



Quality and Safety Committee Action Log

Open Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1.	154/21	27.07.2021	Update report on the provision of the Cleft, Lip and Palate Service	KH	April 2022	Added to work programme for April 2022
2.	276/21	23.11.2021	<ul style="list-style-type: none"> - Actions surrounding the vaccine booking line issues to be reported in the next iteration of the patient experience report. - A breakdown of what elements of communication are causing patient issues to be included in next iteration of the patient experience report. - Details of the SIs, including where, what, themes and actions be included in the next iteration of the report. 	HL	January 2022	To be included in next iteration of the patient experience report.

3.	31/21	23.02.2021	Update on the additional 10 chemotherapy chairs at the day unit be provided Committee.	J Worthing	February 2022	A business case is being worked through by the Service Director for NPT Hospital and Singleton Hospital as part of Systematic Anti-Cancer Therapy (SACT) capacity, which links to the current unit (Singleton Hospital) or options around utilising NPT Hospital. Scheduled for February 2022, however will need to be taken through Management Board first.
4.	138/21, 127/21, 206/21, 245/21	27.07.2021 28.09.2021 26.10.2021	Older People's Charter to be revised along with the principles.	CW/ GH	January 2022	Meeting scheduled with Maggie Berry, Christine Williams and Gareth Howells on 2 nd December 2021. Update to be brought back to Quality and Safety Committee once the detail has been agreed.
5.	279/21	23.11.2021	Steve Spill and Darren Griffiths to discuss financial options to strengthen management and use of controlled drugs.	DG	December 2021	DG – Please can you provide an update?
6.	281/21	23.11.2021	Quality and Safety Governance Group - Update in the position of the recruitment process surrounding	ND	December 2021	To be included in next iteration of the QSGG Report. On agenda.

			<p>the Doctor for Safeguarding be detailed in December's QSGG report</p> <ul style="list-style-type: none"> - SI learning to be shared with other service groups and details to be included in the next iteration of the QSGG report. 			
7.	252/21	26.10.2021	Update report on the Welsh Health Circular quality and safety framework be received in December 2021.	ND	December 2021/ January 2022	A verbal updated on agenda and substantive update to be received in January 2022.



Closed Actions						
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8.	249/21	26.10.2021	Update on the position of the screening for foetal growth assessment in line with gap-grow be scheduled for December 2021.	GH/ Melanie Llewellyn	December 2021	On agenda – Maternity Risk Report
9.	219/21	28.09.2021	The timetable for CHC reviews to be requested and incorporated into the Quality and Safety Committee work programme.	LS	November 2021	CHC reports are shared with the service groups by the head of engagement who will request an action plan. The governance team will be copied into these so the reports and action plans can be added to a meeting agenda in-line with the timescales, but taken through the QSGG first. The CEO has asked for more work to be done on the orthopaedics report and the service group is finalising

						the report for inpatients and these will be on the agenda for the November meeting. On November's agenda. Completed.
10.	276/21	23.11.2021	Prison deaths Serious Incidents be added to in-committee work programme.	December 2021	SS	Completed.
11.	280/21	23.11.2021	Ward to board dashboard be taken through a future Management Board meeting.	GH	January 2022	Referred to Management Board and scheduled for 12.01.2022. Completed.
12.	275/21	23.11.2021	An update on IPC recruitment and retention be taken through Management Board in December, with an update to follow at December and January's Quality and Safety Committees.	GH/ DD	December 2021 and January 2022	On agenda. Referred to Management Board scheduled 15/12/2021.



Relevant action's detailed within reports received to Quality and Safety Committee

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1.	153/21	-	<p><u>Infection, Prevention and Control (IPC)</u></p> <ul style="list-style-type: none"> Immunisation & vaccination. Review by the Business Case Group of the business case for a sustainable Vaccination & Immunisation Service to improve the uptake of vaccinations against Influenza and other preventable communicable diseases. Target completion date set back to 31/12/21. Lead: Matron Immunisation, Vaccination & Assistant Director of Nursing. Impact; reducing preventable communicable disease. Working with Digital intelligence to identify specification for the infection dashboard. QP Action 1: In collaboration with Digital Intelligence team, identify the specification for infection information acquisition from 	DD	-	-

			<p>Laboratory information System. Target completion date: 31/12/21. Lead: Head of Nursing Infection Prevention & Control, and Business Intelligence Information Manager. Impact: enable oversight of key indicators at Ward, Specialty, and Delivery Unit and Board level to enable early intervention and improve patient safety.</p> <ul style="list-style-type: none"> Antimicrobial initiatives – Primary Care Action: Baseline audits completed for cluster-based antibiotic quality improvement projects in Afan and City Health Clusters. Proposal and project plan for focus on urinary tract infection (UTI), and skin and soft tissue infections due to be agreed at next Primary Care, Community & Therapies Group HCAI/AMR meeting. Target completion date: Quarter 3, 2021/22. Lead: Antimicrobial Pharmacy team. Impact: Identify priority targets for QI interventions to improve compliance to guidelines and overall volumes of prescribing within the GP practice. Antimicrobial initiatives – Health Board Action: A new Antimicrobial Stewardship Framework, governance structure and implementation plan has been agreed by 			
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			<p>the Clinical Outcome and Effectiveness Group. Reconvening the Antimicrobial Stewardship Group is critical to the implementation of the Framework and work to identify a new clinical chair is on-going. Target completion date: Quarter 4, 2021/22. Impact: Improve governance arrangements around antimicrobial stewardship with the health board and promote ownership and action at a service delivery group and cluster/speciality level.</p> <ul style="list-style-type: none"> • <i>Clostridioides difficile</i> infection <p>Action: Digital Intelligence are developing an electronic investigation tool to allow MDT input and improve scrutiny and identification of themes by HB <i>C. difficile</i> Scrutiny Panel. Target completion date: draft of first stage developed. Additional development required, and date extended to Quarter 4, 2021/22. Lead: Quality Improvement Matron IPC, Public Health Wales Infectious Diseases/Microbiology Consultant. Impact: More robust system to collate themes and shared learning to improve the focus of prevention and management initiatives, leading to a reduction in <i>C. difficile</i> infection.</p>			
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			<p>Bacteraemia improvement</p> <ul style="list-style-type: none"> • Action: Morriston Service Group's Medical Director has established a Consultant-led bacteraemia group, with multi-disciplinary representation, including a Public Health Wales Microbiologist, to review investigations of significant bloodstream infections and share lessons learned. Target completion date: group meeting dates set through 2021/22. Lead: Morriston Hospital Service Group Directors. Impact: reduction in significant bloodstream infections and share methodologies across the Health Board. <p>Domestic staff recruitment</p> <ul style="list-style-type: none"> • Action: Recruitment process for additional cleaning staff progressing. Target completion date: Recruitment is ongoing process to meet possible shortfalls that occur through vacancies caused by retirement or staff leaving for alternative job opportunities. Lead: Support services manager. Impact: Increased domestic staffing to provide cleaning hours required. 			
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