

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 May 2022)
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	Completed Facilities update included in the Chief Operating Officers report on the agenda for the May 2022 meeting
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	Completed Report received at the March meeting.
7.1	November 2021 January 2022	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. Spotlight report to be presented to the July meeting in relation to Medication Errors	Assistant Director of Quality & Safety	Ongoing	Ongoing Spotlight report on Community Acquired Pressure Damage presented to the March meeting. Agreed that a spotlight report on Patient Falls would be presented to the May meeting. Spotlight on Thrombosis to be agreed.

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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	Interim Medical Director	March 2022	Completed and Ongoing Verbal update provided to the March In Committee meeting.
7.8	November 2021	Maternity & Neonates Services Improvement Programme Report Discussion to be held with P Roseblade outside the meeting regarding the assurance chain that was currently in place.	Committee Chair	January 2022	Ongoing
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/March 2022/May 2022	On agenda Report on agenda for the May 2022 meeting
2.5 In Committee	9 February 2022	Nosocomial Review 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			
5.2	January 2022	Organisational Risk Register Progress report to be presented to the next meeting in relation to Risk 4106 which makes reference to the Development	Director of Nursing	March 2022	Completed Update provided to Committee members in relation to the risk. Referral has now been made to the People & Culture

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		of a Nurse Roster Policy and how this risk was being addressed.			Committee as part of their scrutiny of workforce matters.
2.2 In Committee	9 February 2022	Child Safeguarding Update to be presented to a future meeting of the Committee in relation to the strengthened action plan	Executive Director of Nursing	July 2022	In progress Progress report to be presented to the July Quality & Safety In Committee
2.3 In Committee	9 February 2022	Homicide Review 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 March 2022 June 2022	In progress Discussion held at the March In Committee where it was noted that discussions continue to take place at the Regional Safeguarding Board and Legal & Risk regarding this matter. A further update would be presented to the June In Committee meeting with 6 monthly updates required moving forwards.
5.1	22 March 2022	Organisational Risk Register Update to be provided to Committee Members outside the meeting in relation to Risk 3826, which had not been updated since September 2021.	Bridgend ILG Nurse Director	May 2022	Completed This risk has now been updated
5.1	22 March 2022	Organisational Risk Register Update in relation to Risk 4152 to be included in the next Rhondda Taf Ely ILG Quality & Safety Committee report and Risk Register update.	RTE ILG Nurse Director	May 2022	Completed Update included in the May 2022 report

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6.1	22 March 2022	<p>Maternity Services & Neonates Improvement Programme</p> <p>Gap and Grow training compliance to be interrogated further outside the meeting to determine whether the data was accurate. If the data is accurate, Clinicians to be reminded that this training needed to be undertaken.</p>	J Hilborne, Consultant Obstetrician & Gynaecologist	May 2022	<p>Completed</p> <p>Lead Clinicians have been informed which staff are out of compliance in relation to Gap and Grow E-Learning and have been asked to provide support to their colleagues to enable them to complete the training</p>
6.2	22 March 2022	<p>Quality Dashboard</p> <p>Review of the data reported on pages 11 and 14 of the report to be undertaken as the data reported seemed to differ.</p>	Assistant Director of Quality & Safety	March 2022	<p>Completed</p> <p>Review undertaken and response provided to Independent Member</p>
6.2	22 March 2022	<p>Quality Dashboard</p> <p>Discussion to be held at the next agenda setting meeting as to whether a report on avoidable/unavoidable pressure damage in the community needed to be presented to the Committee.</p>	Executive Director of Nursing/Committee Chair	April 2022	<p>On agenda</p> <p>Report on agenda for the May 2022 meeting</p>
6.2.1	22 March 2022	<p>Community Acquired Pressure Ulcer Improvement Plan Briefing</p> <p>Update to be provided to the next meeting in relation to the Community Acquired Pressure Ulcer Improvement Plan alongside the Measurement Strategy.</p>	Assistant Director of Quality & Safety	May 2022	<p>On agenda</p> <p>Report on agenda for the May 2022 meeting</p>

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6.3	22 March 2022	Report from the Chief Operating Officer Review to be undertaken as to whether a follow up was carried out with the patient who waited 28 hours in an ambulance. Follow up to be undertaken if this had not already been undertaken.	Bridgend ILG Nurse Director	March 2022	Completed Review undertaken and response provided to Independent Members by email on 19 April 2022
6.4.3	22 March 2022	Bridgend ILG Quality & Safety Report Update to be provided to the next meeting in relation to Neurodevelopmental Waiting Times.	Merthyr & Cynon ILG Nurse Director	May 2022	Completed Updated included in the Chief Operating Officers report on the agenda for the May 2022 meeting
6.10	22 March 2022	Internal Audit Review into Concerns Report to be presented at the next meeting on progress being made against the actions identified in the Internal Audit Review and Welsh Risk Pool Review.	Director of Corporate Governance	May 2022	On agenda Report on agenda for the May 2022 meeting
2.2	24 March 2022 In Committee	Ophthalmology Progress Report Ophthalmology Demand & Capacity Plan to be presented to the next meeting, to include Covid resetting and the operational improvement plan.	Chief Operating Officer	May 2022	Completed Included in the Chief Operating Officers report for the May 2022 meeting.