

Agenda Item 3.2.1

ACTION LOG QUALITY & SAFETY COMMITTEE					
Minute Reference	Date of Meeting Action Originated	Issue	Lead Officer	Timescale for Action to be completed	Status of Action (as at 11 January 2022)
4.3	August 2021	Assurances on Risks Assigned to the Quality & Safety Committee Review to be undertaken outside the meeting in relation to risk 4743 and the detail behind this risk.	Bridgend ILG Nurse Director	August 2021 Now September 2021	In progress Review of risk in the process of being undertaken.
3.0	November 2021	Consent Agenda – Action log Greater clarity required when recording actions moving forward as to whether the action was a reporting issue or a resolution issue.	Director of Corporate Governance	January 2022	In progress Work being undertaken to strengthen the action log
3.0	November 2021	Consent Agenda – Action Log In relation to action log reference QSC/19/181 - Further detail to be provided to Committee Members outside of the meeting in relation to the work being undertaken in relation to Paediatric Nurse recruitment.	Interim Chief Operating Officer	January 2022	In progress
3.2.7	November 2021	Facilities Report Future iterations of the Facilities Update report to include brief updates on the progress being made regarding the financial review being undertaken within the Directorate	Interim Chief Operating Officer	May 2022	In progress Confirmation provided that an update will be included in the May Facilities report.

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3.2.16	November 2021	Annual Letter 2020-2021 Public Services Ombudsman for Wales Review to be undertaken of the figures reported in the Ombudsman Cover report as these differ from what is report in the main Ombudsman report.	Director of Corporate Governance	January 2022	Completed Explanation shared with Members by email on 11 January 2022
6.1	November 2021	A summary of Avoidable Mortality between 2011 and 2019 and the Covid 19 Update in Cwm Taf Morgannwg Examples of initiatives being undertaken to address the Avoidable Mortality reported position in future iterations of the report.	Director of Public Health	March 2022	In progress
7.1	November 2021	Quality Dashboard Completion date to be requested for Patient Safety Notice PSN052	Assistant Director of Quality & Safety	January 2022	Completed As reported in the Quality Dashboard, compliance has now been achieved in this area.
7.1	November 2021	Quality Dashboard Review to be undertaken of the completion dates identified against the not yet due patient safety notices, some of which had now lapsed. Response to be provided to Members outside the meeting and update to be included in the action log.	Assistant Director of Quality & Safety	January 2022	Completed Confirmation provided outside the meeting that there was an error against PSN057 which should read that the compliance date was 31 January 2022 and not 2021. Confirmation provided that the remaining compliance dates were correct as the report was produced for reporting period September 2021
7.1	November 2021	Quality Dashboard	Interim Medical Director	January 2022	In progress

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		Assurance update to be provided to the Committee at a future meeting in relation to medication errors and the work being undertaken to improve the position.			Report from Medicines Management has been included on the agenda for the January meeting
7.1	November 2021	Quality Dashboard Safe Storage of Medicines Action plan to be shared with Members outside the meeting.	Director of Corporate Governance	January 2022	Completed Action Plan shared with Members by email on 9 December 2021
7.1	November 2021	Quality Dashboard Future hot topics to be presented to the Committee via the Quality Dashboard in relation to Pressure Ulcers and the Deep Dive being undertaken on Thrombosis.	Assistant Director of Quality & Safety	January 2022	In progress Agreed at agenda planning that the next hot topic would focus on a Deep Dive into VTE prevention. Unfortunately, as a result of clinical pressures, Clinical Leads have been unable to undertake a deep dive at this present time.
7.3.3	November 2021	Bridgend ILG Quality & Safety Report Review of templates being used by ILG's to be undertaken to ensure there was consistency of reporting across ILG areas.	ILG Teams	January 2022	Completed Reminder sent to ILG teams on the correct reporting template to use ensuring reports were focussed to a maximum of 6 pages. An offer had also been extended to ILG teams for the provision of additional report writing training sessions
7.3.3	November 2021	Bridgend ILG Quality & Safety Report CAMHS Clinical Service Group report on Quality, Safety and Performance required for the next meeting.	CAMHS CSG	January 2022	Completed The Chair provided an update at the agenda planning session that following discussions with the Medical Director, it was felt that separate reports from CAMHS and Mental Health were not

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					required at the present time. Regular performance reports were being presented to the Planning, Performance & Finance Committee
7.3.3	November 2021	Bridgend ILG Quality & Safety Report Consideration to be given as to whether a separate Quality, Safety & Performance report from Mental Health was also required.	Committee Chair	January 2022	Completed The Chair provided an update at the agenda planning session that following discussions with the Medical Director, it was felt that separate reports from CAMHS and Mental Health were not required at the present time. Regular performance reports were being presented to the Planning, Performance & Finance Committee
7.7	November 2021	Cwm Taf Morgannwg University Health Boards Response to the Welsh Critical Care Peer Reviews Proposed reconfiguration model to be presented to the March 2022 meeting	Medical Director	March 2022	In progress Added to the forward work programme
7.8	November 2021	Maternity & Neonates Services Improvement Programme Report Content of future reports to be considered to ensure the reports contain sufficient detail to provided assurance to Members.	Programme Director	January 2022	Completed The latest iteration of the report includes more detail and responds to comments made previously.
7.8	November 2021	Maternity & Neonates Services Improvement Programme Report	Committee Chair	January 2022	Ongoing

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		Discussion to be held with P Roseblade outside the meeting regarding the assurance chain that was currently in place.			
7.8	November 2021	Maternity & Neonates Services Improvement Programme Report Response to the MBRRACE-UK perinatal mortality report: 2019 births to be presented to the January meeting.	Director of Nursing/Medical Director	January 2022	On agenda
2.1.1 In Committee	November 2021	Homicide Review Further update on progress to be presented to the March meeting of the Quality & Safety In Committee	RTE ILG Nurse Director	March 2022	In progress Added to the forward work programme
2.1.2 In Committee	November 2021	Arrangements to maintain the safe provision of Emergency Mental Health Care following the temporary closure of RGH PICU Progress report to be presented to a future meeting at the most appropriate time.	Bridgend ILG Nurse Director	February 2022	In progress Verbal update to be provided to the In Committee meeting being held on 9 February 2022
2.1.3 In Committee	November 2021	Nosocomial Progress Report Progress report to be presented to the January meeting of the Quality & Safety Committee.	RTE ILG Nurse Director	January 2022 Now February 2022	In progress Verbal update to be provided at the In Committee meeting being held on 9 February 2022. Written report to be presented to the March 2022 meeting.