

## Public Board of Directors OPEN Action Log For receipt at the Sept 2024 Board

Public	Date of BOD	Minute Ref	Item	Action	Update	Lead	Target Date (RAG)
<b>To note:</b> actions for 2024/25 for board and its sub committees will be numbered rising from 1. This will begin with May 2024 actions							
Action 5	22 May 2024	Item 11	Integrated Performance and Quality Report (IPQR)	Clarity on the data relating to the SAANS service - it was confirmed further work is required to ensure that the timeline of the IPQR reporting reflects an accurate data position and it was agreed that this process would be reviewed for the IPQR reports received in September	It has been confirmed that the process has been reviewed and the IPQR reports now reflect the accurate data position in relation to the SAANS service.  <b>Action closed.</b>	NR	Sept 2024
Action 9	24 July 2024	Item 8	Board Committee Activity Reports	It was agreed that clarity will be provided in future AAA reports on specific clinical and corporate staff areas in relation to mandatory training and supervision compliance	A focussed session on mandatory training compliance took place at the operational management group on 12/09/24. Reports covering all areas were reviewed and will be included in the November People Committee and subsequent AAA reporting to Board.  <b>Action in progress</b>	CP	Nov 2024
Action 10	24 July 2024	Item 8	Board Committee Activity Reports	It was noted there is a need to be clear which elements of reporting are received at specific committees on matters where oversight is delegated to more than one committee. The respective committees should be escalating to the Board in their AAA reports.  It was agreed to share the HFMA guidance on FTSU oversight with committee chairs, and AD to pick up with the chairs of the committees to clarify separation of reporting through the AAA's as part of the joint chair of committees meeting to support future planning.	This has been noted for discussion at the Chairs of Committee meetings  The NHS audit committee handbook which was published by the Healthcare Financial Management Association (HFMA) has been shared with committee chairs with the specific requirements on FTSU illustrated.  <b>Action closed</b>	Committee Chairs  AW	Sept 2024
Action 11	24 July 2024	Item 9	Quality Assurance Report	The Chair noted that the report was helpful and asked that the front sheets include more highlights on the 'so what' to support understanding on key issues to draw these to the attention of the Board. It was agreed to strengthen the front sheet of future reports.	This has been confirmed for iterations of the report and will be taken forward by the new Director of Nursing. This has been noted on the QAC and Board forward planner  <b>Propose action to be closed.</b>	SMi	Sept 2024
Action 12	24 July 2024	Item 10	Lived Experience Report	It was noted PCREF reporting will be covered in the Lived Experience report going forward rather than as a separate item and the Board were assured this will support ensuring the Trust remains on track for delivering the PCREF plan required from organisations in March 2025. It was agreed to reflect this on the Board planner.	This has been reflected on the Board planner.  <b>Action closed.</b>	AW	Sept 2024
Action 13	24 July 2024	Item 11	Complaints annual report 2023/24	It was agreed that SMi will advise DL/AW regarding timing for a more detailed Board discussion on the findings in the Annual Complaints report as part of the process prior to receipt and sign off in Q1/Q2 of the next financial year. And to reflect on the themes as a result of the data analysis in the report, and this will be reflected on the Board planner.	It has been confirmed that April would be an appropriate time for a detailed discussion at the Board development and this has been noted on the Board Strategy and development work programme.  <b>Action closed.</b>	SMi	Sept 2024

Target Date:

Overdue

In Progress

Completed

Closed/Archive

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Action 14	24 July 2024	Item 12	Quality Improvement (QI) bi-annual report	It was agreed, at the suggestion of the Chief Executive, that discussion on future reporting will take place outside of the meeting to ensure synergy with broader plans around integrated change reporting and the Board asked that a proposal be brought back to the Board following discussion at EMT	To be picked up post Board discussion on refreshed strategy and integrated change in October  <b>Action in progress</b>	EMT	November 2024
Action 15	24 July 2024	Item 13	Learning and Safety Report (Q4)	At the meeting in July, there had been robust discussion and continuing challenge in relation to medicines safety and the committee has asked for the report to come back to committee at quarterly intervals with scrutiny and awareness of medication errors being addressed efficiently.  The Board asked that future reports include/clarify assurances against items highlighted in the report	This has been noted on the QAC work programme.  This has been confirmed for iterations of the report and will be taken forward by the new Director of Nursing. This has been noted on the QAC and Board forward planner.  <b>Propose action to be closed</b>	SMi	Sept 2024
Action 16	24 July 2024	Item 14	Annual Safeguarding Report 2023-24	The Board approved the Annual Safety Report for 2023/24 for publishing subject to two amendments and it was agreed that this would be taken forward with the Safeguarding lead and that this should include on the cover sheet: •reference to issues relating to Safeguarding Children training •clarifying the internal governance processes	It has been confirmed that this has been completed and addressed for publication.  <b>Action closed.</b>	SMi	Sept 2024
Action 17	24 July 2024	Item 16	Transformation Portfolio Report	The Board asked that a highlight report on the Learning Disability service, be provided to reflect the latest update and any changes to the programme, at Finance and Performance Committee and in addition to Quality Assurance Committee (at the request of the Chair of this committee from a quality assurance perspective) in September for onward reporting to BoD in September	An update is included as an appendix to the Transformation Portfolio report.  A highlight report will go through committees (FPC/and QAC) in October) and then Board in November, and this has been noted on the work programmes.  <b>Propose action to be closed.</b>	JD	Sept 2024
Action 18	24 July 2024	Item 17	Financial Performance Report (MONTH 2)	OMcL figures in the FPC reports (minutes and AAA reports) to be checked for accuracy to ensure that is states that the Year to Date deficit position of £1.285m being £0.21m better than planned.	This had been reported correctly in the FPC minutes and the AAA report.  <b>Action closed.</b>	AW	Sept 2024
Action 19	24 July 2024	Item 18	Integrated Performance and Quality Report (IPQR)	The Board requested a referral to Mental Health Legislation Committee to review and discuss a rise in detained patients going absent without leave (AWOL).	This has been noted on the cross-committee referral tracker and reflected on the work programme for MHLC. An update was included in the MHLOG report received at MHLC in September and is reported to Board via the AAA report.  <b>Action closed.</b>	AW	Sept 2024
Action 20	24 July 2024	Item 20	Systems and Partnerships update	It was noted that feedback and comments on the draft terms of reference are welcomed but they will not be included in the report until an agreed version has been finalised. It was agreed to remove the draft TORs from the appendix of the paper on the website, until an agreed version has been drafted.	This has been amended and an updated paper has been uploaded to the website.  <b>Action closed.</b>	AW	Sept 2024
Action 21	24 July 2024	Item 22	Digital Assurance Group Annual Report	It was agreed that assurance on cyber security to be more explicit in the DAG annual report and reflected in AAA reporting from the Audit and Risk Committee throughout the year.	This has been noted on the ARC work programme and an update on Cyber security is scheduled on the agenda for the October ARC.  <b>Action closed.</b>	PE/AD	Sept 2024

