



## Quality and Safety Committee Action Log

Open Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1.	31/21	23.02.2021	<b>Systematic Anti-Cancer Therapy (SACT)</b> Systematic Anti-Cancer Therapy (SACT) business case update to include an update on the additional 10 chemotherapy chairs at the day unit to be discussed at the	J Worthing	March 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. Report scheduled for March 2022, however needs to be taken through Management Board initially on 9 <sup>th</sup> March 2022.
2.	138/21, 127/21, 206/21, 245/21	27.07.2021 28.09.2021 26.10.2021	<b>Older People's Charter</b> Older People's Charter to be revised along with the principles.	GH	April 2022	An update to be provided at April's Quality and Safety Committee.

	05/22	25/01/2022				
3.	252/21	26.10.2021	<b>Welsh Health Circular quality and safety framework</b>  Update report on the Welsh Health Circular quality and safety framework be received at February's meeting.	PSD/ GH	September 2022	SBUHB is undertaking a wide reaching review of quality and safety to ensure processes are in place to accurately report Ward to board assurance on its business and allow easy access and early warnings when things are going wrong but also to celebrate success and the learning from both and how we share as an organisation.  These processes take time in an organisation of this size and complexity to complete. A report to be received at the end of Q4.
4.	281/21 05/22	23.11.2021 20.01.2022	<b>Quality and Safety Governance Report</b>  Update in the position of the recruitment process surrounding the Doctor for Safeguarding be detailed in the next iteration of the QSGG report.	PSD	March	To be added to March's agenda as no meeting in February.

5.	08/22	20.01.2022	<b>Allocation of funds to support long waiters</b> A report on the allocation of funds to support long waiters be taken to February's Quality and Safety Committee.	CW	April 2022	To be added to April's agenda as service is being established and some elements will not be in place until April.
6.	09/22	20.01.2022	<b>Patient Experience Report</b> Themes and lessons learned from general complaints to be included in the next iteration of the patient experience report.	HL	March 2022	To be included on March's agenda in the next iteration of the patient experience report.
7.	10/22	20.01.2022	<b>CHC GP Access report – progress of actions and recommendations</b> Progress report on GP access following review by CHC be received at a future Quality and Safety Committee, and the Medical Director and Service Director for PCTS attend to present the report.	BO/AM	April 2022	To be included in PCTS' service group highlight report in April 2022.



Closed Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
8.	07/22	25.01.2022	Refer domestic recruitment turnover to the Workforce and OD Committee.	MB	February 2022	Referred to Workforce and OD Committee for meeting scheduled 8 <sup>th</sup> February 2022.
9.	313/21	21.12.2021	<b>Clinically Optimised Patients</b> A report on clinical optimised patients from a quality and safety perspective be taken through January's Quality and Safety Committee.	IR	February 2022	On agenda.
10.	07/22	20.01.2022	<b>Infection Prevention and Control</b> An update on the business case for sustainable immunisation and vaccination be included in the next iteration of the IPC report.	DD	February 2022	On agenda – included in the Infection, Prevention and Control Report



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CYMRU  
**NHS**  
WALES

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Bae Abertawe  
Swansea Bay University  
Health Board



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

### Open Actions

Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1.	153/21	-	<p><u>Infection, Prevention and Control (IPC)</u></p> <p><i>Maintain infection Prevention &amp; Control Support for COVID-19</i></p> <ul style="list-style-type: none"> <li><b>Action:</b> Continue to provide support and advice in relation to COVID-19 for clinical and non-clinical staff</li> </ul>	DD	-	-

