

**TABLE OF ACTIONS FROM  
HEALTH BOARD MEETING IN PUBLIC  
HELD ON 28 MARCH 2024**

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
PM(24)50	<b>ANNUAL PLAN 2024/25:</b> <ul style="list-style-type: none"> <li>To ensure that feedback is collected on outsourced services, and liaise with Ms Daniel in this regard</li> </ul>	AC	May 2024	<b>In Progress</b> The Interim Executive Director of Nursing, Patient Quality Safety and Experience is leading a discussion to identify the focus and process for feedback.
	<ul style="list-style-type: none"> <li>To take steps to try to capture the Board's concerns within the Accountable Officer letter to Welsh Government</li> </ul>	HT	March 2024	<b>Complete</b> The Board's concerns were expressed in the Accountable Officer letter, and the letter has been included in the Annual Plan Supplementary Paper within the May 2024 Public Board papers.
PM(24)54	<b>IMPROVING PATIENT EXPERIENCE REPORT AND IMPROVING PEOPLE AND COMMUNITY EXPERIENCE CHARTER:</b> <ul style="list-style-type: none"> <li>To explore options in terms of feedback mechanisms as part of the patient journey in outsourced services</li> </ul>	SD	May 2024	<b>Complete</b> This has taken place on an ad hoc basis to date and can be completed at any time for any outsourced arrangements. The revised People and Community Experience and Engagement Framework for Wales includes recommendations for commissioned services. This will need to be incorporated into contractual arrangements with a specification for consistency. The framework is due to be issued over the summer.

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	<ul style="list-style-type: none"> <li>To check regarding access to the Civica system in Community Services</li> </ul>	SD	May 2024	<b>Complete</b> Civica includes community facilities, including community hospitals, and is reported within the report routinely. Work is ongoing to include Managed Practices within the Civica system. Extending to Primary Care independent contractors is being discussed nationally as part of the NHS Wales Road-Map. A meeting is being held with the Assistant Director (Legal and Patient Experience) and the national lead to progress this work.
	<ul style="list-style-type: none"> <li>To clarify in the report that patient concerns can centre around environment rather than care (such as feedback on Outpatients relating to car parking, etc)</li> </ul>	SD	May 2024	<b>Complete</b> Subject areas and further narrative will be included to provide greater context in future reports.
PM(24)55	<b>INTEGRATED PERFORMANCE ASSURANCE REPORT:</b> <ul style="list-style-type: none"> <li>To revisit the topic of DPOC at the Regional Partnership Board Integrated Executive Group (IEG)</li> </ul>	AC	May 2024	<b>Complete</b> An Integrated Task and Finish Group has been established to improve DPOC reporting and performance across the region. IEG will receive an update on the work in June 2024.
	<ul style="list-style-type: none"> <li>To schedule on the QSEC Workplan for the forthcoming year an update report on Cancer Services</li> </ul>	SD	May 2024	Forward planned for the June 2024 QSEC meeting.
	<ul style="list-style-type: none"> <li>To examine in more detail as part of the above report to QSEC how much the COVID-19 pandemic has impacted, in terms of delays to treatment and unmet needs</li> </ul>	AC	June 2024	To be included in the above Cancer Services update to QSEC in June 2024.

