

Agenda Item 3.1

ACTION LOG: PLANNING, PERFORMANCE & FINANCE COMMITTEE					
Minute Reference	Date of Meeting Action Originated	Issue	Lead Officer	Timescale for Action to be completed	Status of Action (as at 17.10.2022)
2.2.1	August 2022	<p>Committee Effectiveness Self Survey Outcome Agreed to defer to the October 2022 meeting.</p>	DoG	October 2022	<p>Complete On Agenda – October 2022</p>
5.1.0	August 2022	<p>Reset of the 2022-23 Planned Care Recovery Plan Update on progress with regard to the Ophthalmology Action Plan to be brought to a future meeting of the Committee</p>	COO	October 2022	<p>Complete On Agenda – October 2022</p>
5.3.0	August 2022	<p>Integrated Performance Dashboard Comparison of bowel screening targets both pre and post Covid-19 would be queried offline with colleagues in public health</p>	DoPH	October 2022	<p>Complete Bowel screening has increased in each of the CTM local authorities in 2019/20 and 2020/21. Merthyr Tydfil is still the lowest in terms of uptake with 62.6% of those eligible returning a sample.</p> <p>In 2020 there was an intervention carried out to increase the uptake by targeting non-responders in Merthyr practices and South Cynon practices.</p>

Agenda Item 3.1

					<p>A combination of this and the introduction of FIT tests in January 2019 may have been the reason for the increase in uptake.</p> <p>Bowel screening was paused at the start of the Covid pandemic but each area is now above the previous 60% target.</p>
5.3.0	August 2022	<p>Integrated Performance Dashboard Query the critical vaccination rate to prevent outbreaks, i.e. is the 95% rate that would provide 'herd immunity offline with colleagues in public health</p>	DoPH	October 2022	<p>Complete It is 95% for childhood vaccines ie mmr etc. There is no herd rate for flu or covid though.</p>
5.3.0	August 2022	<p>Integrated Performance Dashboard To query with Workforce & OD Colleagues outside of the meeting the percentage of staff who report that their line manager takes a positive interest in their Health & Wellbeing. Only one marker captured and no data for 21-22 and when would that be available and reported upon within the Integrated Performance Dashboard.</p>	DoP	October 2022	<p>In Progress The Wellbeing Survey has been extended until 24th October. As a high percentage of staff are completing paper copies of this survey rather than using the link or QR code to do it electronically, we will need some time to input the data manually before analysis can occur. So a rough estimate would be November for this data to be ready.</p>

Agenda Item 3.1

5.3.0	August 2022	Integrated Performance Dashboard To query with Patient Care & Safety colleagues the serious medication error described as a catastrophic reaction to an unknown allergy	DoN	September 2022	Completed Response and clarification shared via email 31.8.2022.
5.3.0	August 2022	Integrated Performance Dashboard Clarify with the Performance Team the Stroke Performance data	DoST	September 2022	Completed Response and clarification shared via email 5.9.2022
5.3.0	August 2022	Integrated Performance Dashboard Query with the Workforce and OD team the overall staff engagement percentage scores	DoP	August 2022	Completed Response and clarification shared via email 24.8.2022
5.4.0	August 2022	South East Wales Planning Collaborative To feedback to the Collaborative the comments to strengthen the guiding principles in regard to smoothing out of waiting lists.	DoST	September 2022	Completed This has been raised in a SEW Directors meeting and will inform the approach to be taken.
5.5.0	August 2022	Neville Hall Hospital Satellite Radiotherapy Unit Governance Team to liaise with Planning Team with	DoG	September 2022	Completed Extra Ordinary Meeting held on 20.9.2022. The Committee ENDORSED FOR BOARD APPROVAL

Agenda Item 3.1

		regard to the arrangements for an extra ordinary meeting of the Committee.			<p>the Full Business Cases for the Integrated Radiotherapy Solution and the Satellite Radiotherapy Centre.</p> <p>The Committee further ENDORSED FOR BOARD APPROVAL that the Health Board would maintain its support of the Business Case for the Development of the Radiotherapy Satellite Centre on the basis of the conditions specified.</p>
6.1.0	August 2022	Finance Report Covid response cost figures to be shared offline	DoF	August 2022	Complete Figures shared outside of meeting via email 18.10.22
5.2.0	June 2022	Integrated Performance Dashboard Update on the Action Plan for Stroke to be provided.	COO	August 2022	Complete On Agenda – October 2022
5.2.0	June 2022	Integrated Performance Dashboard To query the filling of staff vacancies via streamlining in relation to diagnostics and therapies.	COO	August 2022	Further Update to be provided at meeting The Head of Business Support in the Chief Operating Officer's Team is sourcing the latest position on this action and will respond offline by the end of August 2022 via email.