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Overdue

In Progress

Completed

Closed/Archive

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Action 22	24 July 2024	Item 23	Annual Health & Safety report 2023-24	In relation to the use of Oxyvision or body worn cameras as a safety measure, it was agreed that a paper should be received at Mental Health Legislation Committee in September with a recommendation then made to the Board via the AAA report.	A briefing report was received at MHLIC and EMT in September and an updated has been noted in the AAA report to Board.  <b>Action closed.</b>		Sept 2024
Action 23	24 July 2024	Item 23	Annual Health & Safety report 2023-24	It was suggested that the Integrated Performance and Quality Report should identify location of incidents with associated narrative and it was agreed that this would be reviewed and an update provided outside of the meeting.	The Health and Safety and Quality teams reviewed the differences in their respective data and concluded that the difference related to adjustments made following month end verification, but that the original source data was the same. Under both approaches the trend line remained consistent, and the differences were not material.  The IPQR confirmed that in-patient environments were the location of most incidents. No 'special causes' for the variation were identified, with the March '24 data being in line with the longer-term trend.  <b>Action closed.</b>	SMi/ JD	Sept 2024
Action 24	24 July 2024	Item 23	Annual Health & Safety report 2023-24	Reference to the work commissioned in relation to fire door safety to be included in the Health and Safety report 2024/25 and in the Trust Annual Report for 2024/25	This will be reflected in the annual reporting in 2024/25.  <b>Action proposed to be closed as this will be picked up as part of planning.</b>	JD	June 2025
Action 25	24 July 2024	Item 23	Annual Health & Safety report 2023-24	It was confirmed that the Trust has one Health and Safety (H&S) advisor supported by staff who work specifically in security services and other associated matters within the team, and it was agreed that the resource provision would be benchmarked as well as looking for opportunities within the wider team to utilise resources.	ERIC data and Model Hospitals data have been checked and neither contains benchmarking info for Health & Safety roles. As noted at Board in July, there is a manager who oversees H & S and Facilities management, a H & S officer, two staff focused on fire safety and two staff focused on security all of which contributes to H & S. The skills mix and balance of expertise will continue to be reviewed as opportunities arise.  <b>Action closed.</b>	JD	Sept 2024
Action 26	24 July 2024	Item 24	Board Assurance Framework for 2024/25	Consideration to be given as to how discussion might be framed around the gap between a current score and a target score i.e. to support focussing on discussion on those with the highest gap to reaching their target score.	It is suggested this be reflected in refinements to the BAF for receipt in January post discussion at EMT in December.  <b>Action proposed to be closed.</b>	DL	Sept 2024
Action 27	24 July 2024	Item 25	Corporate Risk Report	It was agreed a further deep dive should take place by the Executive Team to sense check the risks and scoring on the Corporate Risk Register (alongside the Board Assurance Framework).  It was agreed that a very high-level table will be included on the front cover for future reports with the risks highest to lowest and movement to support focussing the discussion.	EMT have undertaken a detailed discussion on corporate risks at EMT away time in August.  A table profiling the organisational risks from highest to lowest and any movement has been included in the corporate risk report to Board.  <b>Action proposed to be closed.</b>	DL/EMT  AW	Sept 2024
Open actions from previous board meetings in 2023/24 [closed actions are available in the 2023/24 actions archive]							

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Overdue

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Action 51	27 Mar 2024	Item 19	People Strategy 2023-26 annual review, People Plan 2023/24 update Q3/Q4 and 2024/25 People Plan priorities	<p>It was agreed that wording around sickness management in the priorities for 2024/25 would be strengthened.</p> <p>A full quarterly review was provided to People Committee at the end of Q1 (July 24) for onward reporting to the Board in July. This item was deferred to the September Board. It has been confirmed that the strengthened wording will be included in this report</p>	<p>It has been agreed by the Chair and Chief Executive the update was not required to be received at September Board as detailed discussion on progress takes place at People Committee. For all strategies annual updates will be provided on progress with actions as a slide deck. Board planner updated.</p> <p><b>Action proposed to be closed.</b></p>	CP	<div style="background-color: red; color: white; padding: 2px; text-align: center;">July 2024</div> <div style="background-color: #90EE90; padding: 2px; text-align: center;">New date Sept 2024</div>
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