

## 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 March 2022)
4.3	August 2021	<b>Assurances on Risks Assigned to the Quality &amp; Safety Committee</b> 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	<b>Completed</b> Review of risk has been undertaken
3.0	November 2021	<b>Consent Agenda – Action log</b> 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	<b>Complete</b> Work undertaken to strengthen the action log
3.0	November 2021	<b>Consent Agenda – Action Log</b> 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	<b>Completed and ongoing</b> There is currently a deficit of 10 WTE Paediatric Nurses. Two posts have been offered to flexi route students, one of which has gone external and the others have gone onto streamlining. The issues will not be resolved until September when Student Nurses qualify. The Senior Nurse and Ward Managers have mitigated the risk as much as possible and undertake a risk assessment on a daily basis by utilising overtime and bank.

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3.2.7	November 2021	<b>Facilities Report</b> 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	<b>In progress</b> Confirmation provided that an update will be included in the May Facilities report.
6.1	November 2021	<b>A summary of Avoidable Mortality between 2011 and 2019 and the Covid 19 Update in Cwm Taf Morgannwg</b> Examples of initiatives being undertaken to address the Avoidable Mortality reported position in future iterations of the report.	Director of Public Health	March 2022	<b>In progress</b>
7.1	November 2021	<b>Quality Dashboard</b> 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.	Interim Medical Director	January 2022	<b>Completed</b> Report from Medicines Management received at the January meeting
7.1	November 2021	<b>Quality Dashboard</b> 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	Ongoing	<b>In progress</b> Community Acquired Pressure Damage is our highest category of reported PD incidents and a priority focus for IM's. Prevention of Community Acquired Pressure Damage report being provided to March Q&SC. VTE will be presented to a future panel.
7.7	November 2021	<b>Cwm Taf Morgannwg University Health Boards</b>	Interim Medical Director	March 2022	<b>In progress</b>

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

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2.1.3 In Committee	November 2021	<b>Nosocomial Progress Report</b> Progress report to be presented to the January meeting of the Quality & Safety Committee.	RTE ILG Nurse Director	January 2022 Now February 2022/March 2022	<b>In progress</b> Report presented to the In Committee meeting held on 9 February 2022. Update report to be presented to the March 2022 In Committee meeting.
5.1	January 2022	<b>Welsh Risk Pool Review of Claims, Redress Cases and Inquests</b> Future iterations of the action plan to include a comment against the actions in which deadlines had passed.	Director of Corporate Governance	May 2022	<b>Complete</b> Progress reports will include narrative updates with explanations of any deadlines that may have slipped.
5.2	January 2022	<b>Organisational Risk Register</b> Comments to be fed back to the Strategic Leadership Group on the Pathology Risk, outstanding review dates, risk which made reference to the need for Business Cases to be developed	Director of Corporate Governance	January 2022	<b>Complete</b> All issues communicated to the SLG meeting held in January 2022.
5.2	January 2022	<b>Organisational Risk Register</b> Progress report to be presented to the next meeting in relation to Risk 4106 which makes reference to the Development of a Nurse Roster Policy and how this risk was being addressed.	Director of Nursing	March 2022	<b>In progress</b> By way of an update, in relation to this risk. Carole Tookey has made the necessary amendments to the policy and it was circulated yesterday for a 2 week consultation period. One of the main reasons for the delay was the need for agreement on the ratio of % split of the 26.9% uplift in the ward rosters.

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					<p><b>This has now been agreed with workforce and finance teams.</b></p> <p>Historically the % split of annual leave, sickness, training, maternity cover in the 26.9% uplift was not only different across but the workforce teams and finance teams were each referencing different "ratio splits" ; this has now been resolved.</p> <p>In response to the question raised by the Committee Chair, this risk has not been shared with the People &amp; Culture Committee but the Executive Director of People and the Executive Director of Finance were made aware at the time this discrepancy was noted and have been kept informed of the issues to date.</p>
5.3	January 2022	<p><b>Health, Safety &amp; Fire Sub Committee Highlight Report</b></p> <p>Review to be undertaken as to whether a risk assessment had been undertaken in relation to the issues being experienced regarding the provision of manual handling training to community based staff and whether this could result in the increased development of pressure ulcers for patients within the community.</p>	Director of Corporate Governance	January 2022	<p><b>Completed</b></p> <p>Whilst there isn't a risk on Datix which specifically relates to Community Staff, there is a risk (4780) related to insufficient staff available to provide Patient Handling training. This risk also includes the sentence: training response to incidents cannot be achieved. This risk relates to the whole organisation, including community staff.</p>