Agenda Item 3.1

5.3.0	June 2022	Review of CAMHS Performance Activity Offline update on assessments within 28 days to be provided	DoPCMH	August 2022	Complete Update shared outside of meeting via email 18.10.22
5.4.0	June 2022	Annual Plan 2022-23 Discussions to be held with Public Health in relation to staff smoking near hospital gates.	DoST	August 2022	Completed Response shared with Committee via email 13.9.2022
6.1.0	June 2022	Finance Report Clarity on the accountancy gain of £4.5m to be provided outside of the meeting	DoF	August 2022	In Progress DoF planning to share the position offline with the Audit & Risk Committee Chair during w/c 15.8.2022. A further update should be available at the time of the meeting.
PREVIOUSLY COMPLETED ACTIONS					
6.1.0	June 2022	Finance Report Provide more detail on progress on the delivery of core savings at the August meeting	DoF	August 2022	Complete Please see detail captured within the Month 4 Finance Performance Report included on the agenda for the 23 rd August 2022.
5.2.0	June 2022	Integrated Performance Dashboard Detail on the Never Event in May 2022 to be provided outside of the meeting.	DoG	June 2022	Complete Detail on the Never Event was circulated to members via email on the 29 th June 2022.
4.1.0	June 2022	Organisational Risk Register	DoG/ADGR	August 2022	Complete The Assistant Director OSS (Facilities) provided a robust

Agenda Item 3.1

		To review Risk 4722 in relation to the Laundry Service			update on the status of risk 4772, which was shared via email with Committee members on the 1 st July 2022. A further copy can be shared upon request to the meeting secretariat.
4.1.0	June 2022	Organisational Risk Register Issues in relation to the target dates and how the risks were rated to be reinforced to the Strategic Leadership Group.	DoG/ADGR	August 2022	Complete The Director of Corporate Governance reinforced this action at the Strategic Leadership Group meeting. The Assistant Director of Governance & Risk has also reiterated the position at the monthly risks leads meeting in July and August.
5.2.0	June 2022	Integrated Performance Dashboard Staff engagement scores – clarity to be sought on what the 71% related to and were engaging on.	DFP	August 2022	Complete This query was raised by the Board and at the People & Culture Committee where it was confirmed that this percentage related to the 2020 NHS Wales responses and is based on the CTM response.
5.1.0	April 2022`	Performance Dashboard Contract for mobile endoscopy unit to be reviewed.	DoST	April 2022	Completed Response provided and emailed to all Members on 27.04.22

Agenda Item 3.1

5.1.0	April 2022	Performance Dashboard Further detail on Follow Up Patients Not Booked to be received at next meeting.	DoST/COO	June 2022	Completed Contained within the Performance Dashboard.
5.1.0	April 2022	Performance Dashboard Wording to first paragraph on page 37 in relation to Cardiac to be amended.	DoST	June 2022	Completed
5.1.0	April 2022	Performance Dashboard Invitation to be extended to all Members to attend the next Quality & Safety Committee with regard to the Stroke Report.	DoCG	April 2022	Completed Invitation extended for meeting 24 May 2022.
5.1.0	April 2022	Performance Dashboard Detailed review of CAMHS to be received at next meeting.	DoPCMH	June 2022	Completed Report on agenda June 2022 meeting.
5.1.0	April 2022	Performance Dashboard Communication to patients in relation to changes for not being treated at the Spire Hospital to be reviewed.	DoST	June 2022	Completed Update provided at June 2022 meeting.
5.1.3	December 2021	Performance Dashboard A detailed report on stroke performance to be brought to the next meeting of the Committee.	Chief Operating Officer/Stroke Team	January 2022	Completed Originally added to Forward Plan for February 2022 meeting which had been stood down. Meeting now reinstated for only standard agenda items, and has now been added to the Forward Plan for the April 2022 meeting.

