

## 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 15.02.23)   |
| 5.1.0   | October 2022                      | <b>Delivery of the Planned Care Recovery programme</b><br>Review the tables and place content in alphabetical order for the next iteration of the report                   | Chief Operating Officer | February 2023                        | <b>Update to be provided at meeting.</b>  |
| 5.2.0   | October 2022                      | <b>Delivery of the Six Goals for Emergency Care</b><br>Update on timescales, outcomes and objectives for the task and finish groups to be brought back to the next meeting | Chief Operating Officer | February 2023                        | <b>Update to be provided at meeting.</b>  |
| 5.3.0   | October 2022                      | <b>Integrated Performance Dashboard</b><br>To receive a report on Breast Feeding compliance at the next meeting  | Strategy Groups         | October 2022                         | <b>Complete</b><br>Stood down from December 22 meeting and now agreed to be received at the Population Health & Partnerships Committee in May 2023. |
| 5.3.0   | October 2022                      | <b>Integrated Performance Dashboard</b><br>To receive a deep-dive into cancer  | Chief Operating Officer | February 2023                        | <b>Complete</b><br>On Agenda – February 2023  |
| 5.3.0   | October 2022                      | <b>Integrated Performance Dashboard</b><br>To receive a deep-dive into Mental Health   | Chief Operating Officer | February 2023                        | <b>In Progress</b><br>On Forward Plan for April 2023  |

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| 2.2.1 | August 2022 | <b>Committee Effectiveness Self Survey Outcome</b><br>Agreed to defer to the October 2022 meeting.   | DoG | October 2022 | <b>Complete</b><br>Received at the October 2022 meeting.  |
| 5.1.0 | August 2022 | <b>Reset of the 2022-23 Planned Care Recovery Plan</b><br>Update on progress with regard to the Ophthalmology Action Plan to be brought to a future meeting of the Committee   | COO | October 2022 | <b>Complete</b><br>Received at the October 2022 meeting.  |
| 5.3.0 | August 2022 | <b>Integrated Performance Dashboard</b><br>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. | DoP | October 2022 | <b>Completed</b><br>Outcome of the Wellbeing Survey presented to People & Culture Committee at their meeting held on 8 February 2023. |

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| PREVIOUSLY COMPLETED ACTIONS |              |   |   |              |  |
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| 4.1.0                        | October 2022 | <b>Organisational Risk Register</b><br>Risks in relation to Care Homes to be reviewed and a response provided to Members outside of the meeting                       | Assistant Director of Governance & Risk | October 2022 | <b>Complete</b><br>Response provided to Committee via email 28.10.22   |
| 4.1.0                        | October 2022 | <b>Organisational Risk Register</b><br>Update on CAMHS Risk 4149 to be provided outside of meeting.   | Assistant Director of Governance & Risk | October 2022 | <b>Complete</b><br>Response provided to Committee via email 26.10.22   |
| 5.3.0                        | August 2022  | <b>Integrated Performance Dashboard</b><br>Comparison of bowel screening targets both pre and post Covid-19 would be queried offline with colleagues in public health | DoPH                                    | October 2022 | <b>Complete</b><br>Bowel screening has increased in each of the CTM local authorities in 2019/20 and 2020/21.<br>Merthyr Tydfil is still the lowest in terms of uptake with 62.6% of those eligible returning a sample.<br><br>In 2020 there was an intervention carried out to increase the uptake by targeting non-responders in Merthyr practices and South Cynon practices.<br><br>A combination of this and the introduction of FIT tests in January 2019 may have been |

