

Public Board of Directors

Report Title:	Trust Board Action Chart
Executive/NED Lead:	Nick Hulme, Chief Executive
Report author(s):	Denver Greenhalgh, Director of Governance
Previously considered by:	Board of Directors at each meeting.

Approval
 Discussion
 Information
 Assurance

Executive Summary

The Trust Board action chart collates all actions arising from meetings and enables monitoring to point of closure. Action chart summary:

Number of actions	10	
Status	Blue	2
	Green	2
	Amber	5
	Red	1

The Board is asked to note that the Blue RAG items will not feature on future iterations of this report.

Action Required of the Board of Directors

The Trust Board is asked to note the Trust Board action tracker status

Link to Strategic Objectives (SO)		Please tick
SO1	Keep people in control of their health	<input type="checkbox"/>
SO2	Lead the integration of care	<input type="checkbox"/>
SO3	Develop our centres of excellence	<input type="checkbox"/>
SO4	Support and develop our staff	<input type="checkbox"/>
SO5	Drive technology enabled care	<input type="checkbox"/>
Risk Implications for the Trust <i>(including any clinical and financial consequences)</i>		If action is not taken and evidenced on board decisions, the board will not be assured that it has taken place.
Trust Risk Appetite		Compliance/Regulatory: The board has a minimal risk appetite when it comes to compliance with regulatory issues. It will meet laws, regulations and standards unless there is strong evidence or argument to challenge them
Legal and regulatory implications <i>(including links to CQC outcomes, Monitor, inspections, audits, etc)</i>		Failure to have robust governance in place may lead to regulator sanctions.
Financial Implications		There are no financial implications associated with this paper.
Equality and Diversity		There are no equality, diversity of inclusion implications associated with this paper.

REPORT TO THE BOARD MEETING IN PUBLIC – Action Chart

Blue	Completed and will be removed from chart for next iteration.
Green	Status updated and on track within the timescale.
Amber	Status not updated/completed and the deadline passed.
Red	Status not updated/completed and deadline passed by more than one month.

Minute Reference	Item	Agreed action	Responsibility	Deadline for completion of action	Item for future Board meeting	Action status	RAG
1 August 2019							
P49/19	Quality issues from the Integrated Performance Report (IPR)	Board Seminar on Maternity to be arranged.	MD / DG		Yes	Maternity Board Seminar has been added to the forward planner and liaising with the LMS to attend. Provisionally arranged for later in the year 2020 / early 2021.	G
7 November 2019							
P73/19 (a)	Quality Priorities 2019/20 Mid-Year Report	Board Seminar on GIRFT to be scheduled.	DG		Yes Board Seminar	Added to Board forward planner for later in year 2020 / early 2021.	G
30 January 2020							
P11/20	Nursing and Midwifery Workforce update	Update on the workforce to be brought to the Board in 6 months with an annual comprehensive review report.	MD GT	Apr '21	September 2020 /Annual report May '21	Will be updated via IAC CKI Feb '21 Update - Acuity review was undertaken in November '20 with minimal changes noted. Following discussion held with workforce, finance leads, and senior clinical teams it was concluded that due to rapid changes to ward reconfigurations, acuity and patient populations, it was not feasible to undertake an acuity review on the wards until the ward	A

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						configuration returns to its usual patient groupings. At this stage an acuity review will be undertaken, in line with national best practice standards, and presented to the Board. It is expected that this will occur in April, and submitted to the public board in May.	
P13/20	Staff Survey Update	Full report to be provided to the Board in March.	LH KR		Yes	Action plan for 19/20 delayed due to covid19. Key aspects picked up in the People Strategy going to Board November 2020 Will review again post 20/21 results.	R
5 November 2020							
P64/20	Patient Story	The Chair requested that the Interim Chief Nurse thanked the patient on behalf of the Board for sharing her story which had provided valuable lessons and raised questions particularly around communications.	MD			Feb '21 Update – Action complete.	B
P68/20	Interim People Strategy	RES action plan and the Delivery plan to be reported through the Integrated Assurance Committee to provide a more detailed level of assurance.	LH KR			Feb '21 Update – Kate Read (New Director of HR and OD) is reviewing all actions in line with the work flows and will update actions accordingly.	A
P68/20	Interim People Strategy	Minor issues in terms of language and wording used to be picked up by CTB with LH.	CTB				
P68/20	Interim People Strategy	Wording used in the People Strategy to be consistent with the detail in the Home Working Policy.	LH KR				
P68/20	Interim People Strategy	Black, Asian and Minority Ethnic section to be built on with reference being made to the work of the EDI Group.	LH KR				
P72/20	ESNEFT Health & Safety Policy Version 2	Drafting point at “2.14 Role of Committees and Groups” to be reviewed and amended as required.	DG			Feb '21 Update – Action complete.	B