

RAG Rating/Status	
At risk	Red - Action date passed or revised date needed
On track	Yellow - Action on target to be completed by agreed/revised date
Complete	Green- Action complete
No longer needed	Blue - Action to be removed and/or replaced by new action

FORMAL BOARD									
Meeting Item Reference	Action Reference	Lead	Meeting Item Title	Details of action	Update on progress	Original target date	Revised target date	RAG rating/Status	
OPEN ACTIONS FOR REVIEW									
None									
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE									
None									
ACTIONS RECOMMENDED TO BE CLOSED AT 28 NOVEMBER 2024 MEETING									
	PHW2024/12	IB	Chief Executive's Report	NE referenced a comment in the Directorate Reports concerning the withdrawal of a diabetic tool. He sought further detail on this and the level of risk it represented. IB explained that the tool – Audit Plus – provided primary care data for use across the NHS and indeed across the directorates of Public Health Wales. The company involved was withdrawing the product and Digital Health Care Wales was at work on a potential solution. IB assured the Board that DHCW was aware of all Public Health Wales requirements in respect of the solution and agreed to update Board members with any developments.	<p>November Update: The current position is that the audit+ contract has been agreed with Informatica until 31/3/25 – this is an extension within the terms of the existing contract and budget, but is still at risk to DHCW and all as there is no longer development on the platform.</p> <p>The need for a long terms solution to allow access to primary care data remains and solutions being actively explored in parallel are: 1. Liaison with GP system suppliers through existing framework contract. 2. Other existing framework contracts with other suppliers 3. Scanning the market for other potential solutions in case options 1 and 2 fail 4. NDR considering how it can bring GP data in to replace Audit+ functionality</p> <p>solution 4 looks most promising in terms of a long term solution to PHW needs but may not be implementable before the end of the existing contract and requires continued negotiation with GPs; this potentially leaves a gap in data access. The PHW continuity plans are being updated to reflect this risk.</p> <p>The Board will be provided with a further update as appropriate.</p> <p>Sept Update: This is in progress and will be circulated to the Board in early October. Request change of date to October.</p> <p>July Update: A briefing is being developed and will be circulated to the Board by 30 July 2024.</p>	30-Jul-24	31-Oct-24	Complete	
PHW 2024.09.26/3.2	PHW2024/22	TF/DC	Integrated Performance Report (Month 4), Finance Report and Strategic Risk Register	TR raised that the breast cancer screening figures looked alarming and queried whether this was due to Covid-19 backlogs. TF responded that the recovery has been focused on offering participants breast screening within 3 years of their last screening, we expected to recover by quarter 2 of the Financial Year in 2024/25, which was achieved. TF added, not represented in the figures here because it is reported as the capture, the indicator in the performance is slightly different, this is the number of women requiring assessments offered an appointment within three weeks of screening. The standard we have for that is 90%, which is currently not being met, the average wait across Wales is 4.6weeks. TF added that these areas are being worked on. TC suggested including the distribution and explanation in the next IPR, TF agreed. NE asked DC to raise this with the QSIC committee.	November Update: This is on the Agenda for the 25 November Quality, Safety and Improvement Committee Meeting and an update to the Board will be provided by the Committee Chair. Suggest action closed on this basis.			Complete	