

QUALITY & SAFETY COMMITTEE ACTION LOG
9 AUGUST 2021

Minute Ref.	Date	Agreed Action	Lead	Timescale	Status as at September 2021
QSR/17/39 & QSR/19/78 QSC/20/96	9 May 2017 August 2019 July 2020	Clinical risks / patient safety issues associated with follow up outpatients not booked (FUNB) 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 Now November 2021	Completed It has been suggested by the Interim Chief Operating Officer that regular updates on FUNB are included in the ILG reports and the overarching COO report from November onwards. Added to the forward work programme
QSC/19/181	December 2019	Directorate Exception Report – Children & Young People Concerns expressed at the nurse staffing levels and shortage of Paediatric Doctors identified within the report. Update to be provided at the January 2020	Medical Director	May 2020 Now July 2020 Now October	Ongoing The Paediatrics team have been creative with their recruitment methods more recently. A number of Doctors have been recruited internationally with this

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		meeting regarding the proposal being developed to address the position		2020 Due to the redeployment of resources in response to Covid, we are unable to provide the Committee with a revised proposed date for completion at the present time.	being the most successful route for them at present for longer term posts. It is visible that efforts are being made to retain these Doctors by providing them with the necessary support and creating development opportunities for them where possible. We have successfully recruited 20 paediatric trained nurses via the student streamlining process this year. We still have a small deficit in both PCH and RGH to meet the safe staffing levels coming in to place from 1 st October, but compliant in POWH. An update on the Nurse Staffing Act is to be provided at the Board Meeting on 30 th September.
QSC/20/091	July 2020	Maternity Service Improvement Programme Report 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	Completed Job planning compliance data is routinely supplied by the M&D eSystems team. This data can be broken down by ILG, CSG and individual speciality, and can be requested at any time.
4.2	March 2021	Assurance on Risks Assigned to the Quality & Safety Committee Discussion to be held outside of the meeting to determine the most appropriate process for providing the	Assistant Director of Quality & Safety	May 2021 Now August 2021 Now November	Completed Report to be presented to the November meeting outlining the pending new legislation. Added to the Forward Work Programme

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		Committee with assurance in relation to DOLS risks		2021	
6.2	May 2021	Report from the Chief Operating Officer identifying Themes and Trends Update on the Planned Care Recovery Programme from a quality perspective to be presented to the July meeting of the Committee.	Interim Chief Operating Officer	July 2021	Completed Report received at the August meeting.
6.2.2	May 2021	Merthyr & Cynon ILG Quality & Safety Report 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	November 2021	Completed Update to be included in the November Merthyr & Cynon ILG report. Added to the forward work programme
6.2.3	May 2021	Rhondda Taf Ely ILG Quality & Safety Report Healthcare Inspectorate Wales review of Seren Ward to be presented to a future meeting of the Committee.	ILG Director	August 2021	Completed Report presented to the August meeting
6.2.3	May 2021	Rhondda Taf Ely ILG Quality & Safety Report Update on the Crisis Care Review to be presented to a future meeting.	ILG Director	November 2021	Completed The ILG have suggested that this is presented to the Committee in November 2021. Added to the forward work programme
6.2.3	May 2021	Rhondda Taf Ely ILG Quality & Safety Report 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 Now 29 September 2021	In progress Ophthalmology Update report to be presented to In Committee Quality & Safety Committee on 29 September. An update on the legacy work will be included in this report

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6.5	May 2021	Nosocomial HCAI Updates to be presented to the Committee at future meeting in relation to progress being made regarding Nosocomial HCAI reviews.	Director of Nursing	November 2021	Completed Added to the forward work programme.
6.6	May 2021	Urgent Care Improvement Programme 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 Now September 2021	Completed The COO has proposed that a specific update on Unscheduled Care is included in each ILG Director of Nursing report with an overall update being captured in the COO report moving forward. Added to the forward work programme.
6.8	May 2021	Stroke Quality Improvement Update 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 Now September 2021	Completed Report on the agenda for discussion
2	August 2021	Consent Agenda Future Chief Operating Officer reports to provide updates in relation to the services that had been placed in escalation by WHSSC, including Ty Llidiard and the FACTS service.	Interim Chief Operating Officer	November 2021	Completed Chief Operating Officer will ensure that this will be included in his next report
4.3	August 2021	Assurances on Risks Assigned to the Quality & Safety Committee Response to be provided to P Roseblade outside the meeting regarding questions raised in relation to risks 3826 and 4292.	Interim Chief Operating Officer	August 2021	Completed Risk ID 3826 – risk reviewed in September 2021 with the following update: "Health Board to engage with WAST colleagues to consider how

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					<p>transfers can be reduced. Meeting with the Chief Operating Officer's and WAST colleagues scheduled for the 10th September. Further update will be received in the October review of this risk."</p> <p>Risk ID 4292 –Risk Closed due to reduction in referral rates during covid/access to extra clinical space. RTE have cleared majority of backlog and recognises that the referral rates for inpatients and outpatients are increasing and we have lost capacity due to IP and C requirements. This risk will be closed and a new risk considered in relation to loss of capacity.</p>
4.3	August 2021	<p>Assurances on Risks Assigned to the Quality & Safety Committee</p> <p>Review to be undertaken outside the meeting in relation to risk 4743 and the detail behind this risk.</p>	Bridgend ILG Nurse Director	August 2021 Now September 2021	<p>In progress</p> <p>Review of risk in the process of being undertaken.</p>
4.3	August 2021	<p>Assurances on Risks Assigned to the Quality & Safety Committee</p> <p>Review to be undertaken of risk 4149 to determine whether this needed to be highlighted as two separate risks.</p>	Bridgend ILG Nurse Director	August 2021	<p>Completed</p> <p>Review completed with Bridgend ILG and Chief Operating Officer and it was agreed that this risk should remain as one as the loss of trust and confidence is a result of the patient impact</p>

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					and should therefore not be split into two separate risks.
6.1	August 2021	Quality Dashboard Full discussion on Medicines Management to take place at a future meeting.	Interim Medical Director	November 2021	Completed Following agreement with the Chair, this has been added to the forward work programme for the November meeting.
6.2	August 2021	Report from the Chief Operating Officer Report to be presented to a future meeting in relation to the plans to address Ophthalmology Waiting Times.	Interim Chief Operating Officer	November 2021	Completed Added to the forward work programme for November 2021
6.3.2	August 2021	Bridgend ILG Quality & Safety Report Response to be provided to P Roseblade outside the meeting in relation to the fall in red calls.	Bridgend ILG Nurse Director	August 2021	Completed Response shared with P Roseblade outside of the meeting
6.3.4	August 2021	Primary Care Quality & Safety Report Review to be undertaken outside the meeting to determine whether the statement made on page 8 of the report regarding no serious incidents being reported to Welsh Government related to the graph above it.	Director of Primary, Community & Mental Health Services	August 2021	Completed The initial incident was reported as a serious incident but subsequent review found it not to be the case hence what appears to be an inconsistent data table and narrative – reported back to IM who asked the question so to close.