

# **ACTION LOG FOR BOARD OF DIRECTORS (PUBLIC)**

Position as at: 1 August 2017 / APPENDIX B

Red	Amber	Green	Blue
Overdue	Due this month	Closed	Going Forward

Date discussed at BOD Meeting	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE	RAG RATING	DATE ACTIONED & CLOSED
165/16 3.11.16	<b>BOARD ASSURANCE FRAMEWORK</b> It was agreed to bring the Board Assurance Framework to the Board in February and for the Company Secretary to review other organisations' BAFs to assess the types of risks included	VP	<b>1.12.16</b> It was agreed that the Company Secretary would undertake a deep dive of the top themes and bring back to the Board anything which would benefit changing on the BAF in February 2017. <b>2.2.17</b> Compliance with NHSI was discussed and the Board questioned whether this was still relevant. It was agreed that this would be further discussed through the Finance and Performance Committee. <b>2.3.17</b> Presented to the Finance & Performance Committee prior to Board in June. 1.6.17 It was noted that the BAF would be brought to the July BOD Meeting. <b>6.7.17</b> Description of Capital Risk within BAF to be reviewed and document returned to BOD in September 2017	7.9.17		
175/16 3.11.16	<b>UPDATE FROM SUB-COMMITTEES</b> <b>Audit and Risk Committee – DECLARATIONS OF INTEREST</b> The Company Secretary explained that there would be a change to the declarations of interest	VP	<b>2.2.17</b> The Company Secretary advised that Guidance was still awaited. It was requested that this remain open on the Action Log for a report to come back in March 2017.	TBC		

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	policy as new guidance was due to be published in December. An update would be brought to a future Board meeting.		<b>3.2.17</b> It was noted that this item would be taken to the Audit and Risk Committee in April with a proposed solution. <b>1.6.17</b> New guidance to be discussed at WEB in June and taken to the July ARC. It was agreed that the revised policy would be brought to the August/Sept 2017 BOD.			
31/17 2.2.17	<b>WHISTLEBLOWING ANNUAL REPORT</b> It was agreed that a greater awareness of the Raising Concerns/Whistleblowing process was required in the Trust and this would be taken through the Workforce Well-led Committee and reported back to the Board.	IW		3.8.17		
28/17 2.2.17	<b>RISK REGISTER</b> Board agreed that a review of the EPR risk and its relation to a potential CQC re-inspection be considered alongside a review of the narrative at year-end in order to archive risks as appropriate and identify tolerance ratings for endemic risks. It was agreed that this would be undertaken by BB and VP and would be taken through the Audit and Risk Committee for review before returning to Board in June 2017.	BB	<b>2.3.17</b> Discussion took place regarding the nasogastric tube risk and it was agreed that a position statement would be brought to the Board in June. <b>6.4.17</b> Dr Linda Patterson reported that discussion had taken place at the Quality Committee regarding the nasogastric tube risk and it was noted that a task and finish group had been convened to oversee the outstanding work and a further report was expected to the June Board meeting.	July/Aug 2017		

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			<b>1.6.17</b> It was noted that further would was being undertaken and the Board would receive a position statement on the nasogastric tube risk at a future meeting (July or August)			
9/17 5.1.17	<b>INTERNATIONAL STAFF</b> The Acting Chief Executive reported that discussions had taken place regarding abuse towards international staff from patients or their families. The Board agreed that this would not be tolerated and the Executive Director of Workforce and OD agreed that a system would be put in place to safeguard against this via NHS Protect.	IW	<b>2.3.17</b> The Executive Director of Workforce and OD reported that work was still being undertaken nationally and once this was complete feedback would be brought to the Board.	TBC		
2.3.17 49/17	<b>CARE OF THE ACUTELY ILL PATIENT – CULTURE</b> The Executive Medical Director presented the updated Care of the Acutely Ill Patient Report and reminded the Board on the overall aim of the programme to reduce mortality. It was noted that this is divided into six themes: 1) Investigating causes of mortality and learning from findings 2) Reliability in clinical care 3) Early recognition and treatment of deteriorating patients.	DB	<b>6.7.17</b> The Executive Medical Director confirmed that a new management team had now been set up and work was underway to re-establish work in A/E and WARDS, although it was noted that the implementation of the EPR system would highlight Sepsis patients to enable immediate care to commence.	6.7.17		3.8.17

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	<p>4) End of life care 5) Caring for frail patients 6) Clinical coding</p> <p>The Executive Medical Director reported that HSMR is currently falling and is now 103.76 however it remains a concern. There is evidence that the improvement work has contributed to the reduction of HSMR over the last year and this would continue to be monitored.</p> <p>Discussion took place regarding Sepsis and as discussed at the last meeting, the Executive Medical Director reported that work continued to be undertaken regarding this to ensure that all staff treated sepsis as a medical emergency. It was agreed that an update would be brought to the Board to assure the Board that attitudes and behaviours were being addressed in the Trust to ensure that the care of the Sepsis patient was made a priority.</p>					
6.4.17 66/17	<p><b>CQC UPDATE ON ACTION PLAN</b></p> <p>It was noted that deep dives would be undertaken into the Action plan key themes:- Maternity, CDU</p>	BB		<p>1.6.17 – Maternity</p> <p>6.7.17 – Critical</p>		

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	and ICU to the next three Board meetings.			Care 3.8.17 – Paediatrics		
1.6.17 83/17g	<b>BOARD TO WARD VISITS</b> The Company Secretary advised that reports were being obtained from the Executive Team following the visits undertaken during March-May and a formal report would be brought back to the Board.	VP		TBC		
1.6.17 87/17	<b>HOSPITAL PHARMACY SPECIALS (HPS) ANNUAL REPORT</b> The Annual Report was received and production development noted. The DoF reported that in order for the service to undertake large scale products, significant investment was required and a Business Strategy would be brought to the Board later in the summer.	GB		TBC		
1.6.17 90/17	<b>HARD TRUTHS – DISCHARGE PROCESS</b> As part of the Hard Truths paper, discussion took place regarding the new discharge processes which had recently being introduced with the help of Age Concern. It was agreed that once the service had been evaluated. The COO would	HB		26.10.17 CoG Meeting		

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	report to the October CoG Meeting and give an update.					
6.7.17 106/17	<b>GUARDIAN OF SAFE WORKING</b> It was noted that there was still a significant problem with some supervisors not addressing exception reports despite reminders and offers of additional training  There was no admin support provided to the Guardian of Safe Working Hours with regard to managing the flow of exception reports. It was agreed that the Executive Medical Director and Tamsyn Grey would discuss this outside the meeting and bring an update to the Board in September.			7.9.17		