

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	VB confirmed that a revised Patient Experience Report was included in the Board pack. The action went back to the workstream in the Quality Improvement on the QIPPlan. Action Complete.  Governance - Assurance action tracker with regards to learning. Learning still an issue for the trust and being picked up through governance workstream.	
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. Further update - KF sought assurance that all completed forms had been received and as this was not the case, it was agreed that a blank form would be provided at the meeting to be returned by 06/11/15. The website would then be checked to ensure that it reflected ethnic minority of the Board appropriately.	
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	VB confirmed that the issues highlighted by the patient stories would be included in the Quality Improvement Plan.	
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	It was confirmed that Nurse Revalidation would be introduced from April 2016. VB was liaising with K Lorenti regarding process and policy. The OD & Workforce Committee would provide assurance going forward that this was on track.  Revalidation group working through policy to be Implemented.	

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	S Banks	OD & Workforce Committee and then to Quality Committee.	
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	G Briggs	Action complete. All MAST is compliant with nationally recommended standards. Bi annual review and update in place.	
55	05/11/15	Minutes of previous meeting - SC to check heading regarding Freedom of Information Act 2000 and whether this was applicable.	Board of Directors		S Clarke	S Clarke	Removed - action completed	
56	05/11/15	Minutes of previous meeting 15/191 Chairman's Report - AGM - it was agreed that for 2016, more staff would be encouraged to attend the AGM.	Board of Directors	Sep-16	C Armshaw	C Armshaw		
57	05/11/15	Minutes of previous meeting 15/201 No Smoking Policy - PW to ensure that hand out cards were available for staff to hand out to smokers on site.	Board of Directors		P Wozencroft		Cards available in Trust 20/11/15	
58	05/11/15	Minutes of previous meeting 15/201 No Smoking Policy - GB to check whether reference could be made to no smoking and brief intervention training at the Trust's Orientation Day.	Board of Directors		G Briggs		Arrangements made to incorporate into induction with effect from 01.12.15	
59	05/11/15	Minutes of previous meeting 15/203 Duty of Candour Policy - The policy required approval and it was agreed that SC would check that this was included at the next Quality Committee meeting.	Board of Directors	19.11.15	S Clarke	S Clarke	On agenda for Quality Committee - 19th November 2015	
61	05/11/15	Chief Executive's Report - Industrial Action - GB to ensure that contingency plans and communications around any proposed action were in place. It was agreed that a note would be provided for assurance if there was an update ahead of the next Board meeting.	Board of Directors		G Briggs	G Briggs	Verbal update to be presented at Board.	
62	05/11/15	It was agreed that Junior Doctors Industrial Action and Cap on Agency Staff would be included on the Executive Team agenda for 09/11/15.	Board of Directors	09/11/2015	G Briggs	G Briggs	Included on ETM agenda for 09/11/15	
63	05/11/15	Quality & Safety Quarterly Report - a revised report was tabled at the meeting and it was agreed that this should be uploaded to the Trust website and copies provided to members of the press in attendance at the meeting.	Board of Directors	05/11/2015	V Bagshaw	V Bagshaw	Action complete.	
64	05/11/15	SL asked for the AQuA Board Development Sessions event provided by the East Midlands Academic Health Sciences Network in December to be publicised.	Board of Directors	20.11.15	S Clarke	S Clarke	Nominations received and submitted	
65	05/11/15	With regard to identifying patients at risk of falls, it was noted that IT systems were not able to flag these patients. PW was requested to provide a note to update Directors regarding any issues.	Board of Directors	06/11/2015	P Wozencroft	P Wozencroft	PW circulated note on 06/11/15	
66	05/11/15	SL asked for further information to be provided regarding HSMR and it was agreed that this should be considered at the Quality Committee meeting. PM asked Jo Richardson to provide a proposal regarding the information available.	Board of Directors	18/11/2015	A Haynes	Jo Richardson		
67	05/11/15	With regard to poor compliance on hand hygiene, it was agreed that consideration should be given to the consequences of this.	Board of Directors		S Banks	V Bagshaw	Correct and appropriate action taken for individuals. SB/VB/AH need to consider Consultant approach.	
68	05/11/15	VB highlighted the significant environmental changes that would take place on Ward 52 to support patients with dementia and the opening date of 17 December which was very challenging. SL requested PW to ensure that the opening would take place on 17 December and asked all to include this in their diaries.	Board of Directors	17/12/2015	P Wozencroft			

69	05/11/15	With regard to end of life care, SL noted the national guidance which recommended that a Non Executive Director should be involved and agreed to speak to RB/GW regarding this responsibility.	Board of Directors	16/11/2015	S Lyons			
70	05/11/15	Workforce Report - SL highlighted that the freedom to speak up guardians required a link to the Whistleblowing Champion and GB agreed to action this.	Board of Directors		T Reddish	G Briggs	TR has made contact with Champions. Meeting TBA. Whistleblowing policy unclear. Review pending national consultation.	
71	05/11/15	RB noted in the staff perception report that there was an inaccuracy in recording and this should have stated a decrease rather than an improvement and GB agreed to update the report.	Board of Directors		G Briggs		Reported date was juxtapositioned so narrative was correct.	
72	05/11/15	Terms of Reference for OD & Workforce Board Committee to be deferred to next meeting.	Board of Directors		G Briggs			
73	05/11/15	One of the Governor Development sessions to be used as a meeting with Non Executive Directors to share understanding and roles.	Board of Directors	26/11/2015	S Clarke	S Clarke	Schedule of Governor development sessions including meeting between Governors and NEDs on agenda for CoG 18.11.15	
74	05/11/15	Telephone system by the end of the month.	Board of Directors	26/11/2015	P Wozencroft		Complete	