

**QUALITY & SAFETY COMMITTEE ACTION LOG**  
**9 AUGUST 2021**

Minute Ref.	Date	Agreed Action	Lead	Timescale	Status as at August 2021
QSR/17/39 &  QSR/19/78  QSC/20/96	9 May 2017  August 2019  July 2020	<b>Clinical risks / patient safety issues associated with follow up outpatients not booked (FUNB)</b> Members reinforced their expectation that they required a report on the agreed three specialities to consider whether there was any avoidable harm as a consequence of patients waiting longer than originally planned, to undergo their outpatient follow up appointment. Full update report on FUNB to be presented to the September meeting with specific focus placed on Ophthalmology  Revised FUNB plan to be presented to the September meeting, with particular focus being place on Ophthalmology, which also identified the reduction of risk and identification of harm.	Director of Operations	May 2018 agreed that FUNB be a standing item on the agenda until further notice.  March 2020  July 2020  September 2020  November 2020	<b>Ongoing</b> Regular update reports have been scheduled into the Committees Annual Cycle of Business
QSC/19/181	December 2019	<b>Directorate Exception Report – Children &amp; Young People</b> Concerns expressed at the nurse staffing levels and shortage of Paediatric Doctors identified within the report. Update to be provided at the January 2020 meeting regarding the proposal being developed to address the position	Medical Director	May 2020  Now July 2020  Now October 2020 Due to the redeployment	<b>Ongoing</b> There have been concerted efforts to recruit to the area and some success, however we need to understand how hard it is to recruit to these roles in 'normal' circumstances when considering what success is right now. The pandemic has made it harder to

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				of resources in response to Covid, we are unable to provide the Committee with a revised proposed date for completion at the present time.	recruit and attract to the health board as a whole.  A report on Nurse Staffing levels for Paediatrics was presented to the Executive Team in April 2021 outlining the risks regarding the expansion of the Nurse Staffing Act (NSA) later this year.  June 2021 – Progress remains the same
QSC/20/091	July 2020	<b>Maternity Service Improvement Programme Report</b> Review to be undertaken of the job planning data contained within the report which Independent Members found difficult to understand. Response to be provided outside of the meeting	Assistant Medical Director	December 2020  February 2021	<b>In progress</b> The Medical Workforce Team are currently working to produce, by ILG and Specialty a data set for Consultant job planning and SAS Doctors. There are no plans to create a bespoke report for Neonates and Obstetrics & Gynaecology as steps are being taken to embed this in normal governance moving forward.
QSC/21/031	January 2021	<b>Delivery Unit Action Plan – Cancer Services</b> Further report to be presented to the Committee at a future meeting to provide further assurance	Medical Director	May 2021	<b>Completed</b> Annual Report presented to the May meeting
4.2	March 2021	<b>Assurance on Risks Assigned to the Quality &amp; Safety Committee</b> Discussion to be held outside of the meeting to determine the most appropriate process for providing the Committee with assurance in relation to	Assistant Director of Quality & Safety	May 2021 Now August 2021	<b>In progress</b>

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		DOLS risks			
6.2	March 2021	<b>Report from the Chief Operating Officer Identifying Themes and Trends</b> Concerns and questions raised by P Roseblade to be discussed outside of the meeting	Interim Chief Operating Officer	May 2021	<b>Completed</b>
6.2	March 2021	<b>Report from the Chief Operating Officer Identifying Themes and Trends</b> Unscheduled Care Improvement plan to be presented at the next meeting of the Committee.	Interim Chief Operating Officer	May 2021	<b>Completed</b> Report presented to the May meeting
2.	May 2021	<b>Consent Agenda</b> Discussion to be held outside of the meeting between P Roseblade and N Lyons in relation to the Controlled Drugs Accountability Report, licencing and Workforce implications in particular.	P Roseblade/ Medical Director	July 2021	<b>Completed</b> Discussion has been held
4.2	May 2021	<b>Assurances on Risks Assigned to the Quality &amp; Safety Committee</b> Latest update regarding risks to be shared with Members outside of the meeting	Assistant Director of Governance & Risk	May 2021	<b>Completed</b> Information shared with Members by email outside of the meeting
5.1	May 2021	<b>Covid-19 Update</b> Discussion to be held with the Vaccination Teams in the difficulties being experienced by some members of the public in relation to rearranging appointments	Director of Public Health	May 2021	<b>Completed</b> The issue is now resolved, in that there is now an additional online form to request cancellation or a rebooking. If a patient wants to rebook, the call centre will call them back to rebook.
6.2	May 2021	<b>Report from the Chief Operating</b>	Interim Chief	July 2021	<b>In progress</b>

