

## Quality Safety and Outcomes Action Log for 31 March 2025

Action Ref	Minute Reference and Action	Owner	Due Date	Progress	Status
<b>2 September 2024</b>					
QPSC24/006 (Legacy Action from WHSSC QPSC)	<p><b>QPSC24/062 – Patient Story</b> The work on the quality newsletter was highlighted as this was also a further source of information sharing on lessons learned. The purpose of the Newsletter was being discussed internally within the NWJCC.</p> <p><b>ACTION:</b> SE to seek an update from the NWJCC Chair in relation to the Quality newsletter.</p>	SE	Feb 2025	<p><b>04.11.2024</b> - Members <b>agreed</b> to keep this action under review and for it to be picked up as part of the new sub-committee arrangements.</p> <p><b>24.01.2025</b> – Verbal update provided at the inaugural QSO meeting 3 February 2025 meeting. Discussed at meeting and new action agreed – see action QSO25/001. <b>Legacy Action Completed.</b></p>	<b>CLOSED</b>
<b>4 November 2024</b>					
QPSC24/007 (Legacy Action from WHSSC QPSC)	<p><b>QPSC24/093 – Cancer and Blood Commissioning Team Report</b> Plastics - DR asked how much information there was on the long and short term impact on these patients.</p> <p>CH confirmed ID would be able to provide this information but was not present and would seek an update outside of the meeting.</p>	ID/MW	Feb 2025	<p><b>24.01.2025</b> – Verbal update to be provided at the meeting.</p> <p><b>03.02.2025</b> – An update was provided at the inaugural QSO meeting 3 February 2025 meeting. <b>Legacy Action Completed.</b></p>	<b>CLOSED</b>

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	<b>ACTION:</b> ID to provide information on the long and short term impact on these patients.				
<b>3 February 2025</b>					
QSO25/001	<p><b>QSO25/005 - Action Log</b> Members discussed the reporting mechanisms into Health Boards (HBs), with the Director of Nursing &amp; Quality suggesting the reinstatement of the Quality Newsletter to share information with HBs, as this highlighted good practice and service improvements. Phil Kloer (PK) asked for clarification on whether this will be part of the reports moving forward.</p> <p><b>ACTION:</b> Share examples of previous quality newsletters with the committee members to illustrate the areas covered and the proposed content for future JCC quality newsletters.</p>	CB	June 2025	<b>24.03.2025</b> – A draft JCC Quality newsletter was presented to the SLT on 19.3.2025. It was agreed that further work be undertaken to develop the newsletter and an updated newsletter will be presented to a future meeting for discussion. <b>Not yet due.</b>	<b>OPEN</b>
QSO25/002	<p><b>QSO25/007 - Forward Plan of Business</b> Mandy Rayani (MR) suggested that the incident and concerns report could be expanded to include a broader patient experience report, highlighting key experiences and outcomes. CB and MR agreed to work together to ensure that the reporting on patient outcomes and experience was comprehensive and provided members with the necessary assurance.</p>	CB / MR	March 2025	<b>07.03.2025</b> - CB discussed with MR on 04.03.25. Changes to be included in future reporting. <b>Action Completed.</b>	<b>CLOSED</b>

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	<b>ACTION:</b> CB and MR to undertake work to ensure that the reporting on patient outcomes and experience was captured and included.				
QSO25/003	<p><b>QSO25/008 - Patient Story</b> The patient shared his personal experience about the use of MPK service and highlighted the positive impact of MPKs on his mobility, confidence and quality of life, including reduced fear of falling and improved mobility.</p> <p><b>ACTION:</b> Share the MPK patient story presentation and posters with members for information.</p>	HT	March 2025	<b>03.02.2025</b> – Information circulated. <b>Action completed.</b>	<b>CLOSED</b>
QSO25/004	<p><b>QSO25/10 - Report from the Director of Commissioning for Specialised Services - Paediatric and Neonatal Services</b> Members queried whether neonatal and paediatric services should be escalated to the JCC but after discussion agreed that the pace was slow but as Cardiff &amp; Vale University Health Board (CVUHB) were due to attend the March 2025 QSO meeting to present on the improvements it was agreed to wait until after this meeting before deciding on whether to escalate this to the JCC.</p> <p><b>ACTION:</b> Provide an update on the strategic approach and progress for resolving issues in neonatal and paediatric</p>	MW	March 2025	<b>05.03.2025</b> – On the Agenda Item 4.2. <b>Action Completed.</b>	<b>CLOSED</b>

