

**Board of Directors - Part I
Action Checklist
Following: 03 July 2025 Meeting
Reporting to: 04 September 2025 Meeting**

Ref	BoD mtg	Agenda No.	Issue	Responsible Director/Owner	Action Taken	To Agenda/ Action Date
08/25	09 Jan 25	8	Any Other Business – Combined Quality Report Mortality Data – Report on Gender-based Review	IS	Scheduled for the October 2025 Quality and Risk Committee meeting and the November 2025 Part 2 Board meeting	05/25 09/25 11/25
13/25	06 Mar 25	8.ii	Review of Actions and Items Identified for Referral to Committee/Escalation To submit the proposal around the categorisation of pathways for patients on waiting lists (as a risk management mechanism) to the Board after review by the Quality Committee.	HMc/MS	Verbal Update	09/25
15/25	01 May 25	1.i	Patient Story To provide the Board with data on the how emergency presentations to the TAVI service informed practice at the Trust	MS	In July 2025 , the Quality and Risk Committee received a report from the Lead for the TAVI service regarding urgent referral to the service and how improvements have been made to the pathway. The Committee heard how the current PSI lists have been beneficial in treating more patients on the urgent and routine pathway. Sustainability of service due to the increasing demand is work that is ongoing. Closed.	09/25
18/25	01 May 25	3.i	Quality and Risk Committee (Q&R) Chair’s Report To provide a report on the CT backlog issue, including lessons learned, corrective steps which need to be	HMc		10/25

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			implemented, and the mitigations instituted to avoid a recurrence of the situation.			
19/25	05 June 25	2.ii	<p>25/26 Workforce Strategy Workplan</p> <p>To develop a summary of the Workforce Strategy which would show the position of the 2024/25 Workplan and the deliverables in the 2025/26 Workplan.</p>	OM		10/25
20/25	03 July 25	1.ii	<p>Minutes of Previous Meeting on 05.06.2025</p> <p>GM to include in the Freedom to Speak item, as a concluding paragraph, this line: 'GR highlighted his concern that the proportion of people who would speak up again is going down'.</p>	GM	Completed	09/25
21/25	03 July 25	1.iv	<p>Board Assurance Framework (BAF)</p> <p>HMc to merge BAF risks 678 (Waiting List Management) and 3223 (Activity Recovery and Productivity) in the new draft BAF.</p>	HMc	Completed	09/25
22/25	03 July 25	1.iv	<p>Board Assurance Framework (BAF)</p> <p>EM/LS to include the refreshed BAF in the Internal Audit Workplan for 2026/27</p>	EM/LS		12/25
23/25	03 July 25	2.ii	<p>Annual Nursing Establishment Review 2024/25</p> <p>MS to provide more clarity to CC on the fact relating to why RPH had received a new license for the new safer nursing care tool (SNCT) prior to the biannual SNCT data collection in May 2024.</p>	MS	Meeting held between MS and CC on 17 July 2025. CC satisfied with the clarity MS provided. Completed	09/25
24/25	03 July 25	3.iii	<p>End of Life Care Annual Report 2024/25</p>	MS	This will be reviewed as part of improvement work relating to gaining	09/25 11/25

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			MS to check with Dr Grove if the Trust had a handle on the experience of different types of patients in terms of the inequalities associated with the process of dying and access to palliative care.		feedback from relatives. Will be noted at the next End of Life Care Steering Group meeting in October 2025.	
25/25	03 July 25	4.i	<p>Performance Committee Chair's Report</p> <p>In respect of CIP data relevant to patient experience, HMc to check with CC and provide the relevant data to her.</p>	HMc	<p>This will be provided at the Performance Committee meeting in August 2025.</p> <p>In respect of the 52-week wait data HMc to check with CC and provide the relevant data to her.</p>	09/25
26/25	03 July 25	4.ii	<p>Papworth Integrated Performance Report (PIPR) Month 02 – May 2025</p> <p>KMB to circulate the correct version of the PIPR to Board members after the meeting.</p>	KMB	Completed	07/25