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|       |             |  |      |                | <p>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 | <b>Integrated Performance Dashboard</b><br>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 | DoPH | October 2022   | <b>Complete</b><br>It is 95% for childhood vaccines ie mmr etc. There is no herd immunity rate for flu or covid though.  |
| 5.3.0 | August 2022 | <b>Integrated Performance Dashboard</b><br>Query with the Workforce and OD team the overall staff engagement percentage scores   | DoP  | August 2022    | <b>Completed</b><br>Response and clarification shared via email 24.8.2022  |
| 5.3.0 | August 2022 | <b>Integrated Performance Dashboard</b><br>Clarify with the Performance Team the Stroke Performance data   | DoST | September 2022 | <b>Completed</b><br>Response and clarification shared via email 5.9.2022   |
| 5.3.0 | August 2022 | <b>Integrated Performance Dashboard</b>  | DoN  | September 2022 | <b>Completed</b><br>Response and clarification shared via email 31.8.2022.   |

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|       |             | To query with Patient Care & Safety colleagues the serious medication error described as a catastrophic reaction to an unknown allergy  |      |                |   |
| 5.5.0 | August 2022 | <p><b>Neville Hall Hospital Satellite Radiotherapy Unit</b></p> <p>Governance Team to liaise with Planning Team with regard to the arrangements for an extra ordinary meeting of the Committee.</p> | DoG  | September 2022 | <p><b>Completed</b><br/>Extra Ordinary Meeting held on 20.9.2022.<br/>The Committee <b>ENDORSED FOR BOARD APPROVAL</b> the Full Business Cases for the Integrated Radiotherapy Solution and the Satellite Radiotherapy Centre.</p> <p>The Committee further <b>ENDORSED FOR BOARD APPROVAL</b> 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> |
| 5.4.0 | August 2022 | <p><b>South East Wales Planning Collaborative</b></p> <p>To feedback to the Collaborative the comments to strengthen</p>  | DoST | September 2022 | <p><b>Completed</b><br/>This has been raised in a SEW Directors meeting and will inform the approach to be taken.</p>   |

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|       |             | the guiding principles in regard to smoothing out of waiting lists.   |        |             |  |
| 5.2.0 | June 2022   | <b>Integrated Performance Dashboard</b><br>Update on the Action Plan for Stroke to be provided.   | COO    | August 2022 | <b>Complete</b><br>Received at October 2022 meeting.   |
| 6.1.0 | August 2022 | <b>Finance Report</b><br>Covid response cost figures to be shared offline   | DoF    | August 2022 | <b>Complete</b><br>Figures shared outside of meeting via email 18.10.22  |
| 6.1.0 | June 2022   | <b>Finance Report</b><br>Clarity on the accountancy gain of £4.5m to be provided outside of the meeting                                       | DoF    | August 2022 | <b>Complete</b><br>Response provided outside of meeting.   |
| 5.4.0 | June 2022   | <b>Annual Plan 2022-23</b><br>Discussions to be held with Public Health in relation to staff smoking near hospital gates.                     | DoST   | August 2022 | <b>Completed</b><br>Response shared with Committee via email 13.9.2022   |
| 5.3.0 | June 2022   | <b>Review of CAMHS Performance Activity</b><br>Offline update on assessments within 28 days to be provided                                    | DoPCMH | August 2022 | <b>Complete</b><br>Update shared outside of meeting via email 18.10.22   |
| 5.2.0 | June 2022   | <b>Integrated Performance Dashboard</b><br>To query the filling of staff vacancies via streamlining in relation to diagnostics and therapies. | COO    | August 2022 | <b>Complete</b><br>Update provided for October 2022 meeting.<br><br><b>Update (25.10.22)</b><br>Staffing as well as demand and capacity imbalance remain the main risks within <b>Therapies</b> with |

