

Board Action Log

Agenda item	Action	Actioned by	When	Progress
28 September 2015				
9.5 Minutes of the previous meeting	The Board further discussed accountability for delivery of the plan and was advised that the directorate teams were accountable to the Clinical Director and through the performance review process. The Board would discuss accountability at a future Board Seminar'.	Director of Corporate Affairs	January 2015	Accountability discussed as part of Well-Led discussion at Board Seminar 18 th January. Will be incorporated in Board development plan for 2016/17
4 November 2015				
11.2 Patient Story – Fractured Neck of Femur Service	It was agreed that investment in the ortho-geriatric service would be reviewed and managed through the business planning process. The Chairman asked for a progress update to the Board in 3 months' time.	Medical Director & Director of Corporate Affairs	March 2016	There has been a redistribution and increase in the capacity of the care of the elderly team which has allowed for increased input into the #NOF service. The impact will continue to be reviewed in terms of service quality
30 November 2015				
11.29 Chief Executive's Report	The Board discussed the apparent recent increase in mortality in the Summary Hospital-Level Mortality Indicator (SHMI) and the Chief Executive noted that a case notes review would be reported to the Quality and Risk Committee	Deputy Medical Director	March 2016	Mortality report to February Quality and Risk Committee. Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-Level Mortality Indicator (SHMI) remain below average, although with increase in SHMI over last year. Further discussion at Quality and Risk Committee in April
11.32 Safer Nursing and Midwifery Staffing	The Board discussed the number of leavers and the Chief Nurse agreed to report to a future Board meeting on the analysis being undertaken.	Chief Nurse	December 2015	Incorporated in safer nurse staffing and midwifery report agenda item
11.32 Safer Nursing and Midwifery	The Board further discussed workforce planning for nurses, midwives and other staff and agreed that a	Deputy Chief Executive	March 2015	This will be incorporated in the Board Seminar programme

Staffing	report on workforce modernisation would be submitted to the Board in the New Year			
11.36 Board Assurance Framework	The Board discussed the BAF and agreed that the definition of the risks should be reviewed and sharpened to ensure that they fully reflected the priorities and risks agreed by the Board and defined in the Turnaround Programme.	Director of Corporate Affairs	January 2016	Agenda item.
11.38 Reports from Board Committees and Programme Boards	The Board noted the report from the Quality and Risk Committee and agreed that the roles of the Board Committees would be reviewed to ensure an appropriate balance in the business of the Committees	Chairman and Director of Corporate Affairs	January 2016	Role of Board Committees under review with report and recommendations to the Board in April
21 December 2015				
12.7 Board Performance Dashboard	The Board discussed ways of streamlining patient pathways and the Chief Operating Officer advised that the redesign of patient pathways would be undertaken in key clinical pathways and would include quicker access to diagnostic tests. The Board would receive an update on this work in 4 to 6 months.	Chief Operating Officer	May 2016	Agenda item May 2016
12.10 Safeguarding Children Annual Report	The Board expressed its concern at the level of safeguarding children training, agreed the need to ensure better compliance and requested a report to the next Board meeting on how this would be achieved.	Chief Nurse	January 2016	The latest training figures for key areas are: paediatrics 83.0%; midwifery 80%; adult A&E 83%; TMBU 87%; SCBU 89%; sexual health advisers 100%; doctors 70% (with further 30% booked onto imminent course); 100% sexual health nurses up to date
29 January 2016				
1.7 Planned Care	The Board noted that the Clinical Director for Neurosciences had a detailed recent discussion with the Board and a discussion with the Clinical Director for Abdominal Surgery & Medicine would be arranged.	Director of Corporate Affairs	April 2016	Clinical Director invited to next Quality and Risk Committee
1.7 Planned Care	Chief Operating Officer advised that the outcome of the review would be reported to the Finance, People	Chief Operating Officer	March 2016	Agenda item

	and Performance Committee.			
1.7 Urgent Care	The Chairman noted that the time to initial assessment data was not yet incorporated in the Board performance dashboard and it was agreed that this would be included in the next report.	Chief Operating Officer	February 2016	Incorporated in urgent care report to Finance, People and Performance Committee; and Board performance dashboard
1.7 Performance dashboard	The Chief Executive noted the problems in providing data for statutory and mandatory training, and an update report would be provided to the Finance, People and Performance Committee in February.	Director of Education and Knowledge	February 2016	Reported to Finance, People and Performance Committee and latest position reported in performance dashboard
1.10 Safer nursing and midwifery staffing	This had not yet had an effect on medical workforce spend and the Chief Financial Officer advised that an audit would be undertaken to better understand the volume and value of medical agency spend, which would be reported to the Finance, People and Performance Committee in February.	Chief Financial Officer	March 2016	Update on medical agency spend in finance report
1.11 Care Quality Commission	It was agreed that the letter circulated by the Deputy Medical Director, in this regard (Never Events), would be shared with the Board.	Medical Director	January 2016	Completed
1.11 Care Quality Commission	The Chief Nurse further advised that as part of the data return to CQC, a Trust self-assessment of the expected ratings for the core services would be undertaken and shared with the Board.	Chief Nurse	February 2016	Completed
1.12 Safety walk-rounds	The Board also asked about the timescales for implementing the recommendations from the signage review, and the Chief Nurse agreed to do this when the priorities and timelines for delivery had been worked through.	Chief Nurse	March 2016	The Wayfinding Group, with representation from Estates, Clinical Directorates, Patient Experience, Equality and Diversity and 3Ts has met on 3 occasions. Signs have been agreed for the Trust, ensuring that all disability issues are considered. Initial signage is going to be on L5 and the entrance to the Barry Building, following this there will be roll out across the Trust. Flexible signage was agreed, so that these can be changed as the

				site changes over the next few years. Signs have arrived and these will be placed in L5 next week. Simultaneously excessive signage is being removed from the hospital. Report on this work goes to the Patient Experience Panel bi-monthly
1.16 3Ts Programme Board	Dates for the meetings with the local community would be circulated to the Board.	Director of 3Ts	January 2016	Completed