

<b>ACTION LOG: PLANNING, PERFORMANCE &amp; FINANCE COMMITTEE</b>					
<b>Minute Reference</b>	<b>Date of Meeting Action Originated</b>	<b>Issue</b>	<b>Lead Officer</b>	<b>Timescale for Action to be completed</b>	<b>Status of Action</b> (as at 14.06.2022)
5.1.0	April 2022	<b>Performance Dashboard</b> Contract for mobile endoscopy unit to be reviewed.	DoST	April 2022	<b>Completed</b> Response provided and emailed to all Members on 27.04.22
5.1.0	April 2022	<b>Performance Dashboard</b> Further detail on Follow Up Patients Not Booked to be received at next meeting.	DoST/COO	June 2022	<b>Completed</b> Contained within the Performance Dashboard.
5.1.0	April 2022	<b>Performance Dashboard</b> Wording to first paragraph on page 37 in relation to Cardiac to be amended.	DoST	June 2022	<b>Completed</b>
5.1.0	April 2022	<b>Performance Dashboard</b> Invitation to be extended to all Members to attend the next Quality & Safety Committee with regard to the Stroke Report.	DoCG	April 2022	<b>Completed</b> Invitation extended for meeting 24 May 2022.
5.1.0	April 2022	<b>Performance Dashboard</b> Detailed review of CAMHS to be received at next meeting.	DoPCMH	June 2022	<b>Completed</b> Report on agenda June 2022 meeting.
5.1.0	April 2022	<b>Performance Dashboard</b> Communication to patients in relation to changes for not being treated at the Spire Hospital to be reviewed.	DoST	June 2022	Update to be provided at meeting

<b>PREVIOUSLY COMPLETED ACTIONS</b>					
5.1.3	December 2021	<p><b>Performance Dashboard</b> A detailed report on stroke performance to be brought to the next meeting of the Committee.</p>	Chief Operating Officer/Stroke Team	January 2022	<p><b>Completed</b> 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.</p> <p><b>Updated April 2022</b> Due to a report on Stroke being presented at the Quality &amp; Safety Committee and to avoid over duplication of reports between Board Committees, Members of the PPF Committee are invited to attend the Quality &amp; Safety Committee in May 2022 and/or receive a copy of the report.</p>
4.1.0	February 2022	<p><b>Organisational Risk Register</b> 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><b>Completed</b> 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 &amp; Risk Committee and the Health Board.</p>

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5.1.0	February 2022	<b>Month 10 Finance Report</b> 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 decision that are having to be made in the Service	Assistant Director of Governance and Risk/Director of Corporate Governance/Board Secretary	March 2022	<b>Completed</b> This request has been highlighted to the Director of Corporate Governance when planning the items for agendas.  Board Development Sessions have also been arranged to provide the opportunity to join virtually and in person.
6.1.0	February 2022	<b>Integrated Performance Dashboard</b> Committee Referral to Quality & Safety Committee to review the "Sepsis Six" bundle.	Assistant Director of Governance & Risk	March 2022	<b>Completed</b> 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	<b>Integrated Performance Dashboard</b> 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	<b>Completed</b> 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	<b>Deliver of Planned Elective Care Recovery Programme</b> Additional date to be sought for a reconvened meeting of	Assistant Director of Governance & Risk/Chief Operating Officer	March 2022	<b>Completed</b> Date confirmed but then cancelled due to the number of apologies received. It was

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		the Committee to receive the item prior to the end of March 2022.			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	<b>Integrated Performance Dashboard</b> 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	<b>Completed</b> 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. Performance reflects the improvement.
08/001	August 2021	<b>Action Log</b> All outstanding updates on the log to be reviewed outside of the meeting with the relevant Executive Lead and updated.	All	October 2021	<b>Completed</b> Outstanding Actions updated and received by the Committee at the October 2021 meeting.
10/001	October 2021	<b>Organisational Risk Register</b> Software issues in relation to Laundry to be queried outside of the meeting.	Director of Finance	December 2021	<b>Complete</b> Capital funding received and orders placed for software and new tank for the 13 stage washer press.
10/002	October 2021	<b>Organisational Risk Register</b> 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	Head of Corporate Governance & Board Business/Asst. Director of Governance and Risk	October 2021	<b>Completed</b> 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

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		Session on Risk Appetite on 21 October 2021.			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 risks would be made in red within the report.
10/004	October 2021	<b>Ophthalmology Update</b> DNA rates to be included within future reports to the Committee.	Chief Operating Officer	December 2021	<b>Completed</b> Rates would now be included in future reports to the Committee.
10/005	October 2021	<b>Integrated Performance Dashboard</b> 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	<b>Completed</b> Report amended to reflect comments raised and was circulated to the Committee 16.11.21.
10/009	October 2021	<b>Forward Work Plan</b> 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	<b>Completed</b> 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

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					of the main agenda reporting process.
19/164	November 2019	<b>Estates Performance</b> 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	<b>Completed</b> 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 Plan for the April 2022 meeting.
08/002	August 2021	<b>IMTP Update</b> 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	<b>Completed</b> 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	<b>Overview of Winter Response Planning</b> 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	<b>Completed</b> Report and Plan received by the Committee at the December 2021 meeting.
10/006	October 2021	<b>Performance Dashboard</b> 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	<b>Completed</b> Arrangements for orthogeriatricians are under review as part of the recovery and restoration fund. Fundamentally, the absence of orthogeriatricians

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					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	<b>Access to GP Services</b> Committee agreed to receive a further update in January 2022	Assistant Director of Primary Care	January 2022	<b>Completed</b> 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	<b>Organisational Risk Register</b> 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	<b>Completed</b> Risks have been reviewed and updated on the Register.
5.1.0	December 2021	<b>Delivery of Elective Planned Care Recovery Programme</b> Check that the reminder system for DNA's had been activated.	Chief Operating Officer	February 2022	<b>Completed</b> Reminder system in place.
5.1.3	December 2021	<b>Performance Dashboard</b> No data available on the % of patients with a positive sepsis	Director of Corporate Governance/Director of Nursing	February 2022	<b>Completed</b>

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		<p>screening who received all elements of the 'Sepsis Six' care bundle within 1 hour of positive screening.</p> <p>Query raised about where joint SIs are reported and monitored? – This was particularly in relation to joint SIs involving CTM &amp; WAST for example.</p> <p>Both queries to be reviewed outside of the meeting and response shared with the Committee once received.</p>			<p>Email response sent to Committee outside of meeting.</p>
5.1.3	December 2021	<p><b>Performance Dashboard</b> A detailed report on stroke performance to be brought to the next meeting of the Committee.</p>	Chief Operating Officer/Stroke Team	January 2022	<p><b>Completed</b> 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.</p>
5.1.3	December 2021	<p><b>Performance Dashboard</b> Further detail on red releases to be provided in the report for the next meeting</p>	Chief Operating Officer	January 2022	<p><b>Completed</b> Information of red release contained within Performance report for February 2022 meeting.</p>
5.1.4	December 2021	<p><b>Development of the IMTP 2022-25</b></p>	Director of Strategy & Transformation	December 2021	<p><b>Completed</b></p>

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		Presentation to be shared with Members outside of the meeting.			Presentation shared with Members of the Committee following the meeting.
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