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	services, including infection prevention and control measures, for the March 2025 meeting.				
QS025/005	<p><b>QSO25/10 - Report from the Director of Commissioning for Specialised Services – Plastic Surgery</b></p> <p>SBUHB have received confirmation of planned care funding to address the 104-week waits in plastic surgery by the end of March 2025. MW noted that the JCC was still waiting for information regarding long waiters. SBUHB had confirmed to the JCC that they regularly reviewed all of their long waiters, but the JCC had requested additional information for assurance.</p> <p><b>ACTION:</b> Provide a specific update on the qualitative information regarding the review of long waiters for plastic surgery at the March 2025 meeting.</p>	MW	March 2025	<p><b>12.03.2025</b> – Response received from SBUHB which confirms the below:</p> <ul style="list-style-type: none"> <li>• The Datix system provides the mechanism for reporting concerns over potential patient harm. There have been no Datix submissions in 2024/25 related to the cohort of patients waiting over 104 weeks for plastic surgery (that was due to their wait for plastic surgery).</li> <li>• All paediatric and DIEP patients in the 104 weeks breach cohort were treated by February 2025. There is a plan in place for treating all remaining patients in the 104 weeks breach cohort by the end of March 2025.</li> <li>• Patients with long waits are contacted routinely by administrative staff as part of on-going waiting list validation. Where any concerns are raised by patients regarding their clinical circumstances and long wait, this is escalated to the clinical team.</li> </ul>	<b>CLOSED</b>

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				<ul style="list-style-type: none"> <li>There is currently no system in place for routinely monitoring/reviewing the impact on patients of long waiting times for plastic surgery. As noted, the Datix system is in place where potential harm becomes apparent to the clinical team.</li> </ul> <p><b>Action Completed.</b></p>	
QSO25/006	<p><b>QSO25/011 - Report from the Director of Commissioning for Ambulance Services &amp; 111</b></p> <p>Phill Taylor (PT) added there was an upcoming meeting with the Welsh Government to discuss next steps scheduled for 5 February 2025, and the outcomes would be presented to the Cabinet Secretary at the end of February 2025. SE suggested an update to be brought back to March 2025 meeting.</p> <p><b>ACTION:</b> Provide an update on the ongoing work around ambulance measures review and bundle compliance at the March 2025 meeting.</p>	RW	March 2025	<p><b>25.03.2025</b> – Update is provided in the Directors Report and accompanying appendices – Item 4.3. <b>Action Completed.</b></p>	<b>CLOSED</b>
	<p>PK inquired about missing data in the report, specifically the percentage of patients kept at home rather than transferred to hospitals. It was explained that changes in reporting systems had caused gaps in data,</p>	RW	March 2025	<p><b>25.03.2025</b> – Update is provided in the Directors Report and accompanying appendices – Item 4.3. <b>Action Completed.</b></p>	<b>CLOSED</b>

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	<p>but efforts were being made to address this issue.</p> <p><b>ACTION:</b> Ensure the inclusion of the percentage of patients kept at home rather than transferred to hospitals in the next report.</p>				
	<p>AM suggested adding immediate release red and amber data to the report. PT confirmed that the data was available and agreed to include it in future reports, along with an update on work regarding immediate release requests.</p> <p><b>ACTION:</b> Include immediate release red and amber data to the next report.</p>	RW	March 2025	<b>25.03.2025</b> – Update is provided in the Directors Report and accompanying appendices – Item 4.3. <b>Action Completed.</b>	<b>CLOSED</b>
QSO25/007	<p><b>QSO25/013 - Incident and Concerns Report</b></p> <p>One new complaint was received relating to an IVF eligibility concern, which had been closed, and a response was submitted to the provider and there had been eleven new nationally reportable incidents reported to the Commissioning teams and 2 Datix notifications. MR queried the reporting; therefore, CB suggested her team meeting with MR to discuss.</p> <p><b>ACTION:</b> CB and MR to enhance detail within the incidents and complaints report, ensuring patient anonymity.</p>	CB / MR	March 2025	<b>07.03.2024</b> – CB and MR discussed on 04.03.2025. <b>Action Completed.</b>	<b>CLOSED</b>