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|  |  |  |  |  | <p>a significant number of vacancies. Streamliners have come into post more quickly this year than has been the case in the past and there are a few still to come in. Some vacancies have been filled via this route but (as you can see is the case with therapy teams across UK), national shortages, delays in approvals and employment processes mean that the Department is often carrying a high vacancy factor.</p> <p>Turning to <b>Pathology and Radiology</b>, Pathology have found the process positive and have appointed a number of Healthcare Scientists. In Radiology, the situation was slightly different in that team no longer take part in the process as they felt that, for them, it was limiting and at the time, didn't allow applications from outside Cardiff University.</p> <p>Within <b>Audiology</b>, there were no actual vacancies at the time this question was asked, however they had identified future need and they did get a</p> |
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|       |           |  |          |             | member of staff via streamlining which was helpful.   |
| 6.1.0 | June 2022 | <b>Finance Report</b><br>Provide more detail on progress on the delivery of core savings at the August meeting   | DoF      | August 2022 | <b>Complete</b><br>Please see detail captured within the Month 4 Finance Performance Report included on the agenda for the 23 <sup>rd</sup> August 2022.  |
| 5.2.0 | June 2022 | <b>Integrated Performance Dashboard</b><br>Detail on the Never Event in May 2022 to be provided outside of the meeting.  | DoG      | June 2022   | <b>Complete</b><br>Detail on the Never Event was circulated to members via email on the 29 <sup>th</sup> June 2022.   |
| 4.1.0 | June 2022 | <b>Organisational Risk Register</b><br>To review Risk 4722 in relation to the Laundry Service  | DoG/ADGR | August 2022 | <b>Complete</b><br>The Assistant Director OSS (Facilities) provided a robust update on the status of risk 4772, which was shared via email with Committee members on the 1 <sup>st</sup> July 2022. A further copy can be shared upon request to the meeting secretariat. |
| 4.1.0 | June 2022 | <b>Organisational Risk Register</b><br>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 | <b>Complete</b><br>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   |



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|       |            |  |          |             | monthly risks leads meeting in July and August.   |
| 5.2.0 | June 2022  | <b>Integrated Performance Dashboard</b><br>Staff engagement scores – clarity to be sought on what the 71% related to and were engaging on.               | DFP      | August 2022 | <b>Complete</b><br>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 | <b>Performance Dashboard</b><br>Contract for mobile endoscopy unit to be reviewed.   | DoST     | April 2022  | <b>Completed</b><br>Response provided and emailed to all Members on 27.04.22  |
| 5.1.0 | April 2022 | <b>Performance Dashboard</b><br>Further detail on Follow Up Patients Not Booked to be received at next meeting.  | DoST/COO | June 2022   | <b>Completed</b><br>Contained within the Performance Dashboard.   |
| 5.1.0 | April 2022 | <b>Performance Dashboard</b><br>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><br>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><br>Invitation extended for meeting 24 May 2022.  |
| 5.1.0 | April 2022 | <b>Performance Dashboard</b>   | DoPCMH   | June 2022   | <b>Completed</b>  |

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|       |               | Detailed review of CAMHS to be received at next meeting.   |  |              | Report on agenda June 2022 meeting.  |
| 5.1.0 | April 2022    | <b>Performance Dashboard</b><br>Communication to patients in relation to changes for not being treated at the Spire Hospital to be reviewed. | DoST   | June 2022    | <b>Completed</b><br>Update provided at June 2022 meeting.  |
| 5.1.3 | December 2021 | <b>Performance Dashboard</b><br>A detailed report on stroke performance to be brought to the next meeting of the Committee.                  | Chief Operating Officer/Stroke Team              | January 2022 | <b>Completed</b><br>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.<br><br><b>Updated April 2022</b><br>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. |
| 4.1.0 | February 2022 | <b>Organisational Risk Register</b><br>Committee Referral to Mental Health Act Monitoring Committee to consider whether they wished to be    | Director of Corporate Governance/Board Secretary | March 2022   | <b>Completed</b><br>Referral made and considered at the MHAMC Meeting held on 2 March 2022. The Committee agreed that there was no   |

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|       |               | sighted on mental health related risks (operational) at their future meetings.   |  |            | relevance in receiving MH operational risks at future meetings as these were reviewed at Audit & Risk Committee and the Health Board.  |
| 5.1.0 | February 2022 | <b>Month 10 Finance Report</b><br>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><br>This request has been highlighted to the Director of Corporate Governance when planning the items for agendas.<br><br>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><br>Committee Referral to Quality & Safety Committee to review the "Sepsis Six" bundle.   | Assistant Director of Governance & Risk  | March 2022 | <b>Completed</b><br>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><br>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><br>Assistant Director of Governance & Risk escalated to the Chief of Staff and updates have since been provided through IM Briefings and a  |

