



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	DL/KH	April 2022	To be added to April 2022 agenda.
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.
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 November.
4.	138/21, 127/21, 206/21	27.07.2021	Older People's Charter to be revised along with the principles.	CW/ GH	October 2021	An update be brought to October's meeting.
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.



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Closed Actions

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6.	207/21	28.09.2021	Deep dive into IPC to be escalated to Board for a future meeting	SS	November 2021	Completed.
7.	217/21	28.09.2021	100-day plans to be brought to January's Quality and Safety Committee.	ND	January 2022	Added to work programme for January's meeting.
8.	207/21	28.09.2021	A report surrounding the IPC All Wales position to be received at October's committee.	GH	October 2021	On agenda
9.	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.
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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 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. <p>QP Action 1: In collaboration with Digital Intelligence team, identify the specification for infection information acquisition from Laboratory information System. Target completion date: 31/10/21. Lead: Head</p>	DD	-	-

			<p>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 of resources and recruitment processes. <p>Action 3.1: Appointment of Band 6 for Decontamination. Target completion date: set back to 30.11.21, as post advert went live only on 14.09.21. Lead: Decontamination Lead IP&C. Impact: Support programmes for ensuring robust processes for decontamination of medical devices, with appropriate governance framework.</p> <p>Action 3.5: Resourcing for General Practitioner sessions dedicated to antimicrobial stewardship improvement. Target completion date: 31/10/21. 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>			
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			<p>Antimicrobial initiatives – Secondary Care</p> <p>Action 6. Action: Junior-doctor led antimicrobial quality improvement projects have been launched. A large number of trainees have been recruited and trained, support will continue be provided for the projects over the next 4 months. Target Completion date: Quarter 4 2021/22. Lead: Antimicrobial Pharmacist Impact: Increase awareness amongst junior doctors around “Start smart then focus”, the gold standard approach to antibiotic prescribing and directly involve prescribers in the improvement work. Completed projects will be reviewed and successful interventions highlighted and spread.</p> <p>Action 7. Action: Education and training sessions to highlight the changes in the secondary care antimicrobial guidelines to minimise use of broad-spectrum antibiotics. Target completion date: Quarter 3, 2021. Lead: Consultant Antimicrobial Pharmacist Impact: Decrease prescribing of broad-spectrum antibiotics that are high risk for <i>C.difficile</i> and antibiotic resistance.</p>			
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