Agenda Item 3.1

					<p>Updated April 2022 Due to a report on Stroke being presented at the Quality & Safety Committee and to avoid over duplication of reports between Board Committees, Members of the PPF Committee are invited to attend the Quality & Safety Committee in May 2022 and/or receive a copy of the report.</p>
4.1.0	February 2022	<p>Organisational Risk Register Committee Referral to Mental Health Act Monitoring Committee to consider whether they wished to be sighted on mental health related risks (operational) at their future meetings.</p>	Director of Corporate Governance/Board Secretary	March 2022	<p>Completed Referral made and considered at the MHAMC Meeting held on 2 March 2022. The Committee agreed that there was no relevance in receiving MH operational risks at future meetings as these were reviewed at Audit & Risk Committee and the Health Board.</p>
5.1.0	February 2022	<p>Month 10 Finance Report Discussion with the Director of Corporate Governance/Board Secretary as to whether future face to face Board Development Sessions could be used to take Board Members through the framework of how and when Members are involved in difficult decisions and the challenging choices and</p>	Assistant Director of Governance and Risk/Director of Corporate Governance/Board Secretary	March 2022	<p>Completed This request has been highlighted to the Director of Corporate Governance when planning the items for agendas.</p> <p>Board Development Sessions have also been arranged to provide the opportunity to join virtually and in person.</p>

Agenda Item 3.1

		decision that are having to be made in the Service			
6.1.0	February 2022	Integrated Performance Dashboard Committee Referral to Quality & Safety Committee to review the "Sepsis Six" bundle.	Assistant Director of Governance & Risk	March 2022	Completed Following referral it had been established that the Quality & Safety Committee had discussed the referred item in full at the meeting held in January 2022. The referral was therefore withdrawn.
6.1.0	February 2022	Integrated Performance Dashboard To provide feedback to the Board on the recent session held in regard to equity of services across the ILGs based on the current model.	Assistant Director of Governance & Risk	March 2022	Completed Assistant Director of Governance & Risk escalated to the Chief of Staff and updates have since been provided through IM Briefings and a report received at the Board in March 2022.
6.1.2	February 2022	Deliver of Planned Elective Care Recovery Programme Additional date to be sought for a reconvened meeting of the Committee to receive the item prior to the end of March 2022.	Assistant Director of Governance & Risk/Chief Operating Officer	March 2022	Completed Date confirmed but then cancelled due to the number of apologies received. It was agreed with the Chair that the report be circulated outside of the meeting for review and any questions. This has now been completed.
06/001	June 2021	Integrated Performance Dashboard Recovery Plan for Part 1A Mental Health to be shared with Members once finalised.	Chief Operating Officer/Director of Primary, Community & Mental Health	July 2021	Completed Each ILG will have one where needed – there was one for M&C and they achieved recovery and same for R&TE – Bridgend had not needed one at that time.

Agenda Item 3.1

					Performance reflects the improvement.
08/001	August 2021	Action Log All outstanding updates on the log to be reviewed outside of the meeting with the relevant Executive Lead and updated.	All	October 2021	Completed Outstanding Actions updated and received by the Committee at the October 2021 meeting.
10/001	October 2021	Organisational Risk Register Software issues in relation to Laundry to be queried outside of the meeting.	Director of Finance	December 2021	Complete Capital funding received and orders placed for software and new tank for the 13 stage washer press.
10/002	October 2021	Organisational Risk Register Comments and queries in relation to the register to be raised with the Asst. Director of Governance and Risk outside of the meeting and could also be explored further at the Board Development Session on Risk Appetite on 21 October 2021.	Head of Corporate Governance & Board Business/Asst. Director of Governance and Risk	October 2021	Completed Board Development Session held on risk in October 2021 in conjunction with ILG leads and how the leads were continuing to request that risks were regularly reviewed and the status of risks explained with clearer narratives. Ongoing action which is also highlighted via the monthly risk training sessions. As to the reference to 'no changes to the content of the risk register', this was as the risks had remained unchanged and this would be more accurately referenced in future. Any updates to