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|        |               |  |  |               | report received at the Board in March 2022.   |
| 6.1.2  | February 2022 | <b>Deliver of Planned Elective Care Recovery Programme</b><br>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    | <b>Completed</b><br>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     | <b>Integrated Performance Dashboard</b><br>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><br>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><br>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><br>Outstanding Actions updated and received by the Committee at the October 2021 meeting.  |
| 10/001 | October 2021  | <b>Organisational Risk Register</b><br>Software issues in relation to Laundry to be queried outside of the meeting.  | Director of Finance  | December 2021 | <b>Complete</b><br>Capital funding received and orders placed for software and new tank for the 13 stage washer press.  |

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| 10/002 | October 2021 | <b>Organisational Risk Register</b><br>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  | <b>Completed</b><br>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.<br><br>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><br>DNA rates to be included within future reports to the Committee.   | Chief Operating Officer   | December 2021 | <b>Completed</b><br>Rates would now be included in future reports to the Committee.  |
| 10/005 | October 2021 | <b>Integrated Performance Dashboard</b><br>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><br>Report amended to reflect comments raised and was circulated to the Committee 16.11.21.  |

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| 10/009 | October 2021  | <b>Forward Work Plan</b><br>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><br>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 | <b>Estates Performance</b><br>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><br>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 re-instated 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><br>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><br>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><br>Update report to be received at next meeting and the CTM   | Chief Operating Officer   | December 2021 | <b>Completed</b><br>Report and Plan received by the Committee at the December 2021 meeting.   |

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|        |               | plan would be circulated to the Committee outside of the meeting, once finalised.   |                                    |               |   |
| 10/006 | October 2021  | <b>Performance Dashboard</b><br>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><br>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  | <b>Access to GP Services</b><br>Committee agreed to receive a further update in January 2022  | Assistant Director of Primary Care | January 2022  | <b>Completed</b><br>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><br>Risk 4149 CAMHS to be reviewed with DoCG and an  | Chief Operating Officer            | February 2022 | <b>Completed</b><br>Risks have been reviewed and updated on the Register.   |

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|       |               | update to be shared with the Committee outside of the meeting   |  |               |   |
| 5.1.0 | December 2021 | <b>Delivery of Elective Planned Care Recovery Programme</b><br>Check that the reminder system for DNA's had been activated.   | Chief Operating Officer                              | February 2022 | <b>Completed</b><br>Reminder system in place.   |
| 5.1.3 | December 2021 | <b>Performance Dashboard</b><br>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.<br><br>Query raised about where joint SIs are reported and monitored? – This was particularly in relation to joint SIs involving CTM & WAST for example.<br><br>Both queries to be reviewed outside of the meeting and response shared with the Committee once received. | Director of Corporate Governance/Director of Nursing | February 2022 | <b>Completed</b><br>Email response sent to Committee outside of meeting.  |
| 5.1.3 | December 2021 | <b>Performance Dashboard</b><br>A detailed report on stroke performance to be brought to the next meeting of the Committee.   | Chief Operating Officer/Stroke Team                  | January 2022  | <b>Completed</b><br>Originally added to Forward Plan for February 2022 meeting which had been stood down. Meeting now re-instated for only standard |



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|       |               |  |                                       |               | agenda items, and has now been added to the Forward Plan for the April 2022 meeting.                          |
| 5.1.3 | December 2021 | <b>Performance Dashboard</b><br>Further detail on red releases to be provided in the report for the next meeting | Chief Operating Officer               | January 2022  | <b>Completed</b><br>Information of red release contained within Performance report for February 2022 meeting. |
| 5.1.4 | December 2021 | <b>Development of the IMTP 2022-25</b><br>Presentation to be shared with Members outside of the meeting.         | Director of Strategy & Transformation | December 2021 | <b>Completed</b><br>Presentation shared with Members of the Committee following the meeting.                  |