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	<ul style="list-style-type: none"> <li>To schedule on the QSEC Workplan for the forthcoming year an update report on C.difficile and E.coli infection rates</li> </ul>	SD	May 2024	<b>Complete</b> Scheduled as part of the forward work programme.
<b>PM(24)57</b>	<p><b>CLINICAL SERVICES PLAN ISSUES PAPER INCORPORATING PRIMARY CARE AND COMMUNITY STRATEGY:</b></p> <ul style="list-style-type: none"> <li>To clarify timelines for the Primary Care and Community Services Strategy work, following the meeting between Professor Kloer, Mr Lee Davies and Ms Paterson</li> </ul>	PK	May 2024	<b>Complete</b> Report on agenda.
	<ul style="list-style-type: none"> <li>To give consideration to a public-facing version of the CSP</li> </ul>	LD/AHM	May 2024	<b>In Progress</b> An executive summary of the Issues paper has been produced. A website page is also being developed by the Communications team, which will include Frequently Asked Questions about the Clinical Services Plan, and a summary of the work.
<b>PM(24)59</b>	<p><b>LAUGHARNE BRANCH SURGERY:</b></p> <ul style="list-style-type: none"> <li>To present the outcome of the review into Primary Care decision-making arrangements to the July 2024 Board</li> </ul>	JP	July 2024	Forward planned for the July 2024 Public Board meeting.
<b>PM(24)60</b>	<p><b>TUMBLE AND CROSS HANDS SURGERY TENDER PROCESS:</b></p> <ul style="list-style-type: none"> <li>Given the public interest in the new hub at Cross Hands, to consider undertaking engagement in the local area, perhaps jointly with Llais</li> </ul>	LD/AHM	May 2024	<b>In Progress</b> Once the Full Business Case (FBC) for Cross Hands has been submitted to Board and been approved for submission to WG, an engagement event will be organised in the local area jointly with Llais. The completion of the FBC is delayed due to additional work that has been requested by WG on the scheme costs.

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PM(24)64	<p><b>REPORT OF THE STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE:</b></p> <ul style="list-style-type: none"> <li>To take forward definition of an organisational governance process for receiving GIRFT reports and monitoring progress on their recommendations</li> </ul>	JW/AC	May 2024	<p><b>Complete</b>            Process of receipt of GIRFT reports and the drafting of management responses has been documented and approved at Operational Performance, Governance and Planning Meeting (OPGP) in December 2023 by the Director of Operations. This is available to staff within the Health Board via the Assurance and Risk Sharepoint site (<a href="https://sharepoint.com">Assurance (sharepoint.com)</a>).            Progress against the implementation of GIRFT recommendations is reported to the Audit and Risk Assurance Committee on a bi-monthly basis in the Health Board-wide Audit Tracker paper and to the relevant assurance committee at appropriate junctures.            Please see Appendix 1, attached.</p>
	<ul style="list-style-type: none"> <li>To respond outside the meeting regarding timelines and expectation of progress around implementing a multi-referral panel</li> </ul>	AC	May 2024	<p><b>In Progress</b>            The implementation of the multi referral panel has been difficult to progress in the absence of a regional CYP partnership board to facilitate a regional discussion. The Executive Director of Public Health will be the joint chair of that board and is in the process of setting the meeting programme for the coming year with dates now being held in</p>

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				diaries for the first meeting to take place in July 2024.
	<ul style="list-style-type: none"> <li>To schedule on the QSEC Workplan for the forthcoming year a report on implementing a multi-referral panel</li> </ul>	SD	May 2024	Forward planned for the October 2024 QSEC meeting.

## Getting It Right First Time (GIRFT)

GIRFT is a national programme designed to improve the treatment and care of patients through in-depth review of services, benchmarking, and presenting a data-driven evidence base to support change.

On receipt of a GIRFT report, service leads are asked to complete a proforma to confirm if the recommendations have been accepted or not, with management responses provided in the form of an action plan detailing how they will be implemented, who will own the recommendations, and with realistic completion dates assigned.

The completed action plan should be reviewed and signed off by the General Manager/Directorate lead as well as the Director of Secondary Care (where appropriate). An SBAR should then be submitted to **Operational Planning Governance and Performance (OPGP)** for final approval by the Director of Operations, detailing any concerns with the report content or recommendations and a proposal for which Board Committee the report should be aligned to.

Once approved at OPGP, finalised action plans should be sent to the Head of Assurance and Risk for addition to the Health Board's central **Audit & Inspection tracker**. It is then forwarded to the relevant Committee Services Officer for inclusion at the next Board Committee meeting.

Progress against recommendations will be requested from the service lead by the Assurance and Risk Team and reported to the **Audit & Risk Assurance Committee (ARAC)** on a bi-monthly basis, as well as in Directorate Improving Together sessions.