

RAG Rating/Status

At risk	Red - Action date passed or revised date needed
On track	Yellow - Action on target to be completed by agreed/revised date
Complete	Green- Action complete
No longer needed	Blue - Action to be removed and/or replaced by new action

QUALITY, SAFETY AND IMPROVEMENT COMMITTEE

Meeting Item Reference	Action Reference	Lead	Meeting Item Title	Details of action	Update on progress	Original target date	Revised target date	RAG rating/Status
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OPEN ACTIONS FOR REVIEW - NONE

OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE

QSIC 2023.12/13/4.6	QSIC 2023/30	LB	Health and Safety Report (Quarter 2 2023/24)	Committee members sought assurance that there was a system in place to monitor compliance, and queried compliance levels within this specific cohort of employees, particularly those who made use of the Organisations buildings. Noting that this area was within the remit of the People and Organisational Development Committee, the Committee agreed to refer the matter to them for further consideration and would consider the findings at an appropriate time.	21/02/2024: The People and Organisational Development considered an update on Statutory and Mandatory Training at its meeting on the 06 February 2024. A further update will be scheduled for the April 2024 meeting to consider the specific request made from the Quality, Safety and Improvement Committee.	30/04/2024		On Track
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ACTIONS RECOMMENDED TO BE CLOSED AT (21 FEBRUARY 2024) MEETING

QSIC 2022_12_14/4.1	QSIC 2022/14	RBW/MK	Putting Things right report (q2)	FT expanded on a planned piece of work to improve Cervical Screening Incidents, particularly in areas where services were not provided by Public Health Wales. This would include engagement with Health Boards to identify issues and a review of current processes, practices and training for quality improvement. JW suggested a review of the extent of commissioning/specification and requirements for quality assurance and relevant revision at a future meeting.	21/02/24: The improvement work continues with Screening services, and recent data presented at the Board demonstrates improvement in consistency of reporting and also closure times. The key work to develop electronic testing in CSW is likely to be Q1/2 next year as it relies on DHCW capacity, but this will be instrumental in improving accurate test requesting as well a more robust basis for audit, learning and feedback to CSW screeners. In the meantime a pilot on the process is being undertaken in South East region and if this improves the timeliness and evaluates well then this will be rolled out. Suggest action closed as the actions will continue to develop and will be ongoing as part of service improvement. 13/12/23: Improvement work ongoing which includes a retrospective audit of rejected samples and reattendance rates within a 12 month period. The creation of a Digital request form currently scoping with DHCW. The creation of a dashboard to show rejection rates and source to then share with Health boards. Incident training delivered to CSW programme. The procedure to undertake a cervical sample for screening occurs in the main in primary care and is not directed commissioned by PHW but forms part of the General Medical Services contract with health boards. The screening operations team have now enlisted the help of a Public Health Consultant for primary care to establish the most appropriate mechanisms to share and raise quality issues with primary care and once this is established will strengthen the quality aspects of the Long term agreement 18/07/2023: Discussion had with CSW and Quality Team on 7/7. Agreed actions to take forward to improve quality of CSW commissioned services. Avenues being explored/progressed include: 1. Collating data to share trends with primary care clusters 2. Progression to an electronic reporting form for sample takers 3. Work to develop outcome measures/ KPIs taken from Cervical Screening programme standards 4. Strengthen LTA's prior to 3 year annual renewal date 16/05/2023: Work ongoing but programme has not had quality lead recently. This role is being recruited to and this will be taken forward when successful candidate in place. Work planned on electronic referrals in future which will reduce risk of some incidents.	16/05/2023	31/05/2024	Complete
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QSIC 2023_07_18/5.8	QSIC 2023/27	CO	Health and Safety Update: Annual Report 2022/23 and Q1 report 2023/24	Committee members referenced Table 3 (Health and Safety Reported Incidents by Category 2022/23) and commented that it would be useful to have a sense of the problem and impact, and whether there was a mechanism to indicate serious issues and improvements. CO agreed to provide a case study to the Committee at its December meeting which would demonstrate the reporting system benefits to addressing incidents at a system level.	21/02/2024: This has been scheduled for the 21 February 2024 meeting. 13/12/23: Due to a change in personell, the Health and Safety case study has been postponed. This will be rescheduled on the agenda for February 2024	13/12/2023	21/02/2024	Complete
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QSIC 2023.12/13/4.2	QSIC 2023/29	AC	Alerts Report (Quarter 2, 2023/24)	AC highlighted the absence of an Alert's module in Datix Cloud, advising that further work would be undertaken to strengthen the assurance around tracking and completion of alerts actions during 2024/25. AC agreed to update the Committee on any progress in this area via future iterations of the report.	21/02/2024: No update from Datix Cloud timeframe. Exploring other learning systems being used in other HBs (e.g. AMAT, ipassport) to join up learning from alerts/audits etc.			Complete
QSIC 2023.12/13/4.1	QSIC 2023/28	CB	Putting Things Right Report (Quarter 2, 2023/24 including National Reportable Incidents)	CB highlighted the intended focus to improve the closure of incidents and that this would be highlighted within the next iteration of the report.	21/02/2024: The Performance ad Insights Report demonstrates that the longest overdue reports are being closed and closure within 30 days is improving. Focus is now on the longest 6 overdue, and creating narrative around the target closure times, with performance management and PTR support to improve closure times more systematically.			Complete