

Key	
	Action Overdue
	Update Required
	Action on Track
	Action Complete

PUBLIC BOARD ACTION TRACKER

Item No	Date	Action	Committee	Deadline	Exec Lead	Action Lead	Progress	Rag Rating
47	30/07/15	Patient Experience Quarterly Report - SL asked how assurance could be provided regarding the actions and learning from complaints and that these had been undertaken in a timely manner and asked for a list to be provided at the next meeting.	Board of Directors	Oct-15	S Bowler	S Bowler	Update to be provided in October 2015	
50	30/07/15	With regard to Diversity & Inclusivity, CW confirmed that she had met with the lead and this was an extensive responsibility and CW had advised on the areas that needed to be addressed. There was a requirement to reflect the population the Trust served and CW questioned whether ethnic minority was reflected in the Board. GB agreed to respond.	Board of Directors	Sep-15	G Briggs	G Briggs	Action complete. Explanatory note added to website published data to explain limitations of data collection. All Board members invited to resubmit their E&D monitoring data with view to securing full data set.	
51	24/09/15	Patient Story - In response to SL, it was confirmed that the themes of clinical supervision, data quality and medication errors had been captured and would be addressed by Sba and VB.	Board of Directors	Nov-15	S Barnett	V Bagshaw		
52	24/09/15	Quality & Safety Report - The Trust's approach to this would need to be strengthened to ensure that revalidation took place and VB would discuss whether changes were required to the Nurse Revalidation policy with GB.	Board of Directors	Nov-15	G Briggs	V Bagshaw		
53	24/09/15	Nurse Staffing - With regard to safe levels of care and considering the acuity and dependency of patients, PM asked for clarification of which committee was best placed to consider this detail as it was not presented at Quality Committee meetings. KF confirmed that a discussion would take place at Executive Team as to whether this should be considered by the OD and Workforce or Quality Committee.	Board of Directors	Nov-15	K Fisher			
54	24/09/15	Workforce Report - SL highlighted some areas of mandatory training, e.g manual handling and suggested that he and some other staff did not require this training, particularly as resource was an issue. GB agreed to give this further consideration.	Board of Directors	Nov-15	G Briggs		Action complete. All MAST is compliant with nationally recommended standards. Bi annual review and update in place.	