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		<b>Officer identifying Themes and Trends</b> Update on the Planned Care Recovery Programme from a quality perspective to be presented to the July meeting of the Committee.	Operating Officer		Added to the forward work programme
6.2	May 2021	<b>Report from the Chief Operating Officer identifying Themes and Trends</b> Interim Chief Operating Officer to investigate the issues being experienced in relation to the provision of adequate clear masks to staff who were hard of hearing	Interim Chief Operating Officer	May 2021	<b>Completed</b> This action came from a specific member of staff raising the matter through an IM. This matter has been resolved directly with the member of the team
6.2	May 2021	<b>Report from the Chief Operating Officer identifying Themes and Trends</b> Future ILG reports to identify the steps being taken to address the ambulance handover delay issues.	ILG Directors/Nurse Directors	July 2021	<b>Completed</b> Reports now identify the steps being taken to address ambulance handover delays
6.2.2	May 2021	<b>Merthyr &amp; Cynon ILG Quality &amp; Safety Report</b> Further information to be provided to P Roseblade outside of the meeting in relation to the process for requesting additional funding for posts.	ILG Nurse Director	July 2021	<b>Completed</b> Information sent to P Roseblade by email
6.2.2	May 2021	<b>Merthyr &amp; Cynon ILG Quality &amp; Safety Report</b> Executive Team discussion to be held in relation to the Falls Strategy and when this was likely to be in place. A proposal to be presented to a future meeting of	Director of Public Health/Executive Team	July 2021	<b>Completed</b> The need to develop a Health Board programme for falls was discussed at the July Management Board. This will require the development of a

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		the Committee on this matter.			pathway that includes primary community care as well inpatients. Members of Management Board were tasked to develop a Health Board group for falls and a falls policy.
6.2.2	May 2021	<b>Merthyr &amp; Cynon ILG Quality &amp; Safety Report</b> The work being undertaken on Psychosis and the single point of access to be included in a future iteration of the report.	ILG Nurse Director	October 2021	<b>In progress</b> Update to be included in the October Merthyr & Cynon ILG report
6.2.3	May 2021	<b>Rhondda Taf Ely ILG Quality &amp; Safety Report</b> Healthcare Inspectorate Wales review of Seren Ward to be presented to a future meeting of the Committee.	ILG Director	August 2021	<b>On agenda</b> To be included as an appendix to August ILG report
6.2.3	May 2021	<b>Rhondda Taf Ely ILG Quality &amp; Safety Report</b> Update on the Crisis Care Review to be presented to a future meeting.	ILG Director	October 2021	<b>In progress</b> The ILG have suggested that this is presented to the Committee in October 2021. Added to the forward work programme
6.2.3	May 2021	<b>Rhondda Taf Ely ILG Quality &amp; Safety Report</b> Update to be presented to a future meeting on the legacy work being undertaken in relation to Ophthalmology Follow Up Outpatients Not Booked.	ILG Director	August 2021	<b>In progress</b> Verbal update to be provided at the August meeting
6.4	May 2021	<b>Quality Dashboard</b> Report to be taken at the start of the agenda at the next meeting to enable a fuller discussion to be held.	Director of Nursing	August 2021	<b>Completed</b> This report has now been included at the start of section 6

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6.4	May 2021	<b>Quality Dashboard</b> Update on medication errors to be presented to a future meeting of the Committee.	Director of Nursing	August 2021	<b>Completed</b> Update included in the Quality Dashboard report being presented to the August meeting
6.5	May 2021	<b>Nosocomial HCAI</b> Updates to be presented to the Committee at future meeting in relation to progress being made regarding Nosocomial HCAI reviews.	Director of Nursing	To be agreed	<b>In progress</b> To be added to the forward work programme
6.6	May 2021	<b>Urgent Care Improvement Programme</b> Discussion to be held at the next agenda planning meeting regarding further updates and frequency of reporting.	Committee Chair/Director of Nursing/ Corporate Governance Manager	June 2021	<b>In progress</b> Discussion to be held at the June agenda planning meeting
6.8	May 2021	<b>Stroke Quality Improvement Update</b> Verbal update on Stroke Services to be presented to the July meeting with a written update to be presented to the September meeting.	Interim Director of Therapies and Health Sciences	August 2021	<b>Completed</b> Added to the forward work programme