

**TABLE OF ACTIONS FROM  
HEALTH BOARD MEETING IN PUBLIC  
HELD ON 30 NOVEMBER 2023**

<b>MINUTE REFERENCE</b>	<b>ACTION</b>	<b>LEAD</b>	<b>TIMESCALE</b>	<b>PROGRESS</b>
<b>PM(23)206</b>	<p><b>MATTERS ARISING &amp; TABLE OF ACTIONS FROM THE MEETINGS HELD ON 14 SEPTEMBER AND 28 SEPTEMBER 2023:</b></p> <ul style="list-style-type: none"> <li><b>PM(23)181</b> – to check that vending machines have arrived for A&amp;E departments</li> </ul>	MR/SD	January 2024	GGH and PPH are straight machine swaps; completed installation expected week commencing 1 January 2024. WGH requires a water supply, and BGH water and power, which has created a slight delay. The BGH machine cannot go in the ED waiting area due to the critical fire evacuation risk posed. The only option available is to locate by existing machines in the dining room area (approx. a 20mtr walk) which will not increase the fire risk. The machine will, however, be accessible at all times for staff and patients.
<b>PM(23)213</b>	<p><b>PAEDIATRIC SERVICES CONSULTATION:</b></p> <ul style="list-style-type: none"> <li>To consider how the implementation plan will be scrutinised prior to the January 2024 Public Board meeting.</li> </ul>	LD/JW	January 2024	It was agreed due to timescales the Chair would review the paper in its draft stage recognising the paper will detail the future governance monitoring arrangements.
<b>PM(23)214</b>	<p><b>UPDATE ON ANNUAL PLAN 2023/24:</b></p> <ul style="list-style-type: none"> <li>To consider at the Board Seminar in December 2023 the issue of savings and how savings expectations are translated and communicated to staff at all levels</li> </ul>	HT	December 2023	Complete. A session was held with members as part of the Board Seminar and savings expectations of the higher of 5% of non-ring-fenced budgets, or a

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				50% reduction in directorate deficit opportunities, was communicated to the leadership team via the Executive Planning Steering Group on 22 December 2023.
PM(23)215	<b>FINANCIAL REPORT:</b> <ul style="list-style-type: none"> <li>To undertake further analysis around recurrent savings</li> </ul>	HT	January 2024	Complete. Included within the Finance Report SBAR as part of the January 2024 Board report.
	<ul style="list-style-type: none"> <li>To provide more information to the Board around timescales for delivery of savings schemes</li> </ul>	HT/LG	January 2024	To be provided via the Core Delivery Group update.
PM(23)219	<b>INTEGRATED PERFORMANCE ASSURANCE REPORT:</b> <ul style="list-style-type: none"> <li>To provide further detail around the reasons for removal of patients as part of the waiting list validation exercise</li> </ul>	AC	January 2024	<p>Stage 1: Expedite referrals where patients are already on other waiting lists such as follow up waiting list or a surgical waiting list. Patients that have been seen in the same/similar specialty in the last year.</p> <p>Stage 2 and 3: Diagnostic tests are all clear and consultants have written letters to patients, however they have not been taken off the waiting list. This is the largest area of removals for the RTT validation team with a 54% removal rate since April.</p> <p>Stage 4: Much rarer to have removals in the treatment/surgical cohort, however patients can be unfit, are listed twice for bilateral operations, seen in private sector or consultants have decided that surgery is no longer the best</p>

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				option for the patient. Some specialties suffer from data quality issues where patients regularly attend medical daycase facilities and clean up of these lists often results in higher removal rates in stage 4.
	<ul style="list-style-type: none"> <li>To explore the reason for the 'n/a' entries in the Trajectory column of the table on page 3 of the report</li> </ul>	HT/AC	January 2024	Trajectories have only been provided for the measures that WG requested trajectories for. However, 4 hour ambulance delay trajectories have been developed and will be included in the January 2024 Board IPAR. Therapies are also working to revise their trajectories.
	<ul style="list-style-type: none"> <li>To address, as part of the Primary Care Strategy or via discussions at SDODC, the issue of those individuals who have been in hospital care for a significant length of time, with no identified date for discharge</li> </ul>	JP	January 2024	SDODC continues to receive the Long Term Care performance report which includes reference to individuals with complex needs and potentially long lengths of stay.
PM(23)220	<b>OPERATIONAL UPDATE:</b> <ul style="list-style-type: none"> <li>To include an update around vaccination rates, either in the Operational Update or as a stand-alone agenda item at the January 2024 Public Board meeting</li> </ul>	CM	January 2024	Forward planned for the January 2024 Public Board meeting.
PM(23)223	<b>DIGITALLY ENABLED TRANSFORMATION PLAN:</b> <ul style="list-style-type: none"> <li>To ensure that, in any future reports or business cases, 'Not applicable' is not entered against Equality in the Impact section</li> </ul>	HT	January 2024	Noted and will be addressed in future reports.

PM(23)224	<b>ELECTRONIC PRESCRIBING MEDICINES ADMINISTRATION (EPMA) SYSTEM:</b> <ul style="list-style-type: none"> <li>To present an update on the Primary Care element to SDODC</li> </ul>	JP	January 2024	Forward planned for the April 2024 SDODC meeting.
	<ul style="list-style-type: none"> <li>To clearly outline the quantified benefits within the FBC</li> </ul>	HT	January 2024	Further details will be provided within the FBC.

**TABLE OF ACTIONS FROM  
HEALTH BOARD MEETING IN PUBLIC  
HELD ON 14 DECEMBER 2023**

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
PM(23)239	<p><b>APPROVAL FOR RAAC WORKS OVER £1M AT OUTPATIENT DEPARTMENT A AND THE MAIN KITCHEN AT WGH:</b></p> <ul style="list-style-type: none"> <li>To check whether the contract cost is capped</li> </ul>	HT	January 2024	Confirmation can be provided that the project has been let via the HB Framework and is a fixed price contract. The contract arrangement will allow the contractor to seek further payments if additional work not specified at time of tender is required.