





| | 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 at March's Committee. | J Worthing | October 2021 | 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. Jan Worthing suggested an update is provided in October. | | |
| 2. | 138/21 and 127/21 | 27.07.2021 | Older People's Charter to be revised along with the principles. | CW/ GH | September 2021 | Arrangements for the older people's standards are being reviewed and work is ongoing to align the older people's charter. | | |

| 3. | 154/21 | 27.07.2021 | Update report on the provision of the Cleft, Lip and Palate Service | DL | April 2022 | To be added to April 2022 agenda. |
|----|--------|------------|--|----|-----------------|---|
| 4. | 184/21 | 24.08.2021 | IAS transition for children and young adults to be taken through an executive team meeting for escalation. | SK | October 2021 | The issues relating to the transition of IAS service users from paediatric to adults services have been longstanding. As clinical discussions at a local level within the service have not been able to resolve the matter, a meeting of the IAS senior team along with the senior team for children and young people services is taking place in September 2021 to progress the matter. Given the operational nature, any further escalation will be through the service group initially. Is also suggested that the Quality and Safety Governance Group receive an update in October which then be reported to the committee. |





Bwrdd Iechyd Prifysgol Bae Abertawe Swansea Bay University Health Board



| | Closed Actions | | | | | | | |
|---------------|----------------|------------|--|------|-------------------|---|--|--|
| Action No. | Minute Ref. | Date | Agreed Action | Lead | Timescale | Status | | |
| 5. | 174/21 | 24/08/2021 | A follow-up on Jacob's outcome to take place and be reported to committee members for assurance. | PT | August 2021 | Email shared to committee members on 24/08/2021. Completed. | | |
| 6. | 182/21 | 24.08.2021 | An update ophthalmology report be added to the work programme for December 2021. | CW | December 2021 | Added to the work programme. Completed. | | |
| 7. | 135/21 | 22.06.2021 | An update on the progress against the Ombudsman recommendations be received at October's meeting. | RE | October 2021 | Added to work programme for October's agenda as per the recommendation from the Ombudsman. Completed. | | |
| 8. | 155/21 | 27.07.2021 | Friends and family feedback from the MHLD service group to be included in September's iteration of the report. | HL | September 2021 | On agenda | | |
| 9. | 181/21 | 24.08.2021 | The 100-day plans for the five priorities to be appended to the next iteration of | ND | September 2021 | On agenda | | |

3 Quality and Safety Committee – 28th September 2021

| | the Quality and Safety Governance Group Key Issues Report. | | |
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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 | 27.07.2021 | Infection, Prevention and Control (IPC) | DD | - | - |
| | | | Immunisation & vaccination. Action to develop a business case for a sustainable Vaccination & Immunisation Service to improve the uptake of vaccinations against Influenza and other preventable communicable diseases. Target complete on date 30/09/21. Lead: Matron Immunisation, vaccination & Assistant Director of Nursing. Impact; reducing preventable communicable disease. Working with Digital intelligence to identify specification for the infection dashboard. Action 1: In collaboration with Digital | | | |
| | | | Intelligence team, identify the specification for infection information acquisition from Laboratory information System. Target completion date: 31/10/21. 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. | | | |

| Recruitment of key personnel to support delivery of Decontamination and AMR improvement programmes (HCAI Quality Priority 3, 100 Day Plan) – dependent on confirmation of resources and recruitment processes. | | |
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| Action 3.1: Appointment of Band 6 for Decontamination Target completion date: 30.09.21. Lead: Decontamination Lead IP&C. Impact: Support programmes for ensuring robust processes for decontamination of medical devices, with appropriate governance framework. | | |
| Action 3.5: Resourcing for General Practitioner sessions dedicated to antimicrobial stewardship improvement. Target completion date: 30/09/21. Lead: Medical Director Primary Care and Community. Impact: Drive forward antimicrobial stewardship improvement programmes in Primary Care, and improve compliance with key antimicrobial stewardship indicators. | | |