



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.	210/21	28.09.2021	<p>Details of the increase in complaints over the past two years to be included in the next iteration of the patient experience report.</p> <p>Assurance be provided surrounding the improvement plan for Princess Street Surgery in Gorseinon in the next iteration of the report.</p>	HL	November 2021	To be included in next iteration of the patient experience report. On agenda.
3.	31/21	23.02.2021	Update on the additional 10 chemotherapy chairs at the day unit be provided Committee.	J Worthing	November 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. Scheduled for December 2021, 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	November 2021	A meeting to take place with Maggie Berry, Christine Williams and Gareth Howells and an update to be brought back to Quality and Safety Committee once the detail has been agreed.
5.	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 agenda.
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Closed Actions						
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6.	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
7.	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	Added to work programme for December 2021.
8.	252/21	26.10.2021	Update report on the Welsh Health Circular quality and safety framework be received in December 2021.	ND	December 2021	Added to work programme for December 2021.
9.	234/21	26.10.2021	Francis' story to be shared outside of the meeting.	SJ	October 2021	Story shared with Q&SC colleagues via Microsoft Teams chat on 01/11/2021.
10.	242/21	26.10.2021	Assurance be provided around friends and family feedback and that there	SJ	October 2021	Correspondence from MHLD forwarded to Martyn Waygood on 08.11.2021 to provide assurance.

			would be a work stream around the court of protection cases.			
11.	248/21	26.10.2021	An Independent Member to attend the scrutiny panel meeting on 24 th November 2021.	RO/MB	November 2021	Completed. Reena Owen to attend scrutiny panel.
12.	250/21	26.10.2021	The next iteration of the QSGG report to include the deep dive on the output of monthly redress cases and a focus on concerns management at November's Quality and Safety Committee.	ND	November 2021	On agenda - to be included in November's iteration of the QSGG report.
13.	210/21	28.09.2021	Details of the increase in complaints over the past two years to be included in the next iteration of the patient experience report. Assurance be provided surrounding the improvement plan for Princess Street Surgery in Gorseinon in the next iteration of the report.	HL	November 2021	To be included in next iteration of the patient experience report. On agenda.



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

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1.	153/21	27.07.2021	<p><u>Infection, Prevention and Control (IPC)</u></p> <ul style="list-style-type: none"> • 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 completion date set back to 31/11/21. Lead: Matron Immunisation, Vaccination & Assistant Director of Nursing. Impact; reducing preventable communicable disease. • Working with Digital intelligence to identify specification for the infection dashboard. <p>QP Action 1: In collaboration with Digital Intelligence team, identify the specification for infection information acquisition from 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"> • Recruitment of key personnel to support delivery of Decontamination and AMR improvement programmes (HCAI Quality Priority 3, 100 Day Plan) – dependent on confirmation 	DD	-	-
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			<p>of resources and recruitment processes.</p> <p>Action: Appointment to General Practitioner Clinical Lead sessions dedicated to antimicrobial stewardship and HCAI improvement. Target completion date: 31/12/21. 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.</p> <ul style="list-style-type: none"> • Antimicrobial initiatives – Primary Care <p>Action: Series of cluster-based antibiotic-focused GP prescribing leads sessions underway. Antibiotic prescribing data will be discussed in detail with each practice and an action plan agreed by each practice. Educational content will focus on management of self-limiting infections this winter, promoting self-care and delayed prescriptions whenever clinically appropriate. Target Completion Date: Quarter 3 2021. Lead: Antimicrobial Pharmacy team. Impact: Decrease overall volume of prescribing in primary care through increased education and awareness around management of self-limiting conditions amongst clinicians.</p> <p>Action: Baseline audits completed for cluster-based antibiotic quality</p>			
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		<p>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 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.</p> <ul style="list-style-type: none"> • Antimicrobial initiatives – Health Board Action: The Clinical Outcome and Effectiveness Group has agreed a new Antimicrobial Stewardship Framework and governance structure. This includes recruitment of a new clinician chair for the health board antimicrobial stewardship group. An implementation plan will now be drafted and agreed in the next COEG meeting. 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 			
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			<ul style="list-style-type: none"> • <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. 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. 			
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