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ACTIONS ARISING FROM PREVIOUS BOARD MEETINGS

	Minute Ref.	Date	Agreed Action	Lead Director	Timescale	Status as at September 2021
1	HB/20/174	30.09.20	<p>Safe, Sustainable and Accessible Emergency Medicine and Minor Injury and Illness Services for the People of Rhondda Taff Ely</p> <p>Formal proposal in relation to Paediatrics Services to be presented to the November meeting</p> <p>Programme of work to be included in future iterations of the report to enable Board members to have assurance that timescales identified were being met</p>	Interim Medical Director	In progress	<p>Recruitment in RGH Emergency Department (ED) progressing well.</p> <p>Merging of Minor Injuries Unit (MIU) and Urgent Primary Care Service in Ysbyty Cwm Rhondda (YCR) dependent on movement of Ophthalmology to allow them to initially co-locate.</p>
2	Agenda Item 4.2	27.05.21	<p>Neonatal and Maternity Improvement Programme</p> <p>Update to be sought outside of the meeting in relation to the outcome of discussions held regarding the implementation of the Leadership Development Programme.</p>	Director for People	Completed	<p>Feedback has been provided to the Maternity Leadership Team</p>

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3	Agenda Item 5.2	27.05.21	Population Health Update Review to be undertaken outside of the meeting in relation to the current position regarding Healthy Food Options for staff.	Director for People	Completed and Ongoing	A working group has been established and Chaired by the Director for People with the next meeting taking place 21/09/21 (attendees from various stakeholders across CTM). A project plan exists to be discussed and agreed by the working group.
4	Agenda Item 5.2	27.05.21	Population Health Update Discussion to be held outside of the meeting in relation to developing skills for staff in health promotion and the need to ensure managers have been provided with the appropriate training to address this.	Director for People/Director of Public Health	In progress	A meeting is being held on 5 October between the Deputy Director of Public Health and the Assistant Director of Workforce & OD to discuss this further

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5	Agenda Item 5.2	27.05.21 & 29.07.21	Population Health Update Review to be undertaken outside of the meeting to determine how the Health Board could become accredited as a living wage employer.	Director for People	Completed	<p>This review has been completed. Accreditation is via the Living Wage Foundation. The cost of accreditation is £480 +VAT annually. For this annual fee CTM would be able to display the Living Wage Employer Mark, to recognise our commitment to paying the Living Wage. CTM would also be listed on the Living Wage Foundation website and employer map. It should be noted that all NHS Wales organisations are required to pay all employees the living wages. All CTM adverts already confirm that we are a Living Wage Employer. We are also building this strap line into our Job Description Template. This approach brings the benefits of having the Living Wage Mark, without the associated costs.</p>
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6	Agenda Item 6.1	27.05.21	<p>Integrated Performance Dashboard</p> <p>Review to be undertaken of current thrombolysis performance outside of the meeting to determine the correct performance rating</p>	Director of Therapies & Health Sciences	Completed on September 2021 agenda	<p>On agenda</p> <p>A meeting was held on 16th July with the Delivery Unit to look at the RCP SSNAP data base.</p> <p>We are guided that Wales should be aiming for a 20% thrombolysis rate, though this is a step change for all LHBs, but will be a feature of our stroke improvement plan which will be presented to September Board.</p> <p>Current performance in Prince Charles and Princess of Wales Hospitals, like the rest of Wales identifies that changes are needed in the stroke pathway to enable increase in thrombolysis rates which is a time dependent intervention.</p>
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7	Agenda Item 5.2	29.07.21	<p>Healthcare Inspectorate Wales/Audit Wales Joint Review of Quality Governance Summary of Progress Made – May 2021 Follow Up Report – Management Response</p> <p>Discussion to be held with G Galletly outside of the meeting in relation to the recommencement of Independent Member walkabouts.</p>	Assistant Director of Governance & Risk	Completed	Director of Corporate Governance has developed “Guiding Principles for Board Members to Gain Soft Assurance” which includes walkarounds which has been approved. Patient Care and Safety Team putting a programme in place to re-introduce the activity.
8	Agenda Item 5.3	29.07.21	<p>Neonatal & Maternity Improvement Programme</p> <p>Further consideration to be given to how future reports should be presented to the Board in terms of content.</p>	Programme Director	Completed	Latest version of the highlight report responds to the challenges made to it by Board.
9	Agenda Item 5.3.1	29.07.21	<p>All Wales Maternity Statistics Presentation</p> <p>Presentation to be shared with Board Members outside of the meeting</p>	Assistant Director of Governance & Risk	Completed	Presentation shared immediately after the meeting
10	Agenda Item 5.5	29.07.21	<p>Clinical Advisory Group Highlight Report</p> <p>Clinical Advisory Group Clinicians to be invited to a future Board Development Session to have a more developmental discussion.</p>	Director of Corporate Governance	Completed	Flagged for inclusion in the forward programme for Board Development
11	Agenda Item 7.1	29.07.21	<p>Integrated Performance Dashboard</p> <p>Response to be provided to P Roseblade outside of the meeting in relation to cancer waiting times and what harm has been done by the increased waiting times</p>	Interim Chief Operating Officer	Completed	Response provided outside of the meeting

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12	Agenda Item 7.1	29.07.21	Integrated Performance Dashboard Response to be provided to P Roseblade outside of the meeting in relation to Ophthalmology waiting times which remained static.	Interim Chief Operating Officer	In progress	Report on Ophthalmology being presented to the In Committee session of the Quality & Safety Committee on 29 September 2021
13	Agenda Item 7.1	29.07.21	Integrated Performance Dashboard Report to be presented to a future meeting of the Quality & Safety Committee in relation to Ophthalmology waiting times and what was being done to address the position.	Interim Chief Operating Officer	Completed	Report being presented to In Committee Quality & Safety Committee on 29 September 2021
14	Agenda Item 7.1	29.07.21	Integrated Performance Dashboard Planned Care Programme Action Plan to be shared at a future meeting of the Quality & Safety Committee in order for oversight to be given.	Interim Chief Operating Officer	Completed	This has been added to the forward work programme for the Quality & Safety Committee
15	Agenda Item 7.5	29.07.21	Organisational Risk Register Response to be provided outside of the meeting to P Roseblade regarding fire safety risks and the suggestions made to reduce the risk ratings.	Assistant Director of Governance & Risk	Completed	Response shared with Patsy Roseblade on the 3rd August 2021.

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16	Agenda Item 7.5	29.07.21	<p>Organisational Risk Register Review to be undertaken outside of the meeting to determine what processes were in place for out of hours clinicians to access drugs in an audited way.</p>	Interim Medical Director	Completed	<p>There are improvements which can be made as innovation and developments of digital solutions are developed, we have implemented a number of electronic cupboards in areas of higher risk such as EDs, ICUs and have submitted a bid to capital for one for theatres in PCH. A roll out plan has been included in our IMTP for the last few years, but has not been prioritised and so we are slowly taking opportunities where areas are refurbished or new builds.</p> <p>We continue to audit and check on the security and act on any concerns, a new CD procedure is about to be agreed which will improve the number, level and recordings of regular audits by both pharmacy and ward staff. Furthermore, we are working to put a self-assessment of patient safety alert 55 on the AMAT system allowing areas to have more focus on these principles of safe and secure medicines storage for their records and actions. We will work with ILGs to then ensure these are captured in their Q&S scrutiny and assurance processes.</p>
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