			<p>across the Health Board. <b>This will be ongoing throughout the third wave, which has commenced.</b>  <b>Lead:</b> Head of Nursing IP&amp;C.  <b>Impact:</b> Safe practices to protect the health of patients, staff and wider public.</p> <ul style="list-style-type: none"> <li>• <b>Action:</b> Development of further proposals and actions following the presentation to Management Board in December of the “HCAI - State of the Nation” paper. <b>Target completion date: 28/02/22.</b> <b>Lead:</b> Executive Director of Nursing &amp; Patient Experience, supported by Head of Nursing IP&amp;C.</li> </ul> <p><b>Immunisation &amp; Vaccination</b></p> <ul style="list-style-type: none"> <li>• <b>Action:</b> Further revision and clarification of the business case for a sustainable Vaccination &amp; Immunisation Service to improve the uptake of vaccinations against Influenza and other preventable communicable diseases. <b>Target completion date:</b> provisional outcome anticipated by <b>31/03/22.</b></li> </ul>			
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			<p><b>Lead:</b> Matron Immunisation, Vaccination &amp; Assistant Director of Nursing. <b>Impact:</b> Reducing preventable communicable disease.</p> <p><b><i>Development of ward dashboards key infections (HCAI Quality Priority, 100 Day Plan)</i></b></p> <p><b><i>Working with Digital intelligence to identify specification for the infection dashboard.</i></b></p> <ul style="list-style-type: none"> <li>• <b>QP Action:</b> In collaboration with Digital Intelligence team, establish the data feed from LIMS, quality control and verify the accuracy of the data accessed. <b>Target completion date:</b> slippage due to COVID pressures to <b>31/03/22</b>. <b>Lead:</b> Head of Nursing Infection Prevention &amp; Control, and Business Intelligence Information Manager. <b>Impact:</b> enable oversight of key indicators at Ward, Specialty, and Delivery Unit and Board level to enable early intervention and improve patient safety.</li> </ul>			
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			<p><b><i>Achieve compliance with Infection Prevention-related training (HCAI Quality Priority, 100 Day Plan)</i></b></p> <ul style="list-style-type: none"> <li>• <b>Action:</b> Service Groups to develop improvement plans for IPC training compliance. <b>Target completion date:</b> This is dependent on ESR functionality. <b>Lead:</b> Learning &amp; Development Team. <b>Impact:</b> Improve reliability of data on compliance with IPC training for all Service Group staff.</li> </ul> <p><b>Drive Improvements in Prudent Antimicrobial prescribing (HCAI Quality Priority 6 &amp; 7, 100 Day Plan)</b></p> <p><b>Antimicrobial initiatives – Secondary Care</b></p> <ul style="list-style-type: none"> <li>• <b>Action:</b> Education and training sessions to highlight the changes in the secondary care antimicrobial guidelines to minimise use of broad-spectrum antibiotics. <b>Target Completion Date:</b> Quarter 4, 2021/22. <b>Lead:</b> Consultant Antimicrobial Pharmacist. <b>Impact:</b> Decrease prescribing of broad-spectrum antibiotics that are high risk</li> </ul>			
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			<p>for <i>C. difficile</i> and antibiotic resistance.</p> <p><b>Antimicrobial initiatives – Primary Care</b></p> <ul style="list-style-type: none"> <li>• <b>Action:</b> Cluster-based antibiotic quality improvement projects in Afan and City Health Clusters continue to progress. Focus on UTI, skin, and soft tissue infections, including long-term antibiotics. Improvements in UTI prescribing observed in the first GP surgeries targeted and learning is being evaluated and spread. PDSA cycles, 2 underway focusing on long-term antibiotics. <b>Target Completion Date:</b> Quarter 4, 2021/22. <b>Lead:</b> Antimicrobial Pharmacy team. <b>Impact:</b> Identify priority targets for QI interventions to improve compliance to guidelines and overall volumes of prescribing within the GP practice.</li> </ul> <p><b>Antimicrobial initiatives – Health Board</b></p> <ul style="list-style-type: none"> <li>• <b>Action:</b> A new Antimicrobial Stewardship Framework, governance structure and</li> </ul>			
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			<p>implementation plan has been agreed by the Clinical Outcome and Effectiveness Group. Reconvening the Antimicrobial Stewardship Group is critical to the implementation of the Framework. An interim chair has been agreed and the first meeting is being arranged. <b>Target completion date:</b> Quarter 4, 2021/22. <b>Lead:</b> Consultant Antimicrobial Pharmacist. <b>Impact:</b> 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><b>Antimicrobial initiatives – Health Board</b></p> <ul style="list-style-type: none"> <li>• <b>Action:</b> The Antimicrobial Stewardship Group will undertake a review of antibiotic prescribing data for the Health Board, including the agreed key prescribing indicators. Utilisation of e-prescribing data to enhance the current data will be investigated. The review will also include improving accessibility to</li> </ul>			
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			<p>antibiotic prescribing data via dashboards. <b>Target completion date:</b> Quarter 2, 2022/23. <b>Lead:</b> Consultant Antimicrobial Pharmacist. <b>Impact:</b> Achieve provision of clinically relevant prescribing data in a timely and accessible manner to all clinical staff, in order to drive improvements.</p> <p><b>Tier 1 infections</b></p> <p><b>Action:</b> Executive Medical Director and Director of Nursing establishing monthly meetings with Service Group Directors to review IPC issues, receive feedback on outcomes of post-infection reviews, and discuss planned actions. <b>Target date:</b> Quarter 4, 2021/22. <b>Impact:</b> Improved governance and accountability at Service Group level.</p> <p><b>Clostridioides difficile infection</b></p> <ul style="list-style-type: none"> <li><b>Action:</b> Digital Intelligence are developing an electronic investigation tool to allow MDT input and improve scrutiny and identification of themes by HB C. <i>difficile</i> Scrutiny Panel. The</li> </ul>			
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			<p>electronic data collection tool is being piloted to investigate new cases of <i>C. difficile</i> infection identified in hospital.</p> <p><b>Target completion date:</b> draft of first stage developed. Additional development required, and date extended to Quarter 4, 2021/22.</p> <p><b>Lead:</b> Quality Improvement Matron IPC, Public Health Wales Infectious Diseases/Microbiology Consultant.</p> <p><b>Impact:</b> 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> <p><b>Bacteraemia improvement</b></p> <ul style="list-style-type: none"> <li>• <b>Action:</b> 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. A digital investigation tool has been developed and is to be implemented.</li> </ul>			
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			<p><b>Target completion date:</b> Quarter 1, 2022/23. <b>Lead:</b> Morriston Hospital Service Group Directors. <b>Impact:</b> timely review of cases, identification of themes, reduction in significant bloodstream infections and share methodologies across the Health Board.</p> <p><b>Domestic staff recruitment</b></p> <ul style="list-style-type: none"> <li>• <b>Action:</b> Recruitment process for additional cleaning staff progressing. <b>Target completion date:</b> Recruitment is ongoing process to meet possible shortfalls that occur through vacancies caused by retirement or staff leaving for alternative job opportunities. <b>Lead:</b> Support services manager. <b>Impact:</b> Increased domestic staffing to provide cleaning hours required.</li> </ul> <p><b>Decant (Quality Priority - built environment for management and prevention of HCAI)</b></p> <p><b>Action:</b> The feasibility including a decant facilities would enable work that is essential for reducing infection risks from respiratory infections, including</p>			
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			<p>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. <b>Target completion date:</b> <i>included in Capital funding bid for 2022/23.</i> <b>Lead:</b> Assistant Director of Strategy Capital, Assistant Director of Strategy Estates.</p>			
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