other areas across the organisation). This will not only standardise catheter management across the organization but will 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 March 2023. Education delivered to District Nursing service aiming to promote clinically effective and prompt management of Chronic Oedema. The project has commenced within Merthyr Tydfil and will be implemented across all localities.
- 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.
- Senior Nurse for Specialist Immunisation service awarded a Lifetime Achievement award for a range of vaccination related initiatives.
- Fluenz project which aims to improve uptake in 3 year olds has proved very successful. Initiative has been published in "Vaccine" journal.
- Specialist Immunisation Team attended a Connecting Communities 25 year celebration of Interlink. This enabled the team to network and make further plans regarding face-to-face training sessions.
- 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

NURSING SERVICES-PRIMARY CARE

- A new referral Spirometry service for Primary care is in the process of being scoped for the whole of CTM, following the success on the mobile bus. This would enable quality assured spirometry testing for patients in need for diagnosis and management of certain long term respiratory conditions.
- COSHH and Risk Assessment training set up for nursing teams. Leads having continued input and mentorship for the H&S agenda.
- Mandatory training compliance is 92.4% and appraisal of staff at 94.1.
- Numerous messages of gratitude for all specialist nursing teams received.



YSBYTY CWM CYNON

- 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. Ward 3 management and staff have been commended for supporting the project.
- Self-administration of medication pilot completed on Ward 2, YCC. Evaluation to be completed. Staff commended for supporting the pilot.
- Student Nurse core induction programme now embedded as part of student nurse placements within YCC. Feedback remains very positive
- Executive Director of Nursing walkaround (Jan 2023) – wards received positive feedback.
- Mental Health Matters presence on wards undertaking activities with patients with good effect.
- Daily Board Rounds/Safe2Start fully embedded across all four wards.
- Functional Rehabilitation plans for patients also implemented across four wards.
- D2RA implementation continues across the YCC site, however it is acknowledged that further training is required for ward staff.
- Linked up with People Services to address recruitment and retention issues, and in the process of implementing a number of workforce development initiatives.
- AMaT audit compliance against eight key areas remains excellent across wards. Of particular note is compliance against IP&C requirements such as environment, uniform and BBE/HH.

YSBYTY CWM RHONDDA

- D2RA project group set up with ToR in place and expert support.
- Implementation of OneList app is helping track the journey of patients throughout their hospital stay to ensure effective steps towards discharge are being taken.
- Safe2Start embedded as daily practice to inform sharing of resource across site to maintain safety on all 4 wards.
- Workforce planning exercise planned to target longstanding issue with Registered Nursing vacancies.
- Ward Assurance audits being undertaken monthly.
- Community Hospital Performance Dashboard in development.
- YCR engaged with UHW vascular team in relation to the vascular patient pathway; to review and reduce the LoS.
- Stroke – YCR nurse leadership team part of the overall CTM Stroke work being undertaken



- Ward C3, YCR – has achieved 90% as a ward with training compliance
- Wards have achieved 98% PDR compliance (total for site)
- YCR ward teams and RTE DN teams to work in partnership with Citizen's Advice for support to both patients and staff.
- Executive walkaround Ward B2, YCR – immediate feedback was positive.
- Staff Well-being initiatives commenced this month with a walking club being introduced.

PALLIATIVE CARE SERVICES

- YBN, POWH – legionnaire outbreak – Risk assessment completed and actions implemented in agreement with IPC and Estates
- Day units being reviewed and a new model to be implemented in line with current needs of the population.

HMP PARC PRISON

- Governance process being reviewed and scoped.
- SNS to engage and scope required services
- Ombudsman learning (2016) shared, for review and implementation of required actions.
- CTM wide operational meeting arranged to include all departments
- Weekly governance meetings arranged
- Monthly scrutiny governance meetings in place
- Increased use of "spice" amongst inmates detected. Mitigating and education actions put in place to attempt to reduce.

WARD 21, POWH

- Review of Ward 21, POW (Llynfi) undertaken to align staffing model to Community Hospitals
- Staff Well-being initiatives commenced this month with both knitting and gardening clubs in Bridgend



8. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
Related Health and Care standard(s)	Governance, Leadership and Accountability If more than one Healthcare Standard applies please list below: Safe Care Dignified care Effective Care Individual Care
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
Legal implications / impact	Not required
Resource (Capital/Revenue £/Workforce) implications / Impact	There are no specific legal implications related to the activity outlined in this report.
Link to Strategic Goals	There is no direct impact on resources as a result of the activity outlined in this report.
	Improving Care

9. RECOMMENDATION

- 9.1.** The Quality and Safety Committee is asked to **NOTE** the content of this Report.