GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro | Cardiff and Vale University Health Board

AGENDA ITEM 1.5

ACTION LOG FOLLOWING FEBRUARY 2011 MEETING

MINUTE	DATE	SUBJECT		AGREED ACTION	ACTIONED TO	STATUS
QSC10/055	8.6.10 20.1.11	Quality and Safety PID	39	Review the impact assessment approach to committee cover papers and inform others.	Director of Governance	New reporting template has been implemented. A full review of Board and Committee arrangements is underway and will report back to Committee
QSC10/081 QSC10/104	17.8.10 12.10.10	NPSA Alerts – Patient ID wristbands	44	Urgent implementation mandated	1. Nurse and Planning Directors	Implementation Group re-established. Meeting held. Way forward agreed. IT solution selected and is progressing through I T procurement process (January)
QSC10/089	17.8.10	Policies approved	51	Share Domestic Abuse Guideline with Third Sector	Director of Nursing	Good progress is being made in implementing the domestic abuse guidelines and raising

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						awareness across the UHB. **COMPLETED**
QSC10/113 QSC 11/48	12.10.10 22.2.11	Statutory Assurance	57	1. Progress report in February and consideration of legal issues (Martyn Waygood) 2. Include the Lead Executive in the Assurance Framework 3. Storage of liquid Nitrogen to be actioned by end of March 2011	 2.Director of Governance 3. Directors of Planning and Primary, Community and Mental Health	1. Database completed, risk assessed and prioritised. Agenda for February 11. **COMPLETED** **2.** **3** One outstanding action remaining, however Estates have placed an order for the work to be undertaken.
QSC10/115	12.10.10	Surgery Q&S report	59	Glaucoma IT infrastructure – confirmation that issue is being resolved	Director of Acute Hospital Services	Specifications for the server received and order placed. Progress with the development of "openeyes". Plan to introduce first phase in early March.
QSC11/06	20.1.11	Patient Story	62	Patient Safety Friday – arrange visit to C7	Ass't Director Pt. Safety & Quality	Quality Improvement team notified – will be scheduled in next available slot.

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						COMPLETED
QSC11/07	20.1.11	Patient Feedback Strategy	63	Report on Magic project in April	Ass't Director Pt. Experience	On Agenda. **COMPLETED**
QSC11/08 QSC 11/34	20.1.11 22.2.11	Review of Ward Bathrooms	64	Prioritise work in new capital programme and bring back to Committee. Chair asked for timescales for work	Director of Planning	
QSC11/09 QSC 11/38	20.1.11 22.2.11	Standards for Health Services	65	1 HIW to undertake Governance and Accountability Assessment in April with Board. 2. Support to be provided for agreed method of completing the self assessment	1. Director of Governance 2. Directors of Acute Hospital Services & Primary, Community & Mental Health & Ass't Director Pt Safety & Quality	Board session held on 5th April 2011, HIW participated. Further session planned 10th May 2011. **COMPLETED** **COMPLETED**
QSC11/11	20.1.11	Welsh Risk Pool Assessment	66	Provide feedback report to Q&S Committee in April 2011	Ass't Director Pt Safety & Quality	On agenda. **COMPLETED**

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QSC11/15	20.1.11	Trauma Theatre Access	67	Report performance indicator on theatre delays to Q&S Committee	Medical Director & Improvement Director	
QSC11/16 QSC 11/44	20.1.11 22.2.11	Committee Work Plan	68	1. Approval of plan in Feb 2. Annual Report of Cttee to be received in April for June 2nd Audit Cttee	1. Cttee Chair 2. Ass't Director Pt Safety & Quality	**1. COMPLETED** **2.** 'Draft' on Agenda. **COMPLETED**
QSC11/17	20.1.11	HIW Work Programme	69	Committee supported the approach to pursue with HIW the need to integrate, not separate Directorate Action Plans for St. David's & Iorwerth Jones visits.	Ass't Director Pt Safety & Quality	To be raised in next planned HIW / UHB relationship meeting in March 2011.. Plan would be integrated to meet HIW needs. **COMPLETED**
QSC11/18	20.1.11	1000 Lives	70	Full report to March Board	Medical Director	Deferred to June Board
QSC11/23	20.1.11	Sub Group Reports	74	1 Agenda a further discussion on this at the February meeting	1. Julia Harper	This was not discussed. Agenda for April
QSC 11/36	22.2.11	Patient Story	75	Need to be ready to reassure public re travel times when MLU at UHL closes	Director of Workforce and OD and Director of Planning	Access improved to UHW Women's Unit and appropriate communication undertaken. **COMPLETED**

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QSC 11/37	22.2.11	Safeguarding and Protecting Vulnerable Adults in Wales	76	Joint working with LAs in this area to be taken forward via the Programme Board	UHB Chair	
QSC 11/40	22.2.11	WAO report on Hospital Catering	77	1. Unannounced patient food sampling 2. Receive workplan of Nutrition & Catering Steering Group in April	1. Independent Members 2. Nurse Director	
QSC 11/41	22.2.11	Public Services Ombudsman for Wales	78	Receive the completed action plan for Mr X in June	1. Ass't Director Pt Safety & Quality	
QSC 11/42	22.2.11	Compliments, Complaints, Claims & Incidents	79	Divisions with poor or slow response times to complaints to be invited to to Complaints and Claims Panel to explain	Ass't Director Pt Safety & Quality	
QSC 11/43	22.2.11	Hazardous Waste	80	1. Training of Medical Staff to be discussed and way forward agreed 2. Training to be monitored via Workforce Committee	1. AMD & HoPE 2. Director of Governance	Training of medics has been picked up and is on going by Waste Management team, **COMPLETED**

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QSC 11/46	22.2.11	Quality & Safety Dashboard	81	1. Provide timescale for large piece of work for discussion on whether bed numbers are sufficient 2. Report to Board on "You said, we did"	1.Directors of Acute Hospital Services, Planning and Primary, Community & Mental Health Services 2. Nurse Director	On agenda **COMPLETED**
QSC 11/49	22.2.11	Policies approved	82	Advise all authors of approvals and submit for inclusion on intranet	Julia Harper	**COMPLETED**