Dedicated to Outstanding care

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

PUBLIC BOARD ACTION TRACKER

Key	
Red	Action Overdue
Amber	Update Required
Green	Action Complete
Grey	Action Not Yet Due

Item No	Date	Action	Committee	Sub Committee	Deadline	Exec Lead	Action Lead	Progress	Rag Rating
16/633.1	30/11/2017	Strategic KPI's to be built into the quarterly OD & Workforce reports	Public Board of Directors	None	01/04/2018	J Bacon			Grey
16/635.3	30/11/2017	A report is to be submitted to the Quality Committee to provide assurance that the skill mix within ED with regard to the reliance on Junior Doctors and Middle Grade Doctors is not detrimental to patient care.	Public Board of Directors	Quality Committee	~~21/12/2017~~ ~~25/01/2018~~ 29/03/2018	D Smith		Report will be submitted to the March meeting of the Quality Committee, 21st March 2018	Grey
16/635.4	30/11/2017	Discussion to be held regarding how best to site Board members on the ongoing progress and milestones of matters relating to the Strategic Partnership	Public Board of Directors	None	~~21/12/2017~~ ~~25/01/2018~~ 29/03/2018	R Mitchell	A Haynes	Board Workshop Scheduled March 2018	Grey
16/638	30/11/2017	Discussion to be held regarding the most appropriate environment to scrutinise performance risks.	Public Board of Directors	None	22/02/2018	J MacDonald	P Moore	Completed. Clarified that risks relating to performance shall be subject to examination and scrutiny on the Board's behalf by the Quality Committee under the BAF agenda item.	Green
16/660	21/12/2017	Themes from Quarterly Guardians Report to be submitted to Quality committee	Public Board of Directors	Quality Committee	TBC	TBC			Grey
16/688	25/01/2018	Car parking plan and smoking plan to be submitted to the Board of Directors.	Public Board of Directors	None	26/04/2018	R Mitchell			Grey
16/689.1	25/01/2018	How to ensure the financial security of Newark Hospital to be considered.	Public Board of Directors	None	26/04/2018	P Robinson			Grey
16/689.2	25/01/2018	Newark Hospital's market share and future targets to be included in the next update report.	Public Board of Directors	None	26/04/2018	P Wozencroft			Grey
16/690.1	25/01/2018	An interim report regarding the potential under-reporting of falls to be submitted to the Board of Directors.	Public Board of Directors	None	22/02/2018	S Banks	P Moore	A briefing note on levels of incident reporting over the new year period is available in the reading room for Members to review.	Green
16/690.2	25/01/2018	Deep dive into falls to be conducted.	Public Board of Directors	Quality Committee	~~22/02/2018~~ 29/03/2018	S Banks	P Bolton	Deep dive will be presented at March's Quality Committee meeting.	Grey
16/690.3	25/01/2018	Mandatory infection control training to be reviewed.	Public Board of Directors	None	22/02/2018	S Banks	P Bolton	Hand hygiene training reviewed and outline of 3 training programmes provided above. Additional changes made to non-clinical training as identified.	Green
16/690.4	25/01/2015	Establish level of assurance required by the Quality Committee regarding serious incidents and never events.	Public Board of Directors	Quality Committee	22/02/2018	P Moore		The Chair of Quality Committee will satisfy himself that the level of assurance received by the Quality Committee is sufficient to meet the assurance needs of the Committee and report back to the Board of Directors through the Quality Committee Report.	Green
16/690.5	25/01/2018	Quarterly in depth performance report and dashboard to be submitted to the Board of Directors	Public Board of Directors	None	26/04/2018	R Mitchell		Detailed report regarding Emergency care - Scheduled for March Board, Cancer and RTT April Board	Grey
16/691	25/01/2018	Report identifying the winter lessons learned is to be submitted to the Board of Directors.	Public Board of Directors	None	26/04/2018	S Barton			Grey
16/692	25/01/2018	The Board of Directors to receive assurance that waiting patients are made as comfortable as possible in ED	Public Board of Directors	None	22/02/2018		P Bolton	Care and comfort rounds implemented for all patients waiting over 4 hours or those deemed as at risk. Spot check audits of this process carried out. Tissues viability team now attend ED daily whenever long stay patients are identified to provide expert review and assurance. Process also tracked through 4x daily capacity and flow meetings. Patient experience reports and FFT reviewed weekly to ensure no trends or increase negative reporting.	Green
16/695.1	25/01/2018	Details of outstanding audit recommendations to be submitted to the Board of Directors.	Public Board of Directors	Audit Committee	22/02/2018	P Robinson	P Robinson	Further assurance provided to board members through additional report circulated to members of the Board. All outstanding, high risk audit recommendations will be reported to the Board by the Chair of the Audit and Assurance Committee	Green

| 16/695.2 | 25/01/2018 | Model Hospital demonstration to be conducted after the Board Workshop. | Public Board of Directors | None | 22/02/2018 | P Robinson | | Board Workshop 22.02.08 | Green |
| 16/695.3 | 25/01/2018 | Quality Committee to receive assurance that learnings from deaths are being actively implemented and matters with low compliance are being pursued. | Public Board of Directors | Quality Committee | TBC | P Moore | | The Chair of Quality Committee will satisfy himself that sufficient time is set aside for the Quality Committee to consider the implementation of learning from deaths and also that assurances on learning from deaths is sufficient to meet the assurance needs of the Committee. The Chair of Quality Committee will report back to the Board of Directors through the Quality Committee Report. | Green |