



Quality and Safety Committee Action Log

Open Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1.	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.
2.	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.
3.	252/21	26.10.2021	Update report on the Welsh Health Circular quality and safety framework be received at future meeting.	PSD/ GH	February 2022	A substantive update to be received in February 2022.



Closed Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
4.	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
5.	281/21	23.11.2021	Quality and Safety Governance Group <ul style="list-style-type: none"> - Update in the position of the recruitment process surrounding the Doctor for Safeguarding be detailed in December's QSGG report - SI learning to be shared with other service groups and details to be included in the next iteration of the QSGG report. 	ND	December 2021	Completed.

6.	276/21	23.11.2021	Patient Experience Report <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	On agenda.
7.	312/21	21.12.2021	A substantive report on substance misuse to come to March's Quality and Safety Committee.	KR	March 2022	Added to work programme.
8.	317/21	21.12.2021	Confirmation to be provided to Martyn Waygood surrounding the reasons of the high referrals in Lymphoedema.	AC	December 2021	Completed. Response provided to Martyn Waygood and Steve Spill on 22/12/2021. "The reason for the high number of referrals for SBUHB is that the data includes the Bridgend catchment area. The SLA ends March 31st so will reduce by 1000 patients."

9.	313/21	21.12.2021	A report on clinical optimised patients from a quality and safety perspective be taken through January's Quality and Safety Committee.	IR	January 2022	Referred to Management Board on 26 th January 2022.
10.	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	A meeting is scheduled for 3 rd February 2022 to take this forward.



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. <p>Action: 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.</p> <p>Target completion date: provisional outcome anticipated by 31/01/22. Lead: Matron Immunisation, Vaccination &</p>	DD	-	-

			<p>Assistant Director of Nursing. Impact: Reducing preventable communicable disease.</p> <p>Action: There will be the development of an action plan in line with the State of the Nation 2021: Social Mobility and the Pandemic July 2021 report. Target completion date: To be agreed. Lead - Executive Director of Nursing.</p> <ul style="list-style-type: none"> • <i>Working with Digital intelligence to identify specification for the infection dashboard</i> <p>QP Action: In collaboration with Digital Intelligence team, establish the data feed from LIMS, quality control and verify the accuracy of the data accessed. Target completion date: slippage due to COVID pressures to 31/03/22. 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"> • <i>Antimicrobial initiatives – Secondary Care</i> <p>Action: Education and training sessions to highlight the changes in the secondary care</p>			
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			<p>antimicrobial guidelines to minimise use of broad-spectrum antibiotics. Target Completion Date: Quarter 4, 2021/22. Lead: Consultant Antimicrobial Pharmacist. Impact: Decrease prescribing of broad-spectrum antibiotics that are high risk for <i>C. difficile</i> and antibiotic resistance.</p> <ul style="list-style-type: none"> • Antimicrobial initiatives – Primary Care Action: Baseline audits complete for cluster-based antibiotic quality improvement projects in Afan and City Health Clusters. Focus on UTI and skin and soft tissue infections. Project plan approved by PCCS HCAI/ AMR group and first PDSA cycles are underway. Target Completion Date: Quarter 4, 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 the Clinical Outcome and Effectiveness Group. Reconvening the Antimicrobial 			
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			<p>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> <p>• <i>Clostridioides difficile</i> infection 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. The electronic data collection tool is being piloted to investigate new cases of <i>C. difficile</i> infection identified in hospital. 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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			<ul style="list-style-type: none"> • <i>Bacteraemia improvement</i> 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><i>Domestic staff recruitment</i></p> <p>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.</p> <ul style="list-style-type: none"> • <i>Decant (Quality Priority - built environment for management and prevention of HCAI)</i> Action: The feasibility including a decant facilities would enable work that is essential 			
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			<p>for reducing infection risks from respiratory infections, including COVID-19, improving mechanical ventilation in inpatient areas to standards set in national, and WHO, guidance documents. Decant facilities are essential for enabling upgrade inpatient areas to increase single room accommodation, to meet standards set in national Health Building Note guidance.</p> <p>Target completion date: <i>currently deferred due to COVID and service pressures.</i> Lead: Assistant Director of Strategy Capital, Assistant Director of Strategy Estates.</p>			
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