Agenda Item 3.1

					risks would be made in red within the report.
10/004	October 2021	Ophthalmology Update DNA rates to be included within future reports to the Committee.	Chief Operating Officer	December 2021	Completed Rates would now be included in future reports to the Committee.
10/005	October 2021	Integrated Performance Dashboard One hour and 15 minute ambulance handover waits to be included in future reports along with baseline and narratives where applicable.	Director of Strategy and Transformation	November 2021	Completed Report amended to reflect comments raised and was circulated to the Committee 16.11.21.
10/009	October 2021	Forward Work Plan Committee agreed to receive a report on mitigating the risks with regard to paediatric nurses rotation and the Emergency Department to the December 2021 meeting.	Chief Operating Officer	December 2021	Completed A detailed reply in the form of a report was produced in response to the query and was circulated to Members of the Committee outside of the meeting. The Chair and IM who had raised the initial query agreed that the item need not come back as part of the main agenda reporting process.
19/164	November 2019	Estates Performance Further report to be received for the Bridgend locality element of the Estate to be presented to the February 2020 meeting of the Committee	Director of Finance	January 2022	Completed Recommended action closed and replaced with new action to review Estate Performance Reporting at the February 2022 meeting that had been stood down. Meeting now reinstated for only standard agenda items, and has now been added to the Forward

Agenda Item 3.1

					Plan for the April 2022 meeting.
08/002	August 2021	IMTP Update Committee to be kept updated in terms of governance and assurance on the concerns raised by Welsh Government in relation to the plan and the actions being undertaken.	Director of Strategy & Transformation/Chief Operating Officer/Director of Finance	February 2022	Completed The Board are receiving regular updates. Committee received an update at the December 2021 meeting and further update on the agenda for February 2022.
10/004	October 2021	Overview of Winter Response Planning Update report to be received at next meeting and the CTM plan would be circulated to the Committee outside of the meeting, once finalised.	Chief Operating Officer	December 2021	Completed Report and Plan received by the Committee at the December 2021 meeting.
10/006	October 2021	Performance Dashboard Data on hip fractures for the over 70's which had dropped in percentages to be reviewed outside of the meeting.	Chief Operating Officer	December 2021	Completed Arrangements for orthogeriatricians are under review as part of the recovery and restoration fund. Fundamentally, the absence of orthogeriatricians across the UHB is the cause of the low compliance rate. £395k recurrent funding has been incorporated within the Planned Care Recovery Fund from 22/23 to develop the Orthogeriatrics service and will come forward for approval as part of the IMTP process.
10/008	October 2021	Access to GP Services	Assistant Director of Primary Care	January 2022	Completed

Agenda Item 3.1

		Committee agreed to receive a further update in January 2022			Originally added to Forward Plan for February 2022 meeting which had been stood down. Meeting now re-instated for only standard agenda items, and has now been added to the Forward Plan for the April 2022 meeting.
4.1.0	December 2021	Organisational Risk Register Risk 4149 CAMHS to be reviewed with DoCG and an update to be shared with the Committee outside of the meeting	Chief Operating Officer	February 2022	Completed Risks have been reviewed and updated on the Register.
5.1.0	December 2021	Delivery of Elective Planned Care Recovery Programme Check that the reminder system for DNA's had been activated.	Chief Operating Officer	February 2022	Completed Reminder system in place.
5.1.3	December 2021	Performance Dashboard No data available on the % of patients with a positive sepsis screening who received all elements of the 'Sepsis Six' care bundle within 1 hour of positive screening. Query raised about where joint SIs are reported and monitored? - This was particularly in relation to joint SIs involving CTM & WAST for example.	Director of Corporate Governance/Director of Nursing	February 2022	Completed Email response sent to Committee outside of meeting.

Agenda Item 3.1

		Both queries to be reviewed outside of the meeting and response shared with the Committee once received.			
5.1.3	December 2021	Performance Dashboard A detailed report on stroke performance to be brought to the next meeting of the Committee.	Chief Operating Officer/Stroke Team	January 2022	Completed Originally added to Forward Plan for February 2022 meeting which had been stood down. Meeting now re-instated for only standard agenda items, and has now been added to the Forward Plan for the April 2022 meeting.
5.1.3	December 2021	Performance Dashboard Further detail on red releases to be provided in the report for the next meeting	Chief Operating Officer	January 2022	Completed Information of red release contained within Performance report for February 2022 meeting.
5.1.4	December 2021	Development of the IMTP 2022-25 Presentation to be shared with Members outside of the meeting.	Director of Strategy & Transformation	December 2021	Completed Presentation shared with Members of the Committee following the meeting.