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5.3	January 2022	<b>Health, Safety &amp; Fire Sub Committee Highlight Report</b>  Review to be undertaken outside the meeting as to the issues being reported by some staff in accessing ESR whilst off site.	Executive Director for People	February 2022	<b>Completed and Ongoing</b> The Learning and Development (L&D) Team will seek to incorporate an awareness of the local requirement into the New Starter ESR ELearning Training with effect from April 2022. The Team will also consider how best to communicate this to new starters/line managers as part of work that is due to commence to implement an improved CTM induction process. The full induction is due to be implemented from September 2022. Notwithstanding the above, L&D Business Partners hold a number of clinics within the ILG's which provide support to staff who need to understand how to add competencies.
5.3	January 2022	<b>Health, Safety &amp; Fire Sub Committee Highlight Report</b> Review to be undertaken of the Fire Resource within the Health Board at present to determine whether adequate resource was in place.	Executive Director for People	February 2022	<b>Completed</b> A review has been undertaken within the Fire team and their existing establishment is sufficient to provide the level of Fire Risk Assessments, Training and advice on Building Projects as required across the UHB. Currently there is 1 vacancy following the passing of one Team member. There will be a further 2 vacancies occurring shortly as one Fire Officer is due

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					to retire at the end of March and the Senior Fire Officer is due to retire in June 2022. This will have a serious impact on the Teams ability to fulfil their ongoing obligations.
7.1	January 2022	<b>Quality Dashboard</b> Spotlight reports to be presented to future meetings on Pressure Ulcers (March), Falls (May) and Medication Errors (July).	Executive Director of Nursing	March 2022	<b>On agenda</b>
7.1	January 2022	<b>Quality Dashboard</b> Review of processes followed to be undertaken in other Health Board areas in relation to Patient Safety Notices and Alerts to determine whether any lessons could be learnt to improve the position.	Executive Director of Nursing	March 2022	<b>Completed</b> Review of CTM position against other HB's undertaken and included in the quality dashboard report for March Q&S. Improved position reported to March Q&SC.
7.2.1	January 2022	<b>Elective Care Recovery Portfolio</b> Further discussion to be held with C Donoghue outside the meeting in relation to the content of the report.	Interim Chief Operating Officer	January 2022	<b>Completed</b> Meeting held on 20 January 2022 with C Donoghue
7.7	January 2022	<b>Sepsis Compliance Improvement Plan</b> Response to be provided outside the meeting as to why Prince Charles Hospital were only able to provide a 12 hour service given the same level of resource	Interim Medical Director	January 2022	<b>Completed</b> Response provided to members outside the meeting

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		<p>that was in place at RGH and POW.</p> <p>Response to be provided outside of the meeting in relation to banding discrepancies of staff between sites</p>			
7.8	January 2022	<p><b>Response to the Healthcare Inspectorate Wales Review of the Emergency Department at Prince Charles Hospital</b></p> <p>Report to be amended to reflect that the work regarding Psychological Safety had not yet commenced or had been completed.</p> <p>Discussion to be held with G Jones outside the meeting as to when the Gynaecology Assessment Service would be moving into its new area.</p> <p>Clarification to be sought as to the detail in relation to the</p>	Interim Chief Operating Officer	January 2022	<p><b>Completed – Updates provided as below</b></p> <p>Confirmation received that an assessment of Psychological safety had taken place at the time the report was written.</p> <p>A clinically appropriate space has been identified which requires current service (audiology) to relocate to accommodation identified in Keir Hardie Health Park. The specifics of this are still being worked through. At the moment there is no definitive date when we will be moving in to the area identified pending these discussions concluding at which point we will be more able to provide a realistic timetable for the move.</p> <p>Currently there are different Job descriptions for similar roles and the Job descriptions are</p>



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		reference made to the standardisation of job descriptions.			outdated. The action is therefore to update and standardise JDs across ED and Theatres to ensure that they are reflective of new standards and aligned to the agenda for change process.
2.1	February 2022 In Committee	<b>Pathology Report</b> Referral to be made to the People & Culture Committee in relation to the issues regarding Workforce Planning within Pathology	Director of Corporate Governance	May 2022	<b>Complete</b> Referral sent to the Executive Director for People for discussion at the next People & Culture Committee which takes place May 2022. Now included in the agenda for the next meeting.
2.2	February 2022 In Committee	<b>Child Safeguarding</b> Update to be presented to a future meeting of the Committee in relation to the strengthened action plan	Executive Director of Nursing	May 2022	<b>In progress</b> Progress report to be presented to the May Quality & Safety In Committee
2.3	February 2022 In Committee	<b>Homicide Review</b> Committee's concerns to be fed back to Welsh Government in relation to the delays experienced in undertaking a public facing external review of the incident which had created difficulties in the Health Board gaining any learning from the event	Executive Director of Nursing	February 2022	<b>In progress</b> A multi-agency safeguarding review is now taking place and expected to take 6 months to complete (in the region of October 2022). The findings of the review will be made public.  Learning and actions in relation to the HB have been established through the RCA investigation which was completed in January 21. An RCA is not a public facing process but progress on actions are provided In-Committee.

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2.5	February 2022 In Committee	<b>Nosocomial Review</b> Committee to be sighted at a future meeting on the detail of the Public Enquiry that will be undertaken in relation to the Nosocomial Review	Director of Corporate Governance	March 2022	<b>On agenda</b>
3.0	February 2022 In Committee	<b>Any Other Business – Ambulance Handover Delays</b> Update to be provided to the March Quality & Safety Committee in relation to the outcome of the review being undertaken regarding the 30 hour ambulance wait	Interim Chief Operating Officer	March 2022	<b>Completed</b> Update included in the Chief Operating Officers report